



Alliance for Integrated Care of New York

Managing Agitation In Patients with Intellectual and/or Developmental Disabilities

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DISCLAIMER

This presentation is for educational purposes only and is not intended to provide medical advice.

If you think you have a medical emergency, call 911 immediately.

Always consult healthcare professionals for guidance specific to the medical needs of the individuals you care for.



Introduction

Intellectual and/or developmental disabilities (I/DD) affect approximately **6.5 million** individuals in the United States alone (CDC).

Agitation is a common challenge, with **up to 30%** of individuals with I/DD experiencing it at some point (National Institute on Aging).

6.5 million

I/DD individuals in
the U.S.

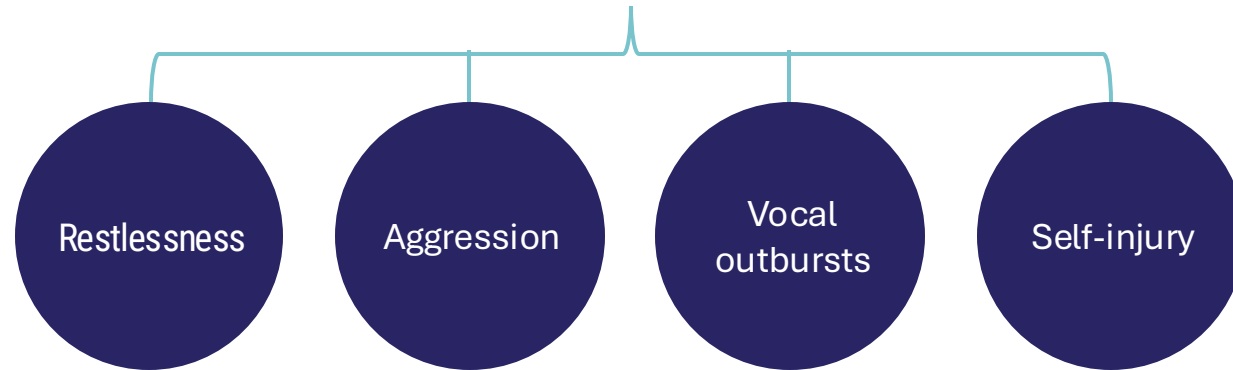
30%

I/DD experience
agitation at some point



Agitation – What is it?

DEFINING AGITATION AND ITS COMMON MANIFESTATIONS:*



- **Why individuals with I/DD may be more prone to agitation:**
 - People with I/DD often have difficulty communicating their needs and may become frustrated or anxious.**

**Journal of Intellectual Disability Research*

*** American Psychiatric Association*



Organic or Medical Cause of the Behavior

THE HURTS PNEUMONIC

H

HEAD

- Migraine
- Hearing
- Vision
- Dental

U

URINARY TRACT

- Infection
- Stones
- Obstruction

R

REFLUX AND GI ISSUES

- GERD
- Constipation

T

THYROID AND TRAUMA

S

SEIZURES AND SIDE EFFECTS



**ABUSE
+ NEGLECT**

= AGITATION

Challenges & Vulnerabilities

- Unique challenges and vulnerabilities faced by this population
 - Individuals with I/DD are at a **higher risk of abuse and neglect**, which can contribute to **agitation** (National Council on Disability).
- Case study
 - Agitated 35 Y.O. male in a group home



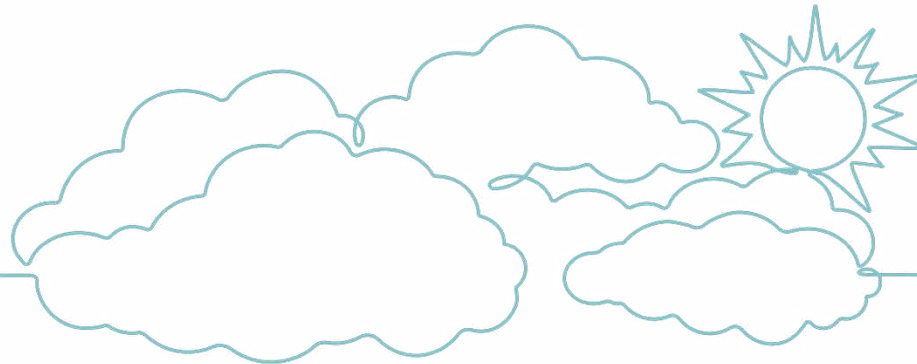


Identify the individual's:

- ✓ Goals
- ✓ Interests
- ✓ Strengths
- ✓ Abilities
- ✓ Desires
- ✓ Preferences

Importance of a Person-Centered Approach

- The significance of individualized care:
 - Person-centered care can significantly improve the quality of life for individuals with I/DD.*
- The person-centered process helps to identify desired personal outcomes base on the individual's life **goals, interests, strengths, abilities, desires, and preferences.**
- Case study



**Journal of Policy and Practice in Intellectual Disabilities*

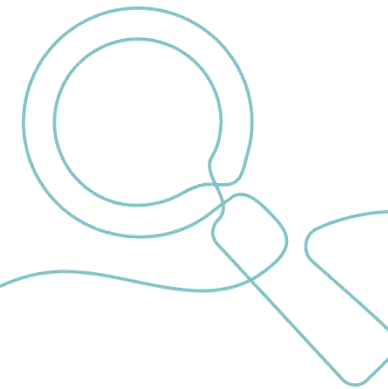


**MODIFIED OVERT
AGGRESSION SCALE**
(MOAS)

**ABERRANT
BEHAVIOR
CHECKLIST**
(ABC)

Evidence-Based Assessment

- **Evidence-based methods for assessing agitation:**
 - Modified Overt Aggression Scale (MOAS)
 - Aberrant Behavior Checklist (ABC)*
- Case study
 - 28 Y.O. female



**Journal of Intellectual Disability Research*



Effective Techniques:

- ✓ Verbal redirection
- ✓ Calming environments
- ✓ Non-restraint interventions

De-escalation Techniques & Communication

- Techniques like **verbal redirection**, **calming environments**, and **non-restraint** interventions have been shown to be effective.*
- Effective communication can **reduce frustration** and **prevent agitation**.**
- Alternative and Augmentative Communication:
 - Symbol boards
 - Choice cards
 - Communication books
 - Keyboards and alphabet charts
 - Speech-generating devices or communication devices
 - Apps on mobile devices

**Journal of the American Academy of Psychiatry and the Law*

** *Journal of Autism and Developmental Disorders*

MEDICATION MANAGEMENT



Medication Management



Managing agitation in people with I/DD often involves the use of various medications, including psychotropic drugs.

It's important to note that medication should be considered as part of a comprehensive treatment plan, and its use should be carefully evaluated, with the goal of improving the individual's quality of life while minimizing potential risks and side effects.

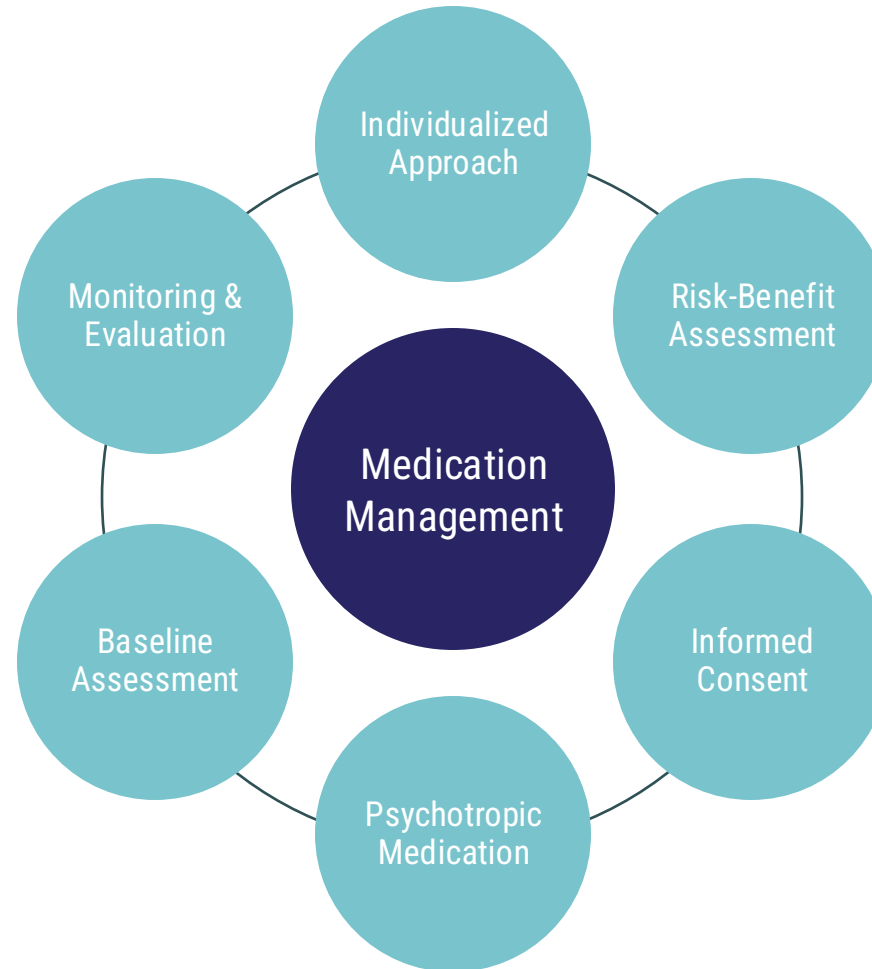


Approximately

40-50%

of individuals
with I/DD receive
psychotropic
medications*.

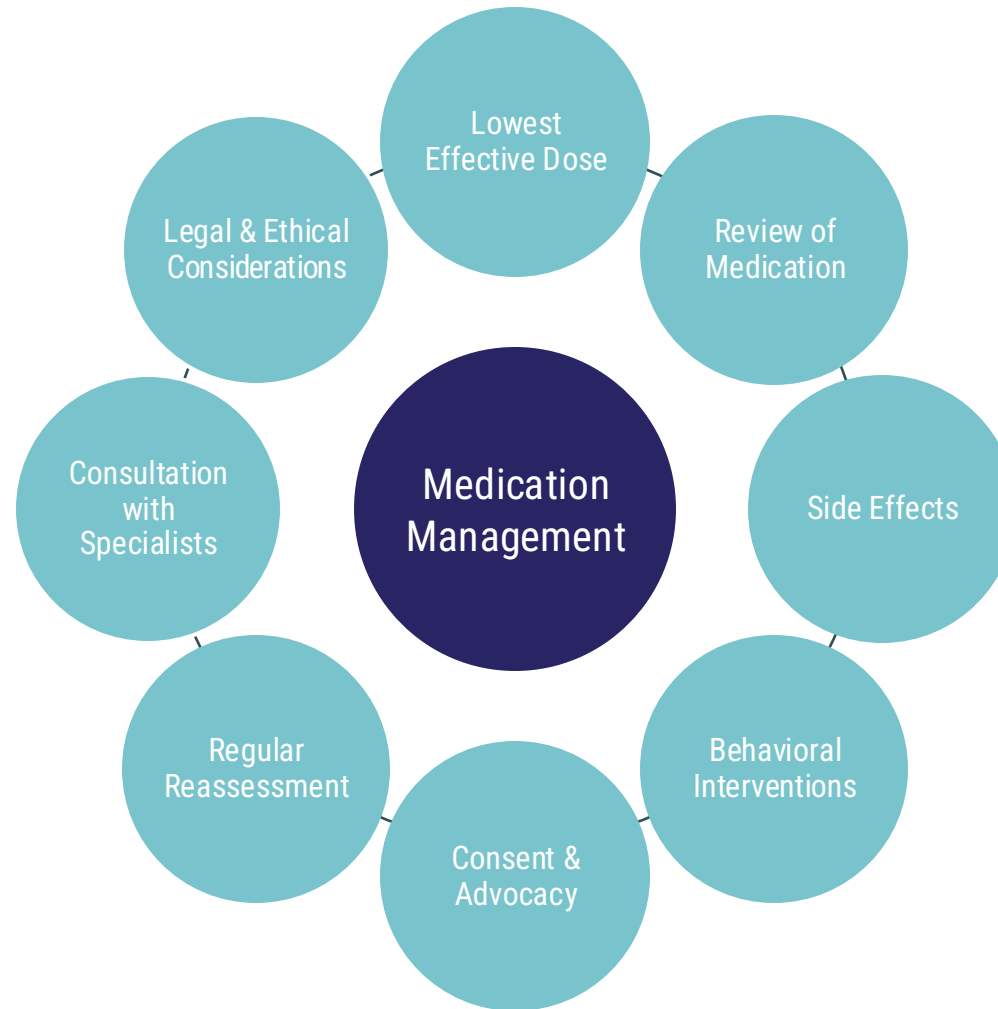
Medication Management



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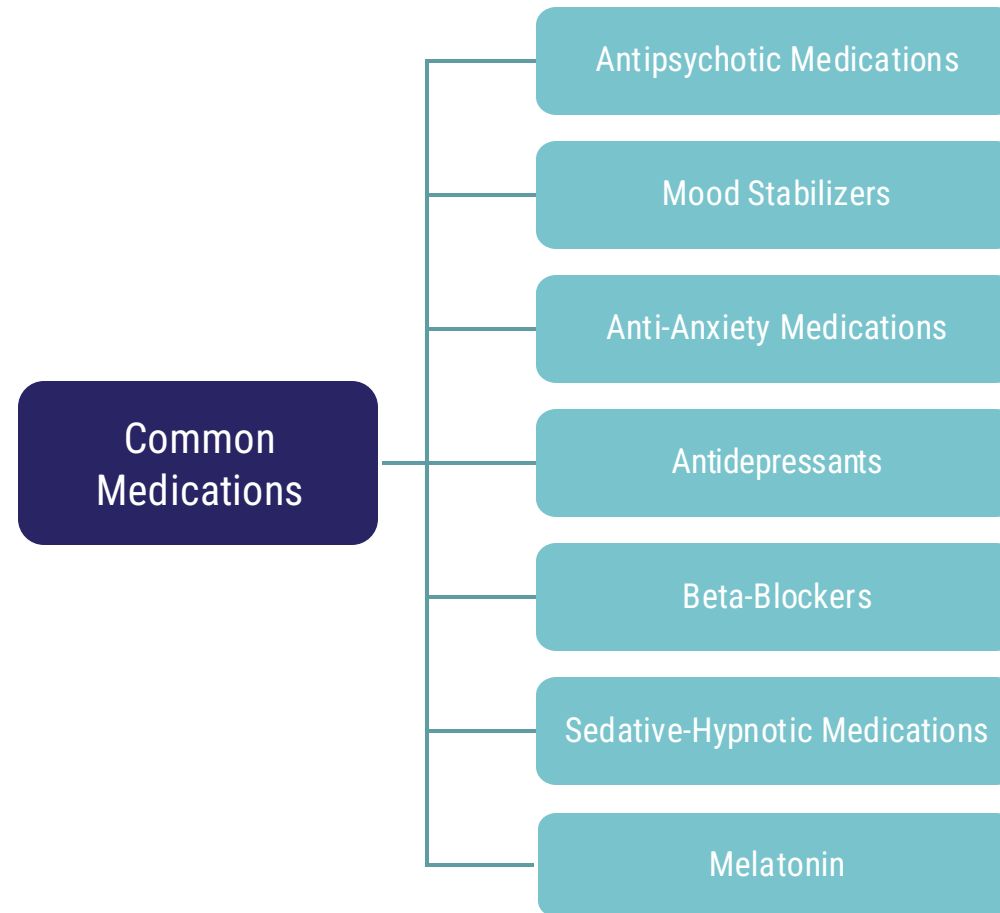


Medication Management





Common Medications





**Regular assessment
of the medication
plan is essential to
the individual's
well-being.**

Medication Management

- Medication **should not be** the first line of treatment for agitation in people with I/DD.
- Behavioral interventions, environmental modifications, and other non-pharmacological approaches **should be considered first**.
- Medications should be prescribed under the **close supervision of a healthcare professional**, with careful monitoring for side effects and effectiveness.
- The decision to use medication should always **consider the individual's specific needs**, co-occurring conditions, and potential risks.
- **Regular reassessment of the medication plan is essential**, and efforts should be made to minimize the use of medications whenever possible while **prioritizing the individual's well-being**.



Other Considerations



**FAMILY
INVOLVEMENT**



**LEGAL AND ETHICAL
CONSIDERATIONS**



**SPECIAL TRAINING AND
SPECIAL SETTINGS**

Understanding the root cause of agitation is not always that easy!
