

## About the Agitation in Alzheimer's Screener for Caregivers (AASC™)

The AASC™ was developed by multidisciplinary clinical and patient representative experts to:<sup>2</sup>

- ✓ Foster caregiver knowledge and allow for early recognition of observed agitation behaviors
- ✓ Facilitate conversations about agitation between caregivers and healthcare providers (HCPs)

The AASC™ operationalizes the International Psychogeriatric Association (IPA) definition of agitation in cognitive disorders to:<sup>1,2</sup>

- ✓ Screen for both presence and impact of agitation behaviors
- ✓ Support knowledge and recognition of agitation behaviors
- ✓ Empower caregivers to facilitate conversation with HCPs

## AASC™ Development Process



CMAI, Cohen-Mansfield Agitation Inventory; IPA, International Psychogeriatric Association; NPI Neuropsychiatric Inventory.

## The AASC™

**AASC™**  
Agitation in Alzheimer's Screener for Caregivers

A person with Alzheimer's dementia may become easily upset, frustrated, or angry. These feelings may be associated with agitation, a common symptom of Alzheimer's. The following questions ask about behaviors associated with agitation that you may have observed in the individual for whom you provide care. Your answers to these questions can help you talk with your person's healthcare professional. Please select one response for each question.

Patient Name \_\_\_\_\_ Date \_\_\_\_\_

1. Are you noticing any of the following that represent a change from the individual's usual or past behavior?

	Yes	No
a. Repeating motions or behaviors (e.g., rocking, raising fist, pointing finger)	<input type="checkbox"/>	<input type="checkbox"/>
b. Pacing or restlessness (cannot be still)	<input type="checkbox"/>	<input type="checkbox"/>
c. Cursing/using profanity or lashing out verbally	<input type="checkbox"/>	<input type="checkbox"/>
d. Raising voice or yelling or screaming	<input type="checkbox"/>	<input type="checkbox"/>
e. Resisting assistance or care	<input type="checkbox"/>	<input type="checkbox"/>
f. Throwing or hitting or breaking things	<input type="checkbox"/>	<input type="checkbox"/>
g. Trying to hurt self or others (e.g., grabbing, kicking, hitting, biting)	<input type="checkbox"/>	<input type="checkbox"/>

2. Do any of these behaviors negatively affect the individual's relationships, activities, or willingness to receive care?

	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>

Disclaimer: This screener was developed by Otsuka Global Medical Affairs along with a panel of multidisciplinary experts and was funded by Otsuka Pharmaceutical Development & Commercialization, Inc. The AASC™ is a screening tool and is not a diagnostic tool.

Agitation criteria based on the International Psychogeriatric Association (IPA) definition (Sano et al., 2023).  
References: 1. Cleverger C, et al. One Minute to Recognition: The Agitation in Alzheimer's Screener for Caregivers (AASC™). The Gerontological Society of America Annual Scientific Meeting, November 8-12, 2023, Tampa, FL. 2. Sano M, Cummings J, Auer S, et al. *Int Psychogeriatr*. 2023;1-13. © 2023 Otsuka Pharmaceutical Development & Commercialization, Inc. All rights reserved.



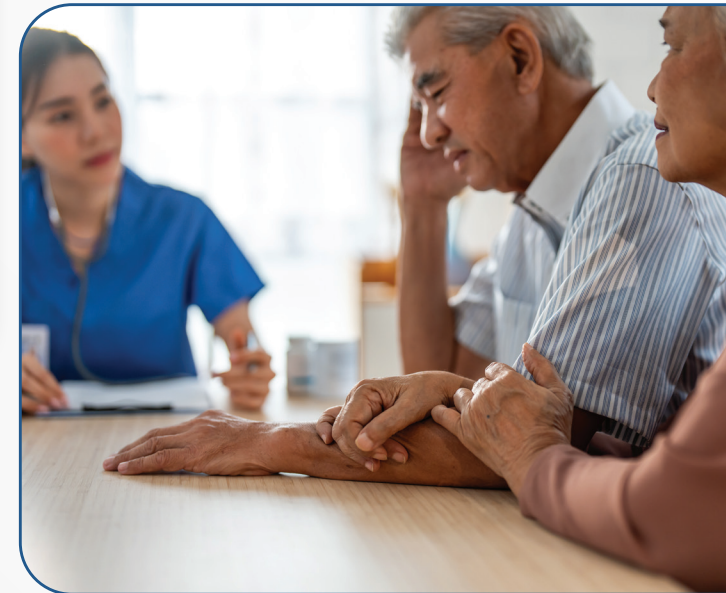
The AASC™ allows agitation behaviors to be reported without patient involvement and typically takes <1 minute to complete at home or in a healthcare provider's office

More information is available at:



# AASC™




## Agitation in Alzheimer's Screener for Caregivers



The AASC™ was designed to improve recognition and management of agitated behaviors in individuals with Alzheimer's dementia





## What is Agitation in Alzheimer's Dementia (AAD)?

In patients with Alzheimer's dementia, symptoms of agitation manifest as both non-aggressive and aggressive behaviors:<sup>1,2</sup>

-  Excessive motor activity (pacing, restlessness, repetitiveness, hoarding)
-  Verbal aggression (screaming, using profanity, asking repetitive questions)
-  Physical aggression (hitting, kicking, punching, biting, throwing things)

AAD is prevalent across care settings and present in all stages and severities of Alzheimer's dementia<sup>3,4</sup>

## AAD has been associated with poor patient outcomes:<sup>3,4,10-14</sup>







-  Accelerated disease progression
-  Functional decline
- QoL**  Decreased quality of life
-  Greater comorbidities
-  Increased use of concomitant therapies
-  Increased risk of hospitalization and institutionalization
-  Earlier death

## The AASC™ can assist patients, caregivers, and HCPs

Early caregiver detection of agitation using tailored tools may help reduce caregiver burden by improving recognition and overall management of AAD

## AAD has been associated with high caregiver burden which increases with severity<sup>15</sup>

High caregiver burden has been associated with poor caregiver outcomes<sup>16-22</sup>:

-  General health decline
- QoL**  Reduced quality of life
-  Depression and anxiety
-  Embarrassment and guilt
-  Social isolation
-  Increased use of clinical services

AAD is a risk factor for burnout, reduced workability, and generally weaker health among caregivers<sup>23</sup>

## What is the role of the caregiver?

Caregivers are often first to encounter AAD and play a critical role in recognizing the full breadth of agitation behaviors and discussing their observations with HCPs<sup>1,5-8</sup>



Nearly half of people living with Alzheimer's dementia will experience agitation, yet HCPs and caregivers are reluctant to discuss agitation symptoms<sup>3,6,7,10</sup>

It is crucial for caregivers to understand that treatment options for AAD differ from those for Alzheimer's dementia<sup>9</sup>

## AASC™ Development Team

This screener was developed by Otsuka Global Medical Affairs along with a panel of Alzheimer Clinical and Patient Representative Experts and was funded by Otsuka Pharmaceutical Development & Commercialization, Inc. The AASC™ is a screening tool and is not a diagnostic tool.

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### References

1. Sano M, et al. *Int Psychogeriatr*. 2023;1-13.
2. Clevenger C, et al. *Innov Aging*. 2023;7:1092-1092.
3. Halpern R, et al. *Int J Geriatr Psychiatry*. 2019;34(3):420-431.
4. Fillit H, et al. *Int J Geriatr Psychiatry*. 2021;36(12):1959-1969.
5. 2023 Alzheimer's disease facts and figures. *Alzheimer's Dement*. 2023;19(4):1598-1695.
6. Lindeza P, et al. *BMJ Support Palliat Care*. 2020.
7. Gallego-Alberto L, et al. *Dementia (London)*. 2022;21(1):5-20.
8. Stella F, et al. *Int J Geriatr Psychiatry*. 2015;30(12):1230-7.
9. Brasure M, et al. Agency for Healthcare Research and Quality (US); 2016.
10. Jones E, et al. *J Alzheimers Dis*. 2021;83(1):89-101.
11. Koenig AM, et al. *Curr Psychiatry Rep*. 2016;18(1):3.
12. Peters ME, et al. *Am J Psychiatry*. 2015;172(5):460-465.
13. Scarmeas N, et al. *Arch Neurol*. 2007;64(12):1755-1761.
14. Banerjee S, et al. *J Neurol Neurosurg Psychiatry*. 2006;77(2):146-148.
15. Schein J, et al. *J Alzheimer's Dis*. 2022;88(2):663-677.
16. Kales HC, et al. *BMJ*. 2015;350:h369.
17. Mohamed S, et al. *Am J Geriatr Psychiatry*. 2010;18(10):917-927.
18. Isik AT, et al. *Int J Geriatr Psychiatry*. 2019;34(9):1326-1334.
19. Brodaty H and Hadzi-Pavlovic D. *Aust N Z J Psychiatry*. 1990;24(3):351-361.
20. Thomas P, et al. *Int J Geriatr Psychiatry*. 2006;21(1):50-56.
21. Patrick KS, et al. *Psychogeriatrics*. 2022;22(5):688-698.
22. Cohen-Mansfield J. *J Psychiatr Res*. 2008;43(1):64-69.
23. Palm R, et al. *J Alzheimers Dis*. 2018;66(4):1463-1470.