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## Caregiver Screening Tools for Agitation in Alzheimer's Disease

### Announcer:

Welcome to CME on ReachMD. This episode is part of our MinuteCE curriculum.

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### Dr. Montano:

This is CME on ReachMD. I'm Dr. Brendan Montano. Joining me today is my friend and colleague, Dr. Clay Jackson.

Clay, can tell us a little bit about the impact of agitation in Alzheimer's disease in your practice?

### Dr. Jackson:

Brendan, it could be devastating. These agitation behaviors can be physical. They can be psychic or psychiatric, with anxiety, agitation as described as increased physical activity, hitting, kicking, spitting, using foul language that the patient doesn't ordinarily use. And it can really cause a great deal of stress for the caregivers, because they can worry about the physical safety of the patient that they're caring for. They can also worry about elopement risk. And then there's the emotional wounding that comes if they're treated in a way that's not ordinary to the relationship, and they're surprised, and often they have to think, 'Oh, this is the disease, this is not Mom talking. This is not Dad talking, or my uncle.' And so this can really weigh on caregivers and cause them a great deal of personal stress.

### Dr. Montano:

I appreciate that, and I, as a practitioner and a clinician, I thoroughly agree and appreciate with what you're saying about the agitation that is experienced by so many people and so many caregivers of those suffering with Alzheimer's. There are some tools that have been used and are being used today by other practitioners to try to assess the impact of the agitation on not only the person who's suffering with Alzheimer's, but especially with the caregivers. What's your experience with that, Clay?

### Dr. Jackson:

In my practice, we often use scales and screeners for a variety of illnesses, including mental health disorders such as depression, anxiety. So it's not unusual for us to utilize these tools.

I personally like to use the AASC, this is the Agitation in Alzheimer's Screener for Caregivers. And I'm hopelessly biased. I was involved in the team that helped to develop this tool. But the reason I love it, it's only about seven questions, very quick. You can do it in 2 or 3 minutes. Doesn't require a great education level or level of medical sophistication to fill out. And they can do it the waiting room or the room while they're waiting on me to see them. And it helps to stimulate a conversation about some of these behaviors or activities that patients can engage in when they have agitation in Alzheimer's. So AASC is the one that I use. I know that you prefer in your research setting some other tools as well. And so there are other ones that are helpful.

### Dr. Montano:

Yes, and you are correct, but the ones in the practice that are really meant for standardization with clinical practice are much more involved. They're longer and more comprehensive, and unfortunately, don't serve us any better in a clinical way when we're working

with our patients. So I agree with you, the AASC for agitation in Alzheimer's screening for the patient, and therefore for the caregiver, are the best tool to use in a clinical way.

Clay, is there anything else that you have to add?

**Dr. Jackson:**

These patients are suffering. Their caregivers are suffering. It's a devastating illness. It's a marathon, it's not a sprint. I know it's a cliché, but it's true. And I think we really underestimate the impact that we can have just by being an empathic ear, just by looking the caregiver in the eye, looking the patient in the eye, and continuing to see their humanity as they're moving through this illness trajectory together.

**Dr. Montano:**

Because we're able to pick this up more quickly with screeners like the AASC, I feel I'm more able at this point to be armed with information that I can then use to look at other approaches, perhaps a pharmaceutical approach, and see if not only behavioral but pharmaceutical approaches can be also beneficial in terms of slowing the process down, especially with what often happens, which is leaving the home and entering into an extended care facility, a nursing home. So that gives me a way of looking, now, to see if it's reached the point that the caregiver is impacted so much that they need more support from the practice, from me and what I'm able to offer. And I'm sure it must be similar with you. You're the one who helped create this tool!

**Dr. Jackson:**

Well, we just hope that it helps lots of patients and caregivers as they go on an endless journey.

So I think that's most of our time today. Brendan, I always enjoy speaking with you about how to better take care of our patients.

**Dr. Montano:**

It's my pleasure, Clay. And so this has been a great bite-sized discussion. That's all we have for time. So thank you for listening.

**Announcer:**

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