

Anxiety and Agitation

A person with Alzheimer's may feel anxious or agitated. He or she may become restless, causing a need to move around or pace, or become upset in certain places or when focused on specific details.

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Possible causes of agitation

Anxiety and agitation may be caused by a number of different medical conditions, medication interactions or by any circumstances that worsen the person's ability to think. Ultimately, the person with dementia is biologically experiencing a profound loss of their ability to negotiate new information and stimulus. It is a direct result of the disease.

Situations that may lead to agitation include:

- Moving to a new residence or nursing home.
- Changes in environment, such as travel, hospitalization or the presence of houseguests.
- Changes in caregiver arrangements.
- Misperceived threats.
- Fear and fatigue resulting from trying to make sense out of a confusing world.

Treating Behavioral Symptoms

Anyone experiencing behavioral symptoms should receive a thorough medical checkup, especially when symptoms appear suddenly. Treatment

depends on a careful diagnosis, determining possible causes and the types of behavior the person is experiencing. With proper treatment and intervention, symptoms of agitation can be reduced.

[Learn More](#)

Tips to help prevent agitation

To prevent or reduce agitation:

- Create a calm environment. Remove stressors. This may involve moving the person to a safer or quieter place, or offering a security object, rest or privacy. Try soothing rituals and limiting caffeine use.
- Avoid environmental triggers. Noise, glare and background distraction (such as having the television on) can act as triggers.
- Monitor personal comfort. Check for pain, hunger, thirst, constipation, full bladder, fatigue, infections and skin irritation. Make sure the room is at a comfortable temperature. Be sensitive to fears, misperceived threats and frustration with expressing what is wanted.
- Simplify tasks and routines.
- Provide an opportunity for exercise. Go for a walk. Garden together. Put on music and dance.

How to respond

Do: Back off and ask permission; use calm, positive statements; reassure; slow down; add light; offer guided choices between two options; focus on pleasant events; offer simple exercise options, try to limit stimulation.

Say: May I help you? Do you have time to help me? You're safe here. Everything is under control. I apologize. I'm sorry that you are upset. I know it's hard. I will stay with you until you feel better.

- Listen to the frustration. Find out what may be causing the agitation, and try to understand.

- Provide reassurance. Use calming phrases such as: "You're safe here;" "I'm sorry that you are upset;" and "I will stay until you feel better." Let the person know you are there.
- Involve the person in activities. Try using art, music or other activities to help engage the person and divert attention away from the anxiety.
- Modify the environment. Decrease noise and distractions, or relocate.
- Find outlets for the person's energy. The person may be looking for something to do. Take a walk or go for a car ride.
- Check yourself. Do not raise your voice, show alarm or offense, or corner, crowd, restrain, criticize, ignore or argue with the person. Take care not to make sudden movements out of the person's view.
- See the doctor. See the person with dementia's primary care physician to rule out any physical causes or medication-related side effects.
- Share your experience with others. Join [ALZConnected](#), our online support community and message boards, and share what response strategies have worked for you and get more ideas from other caregivers.

Medications for agitation

Brexpiprazole (Rexulti®) is an FDA-approved atypical antipsychotic for agitation associated with dementia due to Alzheimer's. Atypical antipsychotics are a group of antipsychotic drugs that target the serotonin and dopamine chemical pathways in the brain. The FDA requires that all atypical antipsychotics carry a safety warning that the medication has been associated with an increased risk of death in older patients with dementia-related psychosis.

Learn more: [Treatments for Behavior](#)