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

<table>
<thead>
<tr>
<th>DESCRIBE</th>
<th>Verbal Agitation</th>
<th>Physical Agitation</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Aggressive vs Non-Aggressive</td>
<td>• Aggressive vs Non-Aggressive</td>
<td></td>
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</tbody>
</table>

**INVESTIGATE (ASSESS)**

<table>
<thead>
<tr>
<th>Agitation Type</th>
<th>Verbal Non-aggressive</th>
<th>Verbal Aggressive or Non-Aggressive</th>
<th>Physical Non-Aggressive</th>
<th>Physical Aggressive</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Loud Screaming or Moaning, Requests for Help</td>
<td>Threats, Name Calling</td>
<td>Pacing, Repetitive Pounding</td>
<td>Hitting/Kicking/Pushing</td>
</tr>
</tbody>
</table>

| Potential Underlying Cause | Depression, Anxiety, Boredom | Paranoia | Disinhibition, Boredom, Need for Attention, Companionship | Pain disorder or physical discomfort associated with movement, or constipation |

**CREATE (TREATMENT)**

- Address physical problems and/or utilize behavioral modifications. For **behavioral** specific resources: [www.alz.org/care](http://www.alz.org/care)
- The 36 Hour Day by Nancy L. Mace & Peter V. Rabins
- Ensure environment is safe with appropriate stimulation

- If treatment of physical problems and/or behavioral modifications do not control behaviors consider pharmacologic treatment — Examples:
  - Irritability/depression - antidepressant
  - 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

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**THE ALZHEIMER’S PROJECT**