DICE APPROACH FOR BEHAVIORAL AND PHARMACOLOGIC **TREATMENT OF AGITATION & AGGRESSION**

DESCRIBE	Verbal Agitation • Aggressive vs Non-Aggressive	Physical Agitation • Aggressive vs Non-Aggressive	
INVESTIGATE (ASSESS)	Agitation Type Verbal Non-aggressive	Exhibits As Loud Screaming or Moaning, Requests for Help	Potential Underlying Cause Depression, Anxiety, Boredom
	Verbal Aggressive or Non-Aggressive Physical Non-Aggressive	Threats, Name Calling Pacing, Repetitive Pounding	Paranoia Disinhibition, Boredom, Need for Attention, Companionship
	Physical Aggressive	Hitting/Kicking/Pushing	Pain disorder or physical discomfort associated with movement, or constipation
CREATE (TREATMENT)	Address physical problems and/or utilize behavioral modifications. For <u>behavioral</u> specific resources: www.alz.org/care The 36 Hour Day by Nancy L. Mace & Peter V. Rabins		nent of physical problems and/or behavioral ations do not control behaviors consider cologic treatment — Examples: lity/depression - antidepressant

(TREATMENT)

The 36 Hour Day by Nancy L. Mace & Peter V. Rabins Ensure environment is safe with appropriate stimulation

- Fear/paranoia antipsychotic
- Disinhibition/embarrassment mood stabilizer
- Movement/pain analgesic

EVALUATE (AND RE-EVALUATE)

- *If patient stable 3-6 months, and psychotropic medication has been required, initiate a cautious incremental reduction and monitor patient closely
- If symptoms are not fully resolved, look for other underlying causes
- If intervention not effective or if patient or caregiver are in danger, consider referring to neurologist or psychiatrist



