

What is Agitation?

Agitation is an unpleasant state of extreme excitement, restlessness or irritability.

These are signs that you or your loved one may be agitated:

- Feeling restless or irritable
- Becoming more talkative
- Unwilling to cooperate
- Making threats, clenching fists, or physical attack
- Wandering or isolating

What is Delirium?

Delirium is a change in the mind that affects the ability to focus, think, process, and understand. At the end of life, delirium may occur frequently. Delirium may increase or decrease during the day and may change over a short period of hours or days.

These are signs that you or your loved one may have delirium:

- Feeling confused
- Hallucinating or seeing things that are not there
- Trouble concentrating
- Change in emotions, such as laughing or crying non-stop
- Unable to sleep or stay asleep
- Increased temper or feeling irritable

Medicines to Treat Agitation and Delirium

Some medicines work when given on a regular schedule and other medicines can be given as needed. Be sure your hospice nurse or doctor shows you how to correctly take or give your medicines if you or your loved one becomes agitated.

Here is a list of commonly used medicines that often treat both delirium and agitation:

- Haloperidol (Haldol®)
- Quetiapine (Seroquel®)
- Olanzapine (Zyprexa®)
- Risperidone (Risperdal®)
- Phenobarbital (Luminal®)
- Chlorpromazine (Thorazine®)
- Aripiprazole (Abilify®)

In addition to the medicines above, these medicines are often used to treat agitation:

- Lorazepam (Ativan®)
- Diazepam (Valium®)
- Valproic acid (Depakene®)
- Divalproex sodium (Depakote®)

Non-Medical Treatments for Agitation

There are also ways to manage agitation through non-medical treatments:

- Check for unmet needs: hunger or thirst, pain, or need for toileting
- Avoid using physical restraints
- Encourage and assure you and your loved one's safety
- Avoid room and bed changes
- Place familiar objects in the room
- Massage therapy
- Relaxation techniques
- Satisfy spiritual needs
- Decrease excessive stimulation, such as noise or bright lights
- Ensure eyeglasses and hearing aids are available, if required

Contact your hospice team if you have additional questions or concerns about agitation and/or delirium.

References:

1. LeGrand S. Delirium in palliative medicine: a review. *J Pain Symptom Manage*. 2012;44(4):583-94.
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3. American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders (5th ed.)
4. Fairman N, Hirst JM, Irwin SA. Clinical manual of palliative care psychiatry. 1st ed. Arlington: American Psychiatric Association; 2016.
5. Alagiakrishnan K, Wiens CA. An approach to drug induced delirium in the elderly. *Postgraduate Medical Journal* 2004;80:388-393.
6. American Psychiatric Association. Practice guidelines for the treatment of patients with delirium. *Am J Psychiatry*. 1999;156(5 suppl):1-20.