

# Quantifying Agitation In A Dementia Step-down Unit: Implications For Non-pharmacological Care And Resource Planning

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## Background

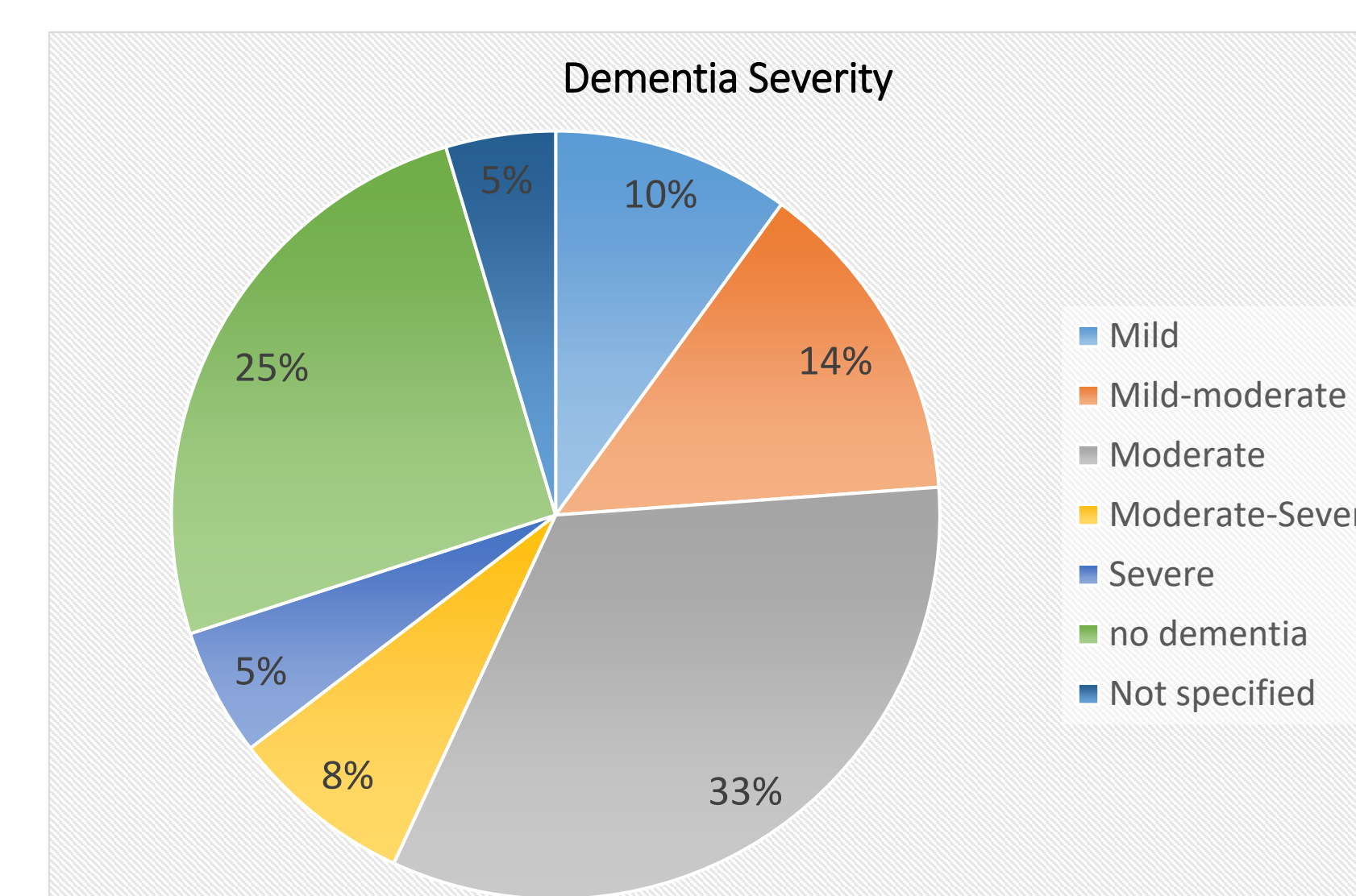
- Managing behaviours of concern requires substantial nursing input, non-pharmacological, and person-centred approaches.
- Non-pharmacological interventions in the Dementia ward of the Integrated Care Hub (ICH) include: Namaste Care (a multisensory engagement approach), music and art therapy, and environmental modification.
- To better quantify agitation severity and inform care planning, we incorporated the Pittsburgh Agitation Scale (PAS) into routine assessments.

## Methods

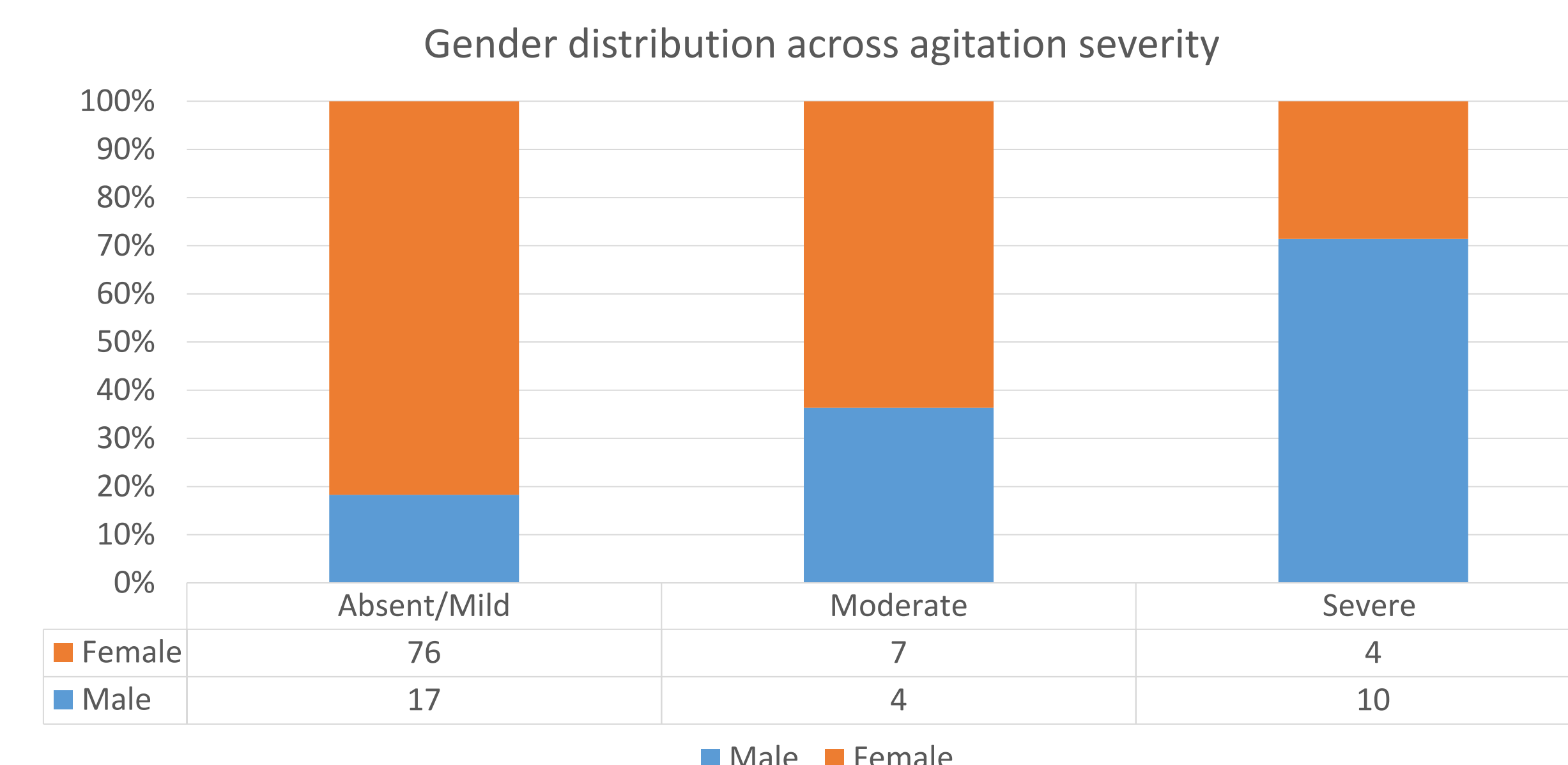
- Clinical data (eg age, dementia diagnosis, length of stay, and psychotropic medication use) were collected.
- PAS scores were rated weekly during MDT huddles. Scores were categorised : ≤6 (absent/mild); 7-11 (Moderate); ≥12 (severe)
- Continuous variables were analysed using one-way ANOVA with Bonferroni correction, and categorical variables using chi-square tests.
- Statistical significance was set at  $p < 0.05$ .

## Results

| Patients admitted from July to October 2025 (n=128) | Absent or mild agitation | Moderate agitation | Severe agitation | p-value |
|-----------------------------------------------------|--------------------------|--------------------|------------------|---------|
| Mean Age (years)                                    | 89                       | 86.7               | 84.7             | 0.0017  |
| Mean Length of stay (days)                          | 19.3                     | 21.5               | 37.4             | 0.0003  |
| Percentage discharged to home (%)                   | 57.0                     | 36.4               | 60.0             | 0.408   |
| Percentage increased psychotropic meds (%)          | 31.9                     | 55.6               | 80               | 0.099   |
| Number of psychotropic meds                         | 1.01                     | 2.27               | 2.7              | 0.00    |
| Mean change between highest and lowest PAS score    | 1.02                     | 5.56               | 11.11            | 0.00    |



Majority of patients have moderate to moderate-severe dementia (41%)



Moderate to severe agitation was more common among male patients (32.0%) than female patients (11.8%).

- A total of 128 patients were admitted over three months to the ward.
- Based on PAS scores, 83.6% of patients exhibited absent to mild agitation, 10.0% moderate agitation, and 6.4% severe agitation.
- Length of stay differed significantly across agitation severity groups, with the longest stays observed in the severe group (mean 36.3 days, SD 22.8), followed by the moderate (mean 26.2 days, SD 26.2) and absent to mild groups (mean 19.3 days, SD 12.7)
- Patients with higher agitation severity required more intensive behavioural management, reflected in increased psychotropic use despite concurrent non-pharmacological interventions

## Discussion / Conclusion

- Routine quantification of agitation using PAS provides valuable insight into care complexity within a dementia step-down unit.
- Systematic assessment of agitation can support targeted deployment of non-pharmacological strategies, workforce planning, and safer care environments for both patients and staff.

### References:

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- Ali, N., Tan, C. N., Kang, J., Chew, A. P., Caroline, C., Lee, M., & Lim, W. S. (2020). Bridging biomedical and person-centered care approaches via Namaste Care with family participation: an Asian experience in advanced dementia treatment. *OBM Geriatrics*, 4(4), 1-20.