### DICE APPROACH FOR BEHAVIORAL AND PHARMACOLOGIC TREATMENT OF DEPRESSION

#### DESCRIBE
- Symptoms overlap with behavioral symptoms of dementia. Depressed mood may not be evident in older patients with major depression. Consider the following in older patients: anxiety, insomnia, anorexia, irritability, anger/hostility, insecurity, paranoia, etc.

#### INVESTIGATE (ASSESS)
- **Presenting symptoms**: Depressed mood, tearfulness, anxiety, anhedonia, anorexia, weight loss, insomnia, hypersomnia, irritability, pessimism, suicidal ideation, somatic preoccupation, decreased concentration, psychomotor slowing, social isolation, psychosis.

#### CREATE (TREATMENT)
- **Psychotropic consultation**: Consider in context of severe depression, failure to thrive, psychosis, suicidal ideation, history of major psychiatric illness (e.g., bipolar disorder, schizophrenia, past suicidal attempts, severe agitation, etc.).

#### EVALUATE (AND RE-EVALUATE)
- **Medication response**: Evaluate for side effects of medication within 2 weeks and efficacy within 3-4 weeks.
- **Evaluate for consultation**: Worsening symptoms or adverse effects of treatment (worsening cognitive symptoms, increased agitation, worsening insomnia, new suicidal ideation, etc.) should lead to psychiatric consultation.

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

#### DESCRIBE

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

#### INVESTIGATE (ASSESS)

<table>
<thead>
<tr>
<th>Agitation Type</th>
<th>Exhibits As</th>
<th>Potential Underlying Cause</th>
</tr>
</thead>
<tbody>
<tr>
<td>Verbal Non-aggressive</td>
<td>Loud Screaming or Moaning, Requests for Help</td>
<td>Depression, Anxiety, Boredom</td>
</tr>
<tr>
<td>Verbal Aggressive</td>
<td>Threats, Name Calling</td>
<td>Paranoia</td>
</tr>
<tr>
<td>Physical Non-Aggressive</td>
<td>Pacing, Repetitive Pounding</td>
<td>Disinhibition, Boredom, Need for Attention, Companionship</td>
</tr>
<tr>
<td>Physical Aggressive</td>
<td>Hitting/Kicking/Pushing</td>
<td>Pain disorder or physical discomfort associated with movement, or constipation</td>
</tr>
</tbody>
</table>

#### CREATE (TREATMENT)
- Address physical problems and/or utilize behavioral modifications. For behavioral specific resources: www.alz.org/care
- 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 - analgesics

#### 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.