Management of dementia-related agitation: between the devil and the deep blue sea

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WHAT IS ALREADY KNOWN ON THIS TOPIC?
Dementia-related agitation is a common and costly condition that is distressing, debilitating, often dangerous and usually difficult to treat in a safe and reliable manner. Clinicians are caught between the ‘devil’ of medications with unfavourable risk–benefit profiles and the ‘deep blue sea’ of non-pharmacological interventions perceived as impractical and lacking in evidence for benefit. Before opting for any intervention, it is essential to rule out underlying causes of agitation and then consider strategies such as environmental modification, sensory interventions and family involvement/support.

WHAT DOES THIS PAPER ADD?
- In care-home dementia residents, training paid caregivers in person-centred care, communication skills and dementia mapping (focusing on patient needs and with supervision of trained caregivers during implementation) significantly reduced agitation at implementation and for up to 6 months afterwards.
- Group activities, sensory intervention and music therapy all prevented agitation during the intervention; sensory interventions also reduced clinically significant symptoms of agitation.
- Aromatherapy, light therapy and home-like care do not reduce agitation.

LIMITATIONS
- The complex and dynamic nature of dementia-related agitation, along with the subjective nature of many non-pharmacological interventions, make it a very challenging syndrome to study in a rigorously controlled manner.
- Similar to a placebo effect, the Hawthorne effect, that is, the tendency for participants to improve simply by virtue of involvement in the control arm of non-pharmacological intervention studies requires further consideration as a potential confounding factor.

WHAT NEXT IN RESEARCH?
To evaluate the implementation of promising non-pharmacological management strategies in different dementia care settings and to mainstream and disseminate pragmatic strategies in order to foster positive changes in dementia care culture.

DO THESE RESULTS CHANGE YOUR PRACTICES AND WHY?
The results of this review will encourage me to focus on providing support and training for caregivers of older adults with dementia. It will also be important to have ongoing collaboration with nursing leaders and facility administrators to ensure a focus on specific factors such as supervision of caregivers-in-training, as well as incorporation of sensory interventions into dementia care plans. As the authors point out, although few level 1 evidence-based studies existed for inclusion in their review, a relative lack of evidence is not evidence for lack of efficacy, therefore non-pharmacological interventions should remain first-line prevention and treatment strategies for dementia-related agitation.

REFERENCES

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