



Objectives

- To understand Agitation in Alzheimer's Disease (AAD) management in assisted living (ALF) and skilled nursing facilities (SNF)
- Describe unmet needs and treatment opportunities

Background

- Agitation associated with Alzheimer's Disease is a neuropsychiatric symptom associated with negative patient, caregiver, and health system outcomes.
- Nonpharmacologic interventions considered first-line treatment.
- Many facilities lack time and resources for effective implementation.
- Pharmacologic treatment options are limited, have debatable efficacy, and substantial safety concerns.

Methods

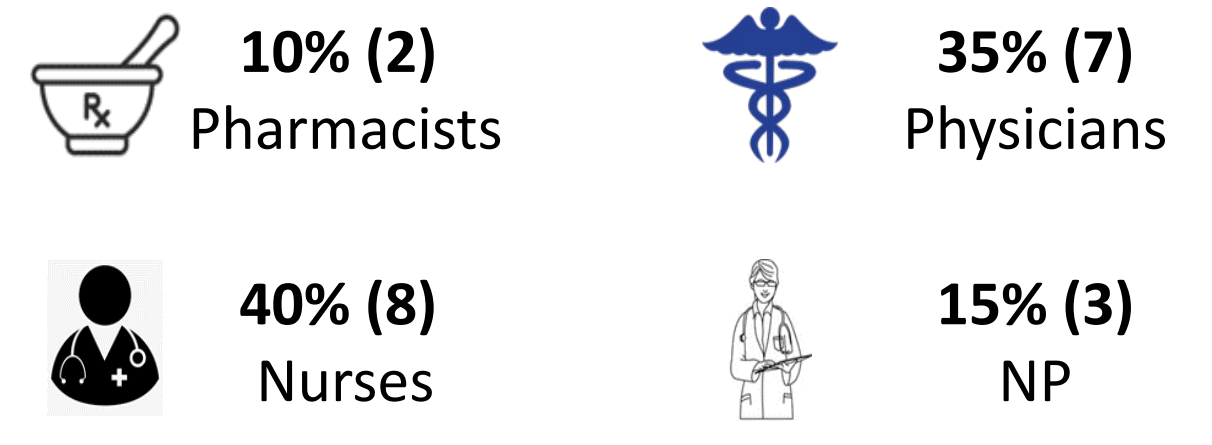
- Health professionals at assisted living facilities (ALF) and skilled nursing facilities (SNF):
 - spent ≥20% of time managing AAD
 - involved in ≥40 acute episodes of agitation requiring a prescription in the last 12 months
- 60-minute in-depth web-assisted telephone interview
- Qualitative data collected and transcribed

- Agitation in AD is common in ALF and SNF settings
- Agitation presents in many ways Triggers are common
- 30% Breakthrough agitation despite scheduled medications
- Unmet need exists for FDA approved treatments for agitation in AD

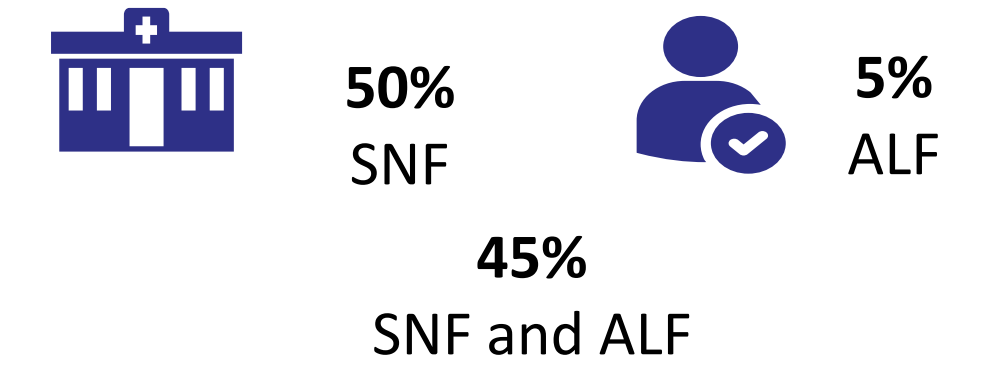
Results

20 participants completed the interview

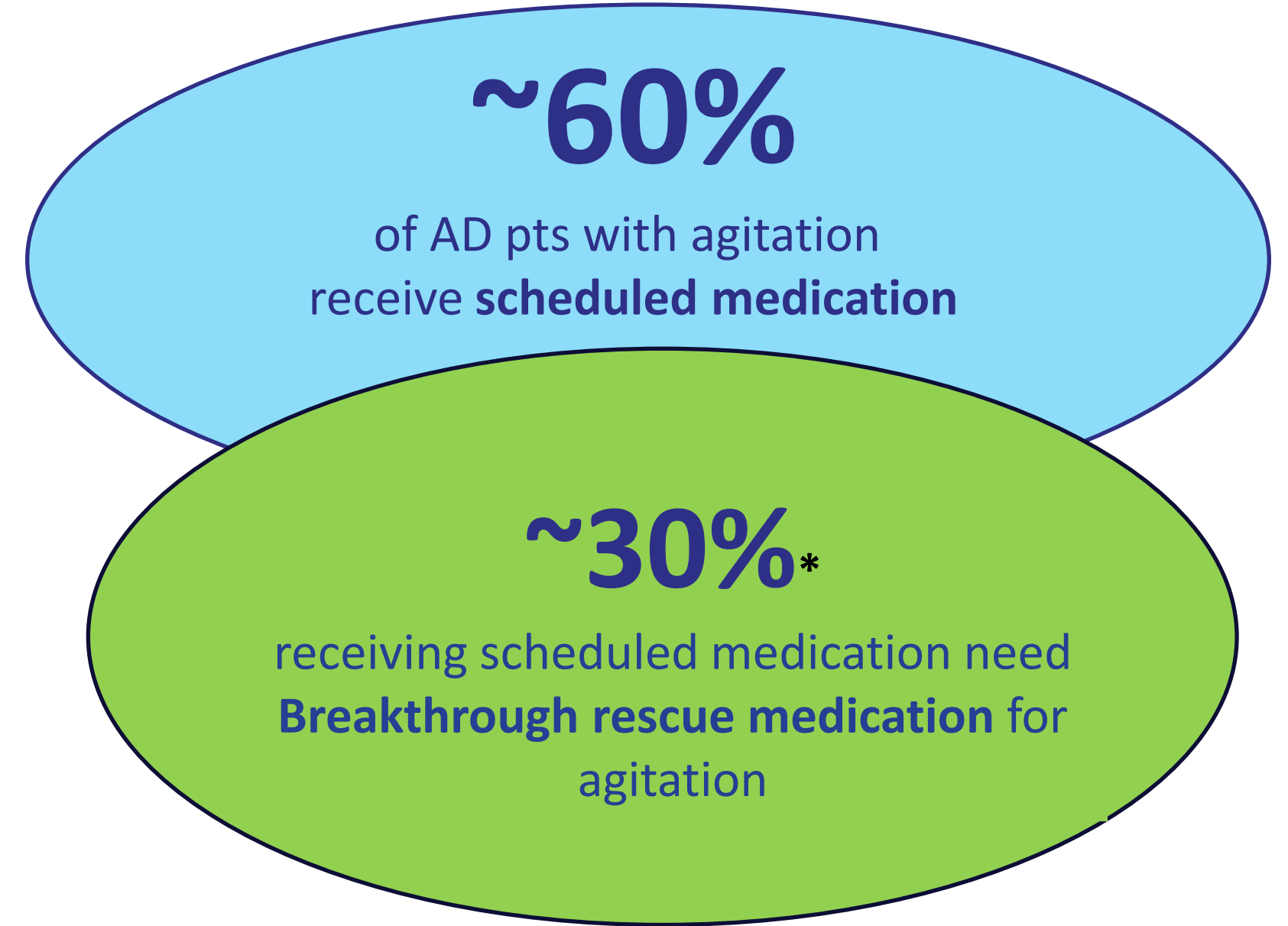
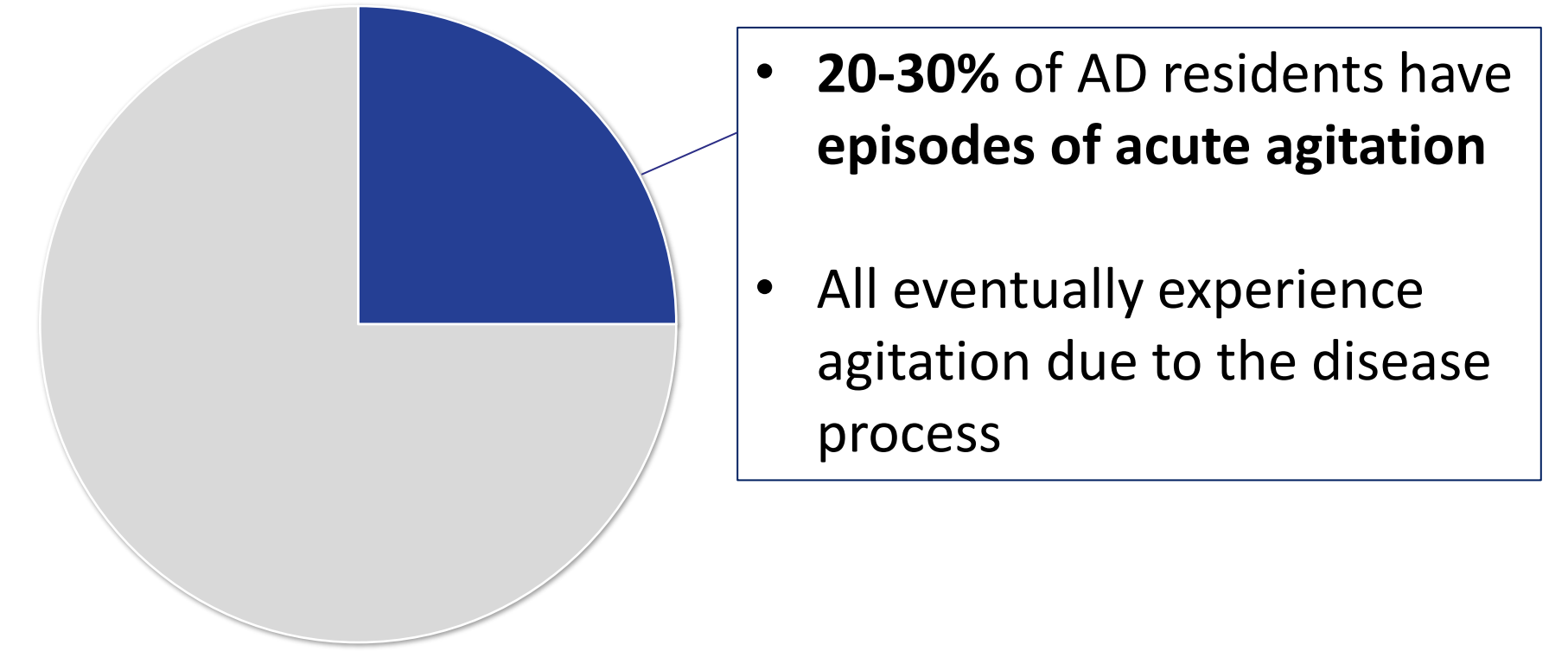
Respondent Demographics (N=20)



Practice Sites

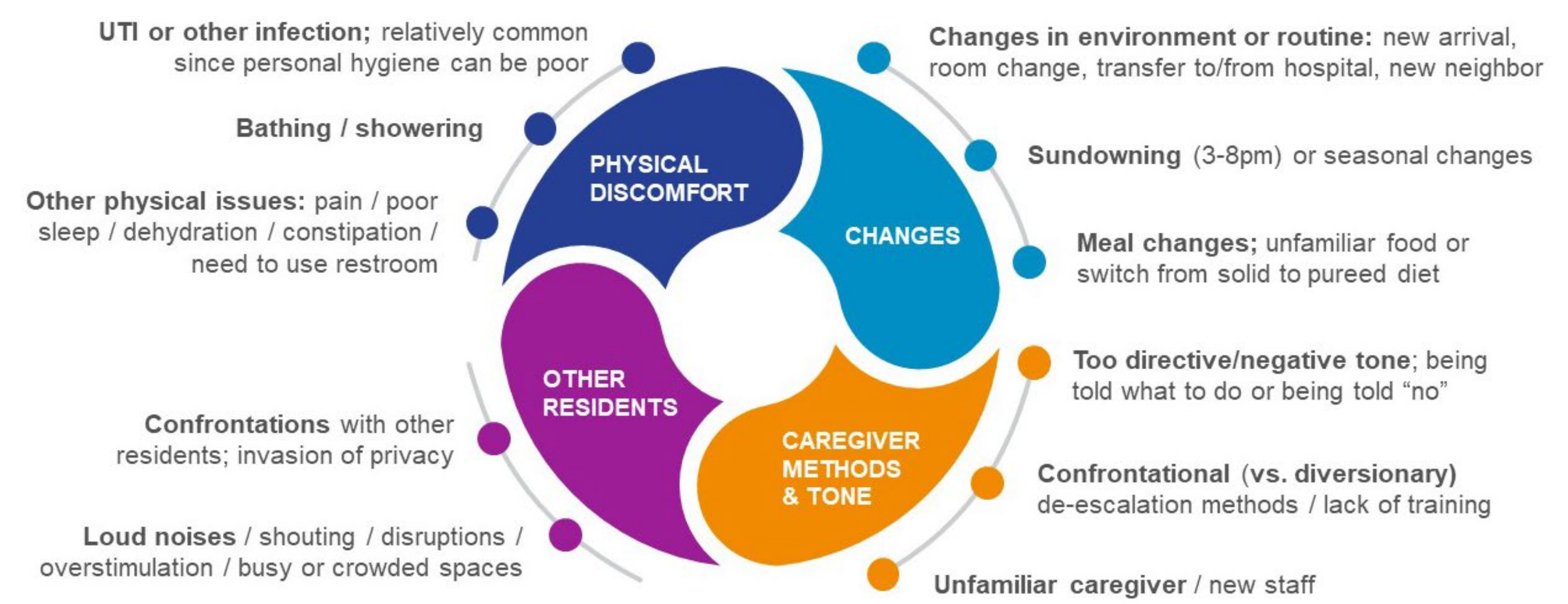


Signs/Symptoms of Agitation in AAD



*Caution: small sample size. Percentage provided by n=4.

Common Triggers of Acute Agitation Episodes



Medication Needs & Concerns:

- Avoids oversedation; reduces fall risk
- Fast onset of action
- Easy administration
- FDA-approved indication for AAD
- Non-controlled substance

Conclusions

- This research shows an unmet medication need exists for treating Agitation in Alzheimer's Disease in long term care, particularly in ALF and SNF
- Desirable treatment characteristics include:
 - Avoids oversedation; reduces fall risk
 - Fast onset of action
 - Ease of administration
 - FDA indication for agitation
 - Non-controlled substance
- Staffing and facility factors are triggers for AAD. Other triggers include:
 - Physical discomfort
 - Changes like meal or bath time, sundowning
 - Other residents

- Agitation can lead to care escalation and transfers to ED for care

Limitations

- Interview results are descriptive and based on a limited number of respondents, so may not be generalizable to broader populations.
- Because interview questions were asked, response bias may exist, and may not be representative of other ALFs or SNFs.
- Because respondents were identified based on certain quantity of agitation exposures, the results may over-represent facilities with less agitation.