UNDERSTANDING AGITATION

Recognizing the signs of agitation and knowing what to do when they appear
Everyone feels antsy, fidgety, or restless from time to time. But some people develop a more severe form of uneasiness called agitation. They may pace, wring their hands, or feel that they can’t sit still or focus. Agitation can cause extreme discomfort and distress, interfere with work and social interactions, and, in some cases, increase the risk that people will hurt themselves or others.

People living with mood disorders may be more disposed to experiencing agitation. Mood disorders, like depression and bipolar disorder, are treatable medical conditions involving changes in mood, thought, energy, and behavior. They can affect anyone, regardless of age, ethnic background, or social status.

Recognizing the signs of agitation and knowing what to do when they appear can be helpful to people with mood disorders and their loved ones.

For more information about depression or bipolar disorder, please visit www.DBSAlliance.org.
What is agitation?

An episode of agitation is characterized by excessive talking and/or unintentional and purposeless motions, like wringing of the hands or pacing, in addition to feelings of unease. People experiencing agitation may also express:

- Excitement
- Hostility
- Poor impulse control
- Tension
- Uncooperativeness
- Violent/disruptive behavior

Not everyone experiencing agitation will express all of these characteristics. It is especially important to note that agitation does not always lead to violence. Often, agitation goes hand in hand with anxiety or aggressive behavior, but doctors usually use agitation to describe only unintentional and purposeless behaviors that result from feelings of inner restlessness. These physical behaviors represent an outward manifestation of the way the person feels on the inside.

Unlike depression and bipolar disorder, agitation isn’t an illness on its own. Rather, it's typically a symptom of a mood disorder or another medical condition. In many cases, people develop agitation when treatment for their depression or bipolar disorder isn’t working as well as it should. Extremely stressful situations or traumatic events can also trigger agitation.

Agitation can appear suddenly or slowly and last a few minutes or for an extended period of time. At first, a person may act irritable, restless, or sarcastic. If the agitation escalates, he or she may start pacing, verbally lashing out, clenching his or her fists, or even start behaving in a threatening or combative manner.
Degrees of Agitation

In someone who is agitated, feelings of discomfort are accompanied by involuntary behaviors that serve no clear purpose. Mild to moderate agitation signs may include:

- Picking or pulling at hair, skin, or clothing
- Pacing
- Hand-wringing
- Unconscious movement
- Outbursts
- Shuffling feet
- Clenching fists

As an episode of agitation escalates, the person may begin to show poor impulse control, become uncooperative, act excited, or, in some cases, even show hostility.

An agitation crisis occurs when a person is so agitated that they could be dangerous to themselves or others.
What does agitation feel like?

“The tension inside was so strong that I had to pace, get out of the room, or shake my body—anything to get rid of the grating feeling. The worst part was that moving around didn’t help at all. I felt like there wasn’t anything I could do to get away from it. It was just there under my skin.”

Some people with agitation recognize that they’re feeling and acting differently, while others may not be aware of it. Often, they have difficulty focusing or carrying on a conversation. Phrases they might use to describe how they feel include:

“I can’t sit still.”

“I feel uncomfortable staying in one place.”

“I need to move around.”

People without mental health conditions experience these sensations too. But in people with mood disorders, these feelings can often be strong, extremely unpleasant, and uncontrollable, and may not respond to the types of self-care and relaxation techniques that work for others.

When a person with a mood disorder is agitated, friends and family members—or even doctors—can’t always tell what underlying condition has caused it. In other words, an agitated person with bipolar disorder might act the same as an agitated person with depression, and many people have more than one underlying condition. For this reason, it’s important to have a long-term relationship with a health care team or to find a doctor or therapist who will spend adequate time properly diagnosing and treating the individual’s comprehensive health needs.
What impact does agitation have?

The strong, uncomfortable feelings of agitation can prevent people with mood disorders from functioning well at home, school, or work. Often, this significantly interferes with their daily lives and impairs their ability to achieve their goals. Agitation can impact:

- **Relationships.** Repetitive behaviors may make people with agitation uncomfortable to be around. Even close friends and family members may grow irritated with a person who can’t sit still or have a meaningful conversation. These relationship challenges may make it difficult to connect with others.

- **Work or School.** An agitated state prevents people from focusing or concentrating. Completing job-related or academic tasks often becomes virtually impossible. Conversations with co-workers or employers often grow strained. Agitated employees may be described as inefficient or difficult.

- **Health.** People with agitation often can’t settle down at night. The resulting lack of sleep may make their condition worse and lead to other medical problems. In addition, they may have trouble accurately explaining their symptoms and medical history to their doctors, which makes diagnosing and treating their mood disorder more difficult. Finally, some research suggests people with agitation face a higher risk of suicidal behavior.

Many people with agitation become impulsive and act without considering the consequences. In certain situations, this could lead to legal action or arrest.

Even treatment for agitation can sometimes cause harm. If a person with agitation threatens themselves or others, he or she may be restrained, injected with sedatives, or treated in a coercive manner which may lead to injury to the person or those treating them. This type of treatment dehumanizes patients and can cause trauma that could have long-term impact on the individual.
Preventing agitation begins with properly diagnosing and treating a person’s mood disorder or other underlying condition. Remember, agitation isn’t a medical condition itself—it’s a sign of another illness. When depression, bipolar disorder, or other conditions are well-managed, agitation often disappears.

If you begin to experience feelings of agitation, seek help. Early intervention is often the most effective.

Proper treatment can relieve the strong unpleasant feelings linked to agitation. Spotting and addressing the signs of agitation early—before they escalate—can help avoid an agitation crisis.
Treatment might involve:

**Identify underlying illnesses**

Besides mood disorders, agitation can also occur as a result of other medical conditions, such as seizures, overdose, infections, thyroid conditions, or withdrawal from drugs or alcohol. As with mood disorders, treating these conditions can relieve agitation. Doctors should first rule out physical causes before treating agitation with psychiatric medications or verbal techniques.

**Fast-acting medication**

Benzodiazepines or fast-acting sedatives (preferably oral or inhalant versions, rather than injections) may be necessary to quickly calm a person with severe agitation who can’t calm down enough to have a conversation. But people can become tolerant to these drugs, meaning they won’t work as well over time. These medications can work well and relieve symptoms of agitation temporarily, but treatment with these medications should always be paired with a long-term strategy for addressing the person’s mood disorder.

**Verbal de-escalation**

With this technique, mental health professionals talk a person down from an agitated state. After ensuring everyone’s safety, clinicians work to engage and form a therapeutic alliance with the patient, gradually restoring his or her sense of control. This might involve giving the agitated person space, speaking calmly and slowly, and offering the options of medication, a secluded room, water, or food.

**Multi-faceted treatment plan**

The standard treatment for depression involves antidepressant medication and counseling or talk therapy, peer support, and personal wellness strategies. The standard treatment for bipolar disorder pairs a mood-stabilizing drug with psychotherapy as well as peer support and personal wellness strategies. By managing the underlying mood disorder, these treatments also help a person maintain a sense of empowerment and control that can stop agitation before it starts. It’s important to know which mood disorder a person with agitation has before administering treatment, because the type of medication they receive will differ.
If you—or a friend or family member with a mood disorder—has experienced agitation before, take steps to develop an action plan in case agitation escalates. Start by talking with the health care team. They can offer guidance on the best places to seek treatment quickly—be it a local hospital, psychiatric facility, or emergency department.

It may help to call nearby facilities or care providers in advance to find out how they handle agitation crises. Often times, facilities will have a Human Rights Officer who may be able to answer your questions. Questions to ask include:

- Do you have a standard protocol for assessing and handling agitation?
- Do you have a safe, neutral space for people with agitation so they don’t feel overstimulated, closed in, or trapped?
- Are your clinicians trained in verbal de-escalation?
- What is your policy on the use of restraints?
As you plan, consider anything that has helped decrease your agitation in the past. Is there something a friend or family member could say or do? Is there a song or activity that helps you relax? Add these notes into your plan and share them with your loved one so that they can better assist you if your agitation begins to escalate.

For people with mood disorders, agitation may quickly progress into a situation that requires medical treatment. But strategies that relieve stress and tension may prove useful in coping with mild agitation. For instance, try:

- Taking a walk or doing another type of exercise
- Practicing meditation or deep breathing
- Keeping a journal
- Minimizing conflict
- Relaxing in a dark, quiet room free of stimulation

These types of techniques may also help people who have recently been treated for an agitation crisis feel more comfortable after returning home.

Also, consider joining a DBSA support group to connect with others who have mood disorders. There, you can learn from others’ experiences and share ways to cope with stress, problems, and crises, including agitation.

Because agitation often stems from a person’s perceived loss of control, techniques that center on the person and don’t coerce him or her into treatment offer the best chance for a fast recovery.
Offering support, understanding, and hope on a regular basis can help a loved one with a mood disorder manage his or her condition. Remember that depression and bipolar disorder are treatable medical conditions that affect a person's brain. Treatment can relieve symptoms, including agitation, but it doesn’t happen overnight.

Agitation often occurs in the midst of severe anxiety. If a person with a mood disorder anticipates a traumatic or shameful event—for instance, the threat of an embarrassing behavior being revealed to friends or to the public—he or she may begin to feel inner unease and become agitated.

Friends or family can help by assisting the person in identifying alternative responses to the perceived crisis. Encourage him or her to work with a professional to learn effective coping strategies.

Once agitation begins, the best thing you can do is encourage the individual to communicate with his or her health care team. Agitation typically serves as a sign that treatment isn’t working properly and intervention is needed.
If your loved one threatens to hurt themselves or others, call a friend, a family member, a mental health professional, or 911 for help.

If your loved one is experiencing an agitation crisis:

• **Stay nearby.** If possible, don’t run or walk away from an agitated person. Unless you feel unsafe, maintain contact for as long as you can.

• **Ensure your own—and others’—safety.** Remove nearby objects that could cause harm. If possible, clear a room of furniture and decrease other sources of stimulation, such as loud noises, bright colors, and extreme temperatures.

• **Listen.** If the person is calm enough to have a conversation, listen closely. Repeating statements back can help establish a verbal connection without escalating the agitation.

• **Stay calm.** Do not match an agitated person’s volume, tone, or speech patterns. Instead, speak slowly and in a soothing manner.

• **Allow space.** If a person with agitation needs to pace or roam, don’t attempt to restrain or seclude them. Feeling like they have room to escape if needed could defuse the “flight or flight” response typical during an agitation crisis.

Friends and family members can also benefit from joining a DBSA support group. There, you can share your feelings with others who have faced similar situations. You can also gain insight into how other people with mood disorders and their loved ones cope with agitation and avoid or defuse crises.
When you’re experiencing agitation, communication with your health care team may become difficult. However, if you recognize early signs of inner restlessness, tell your doctor or another trusted professional as soon as you can. He or she may ask you:

• When did the agitation develop?

• How long did it last?

• Did you find yourself wringing your hands, pacing, or performing other purposeless activities?

• Was your agitation triggered by the memory or fear of a traumatic event?

• Is there anything that makes you feel better or worse?

• How much alcohol and caffeine do you drink?

• Do you use any recreational drugs?

• What medications do you take?
Friends or family members who recognize signs of agitation in a person with a mood disorder should express their concerns to the person and offer to assist in finding help.

Agitation can be extremely unpleasant, uncomfortable, and, if not treated properly, may result in an agitation crisis with long-term negative outcomes. Agitation can often serve as a sign that treatment isn’t working properly. But getting help can allow you to regain control of your feelings and behaviors. Work with your treatment team to identify the signs of agitation and create personal treatment plans to quickly address them to avoid escalation and restore well-being.
The Depression and Bipolar Support Alliance (DBSA) is the leading peer-directed national organization focusing on the two most prevalent mental health conditions, depression and bipolar disorder, which affect more than 21 million Americans, account for 90% of the nation’s suicides every year, and cost $23 billion in lost workdays and other workplace losses.

DBSA’s peer-based, wellness-oriented, and empowering services and resources are available when people need them, where they need them, and how they need to receive them—online 24/7, in local support groups, in audio and video casts, or in printed materials distributed by DBSA, our chapters, and mental health care facilities across America.

Through more than 800 support groups and nearly 300 chapters, DBSA reaches millions of people each year with in-person and online peer support; current, readily understandable information about depression and bipolar disorder; and empowering tools focused on an integrated approach to wellness.

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We hope you found the information in this brochure helpful. If you would like to support DBSA’s mission, please consider making a donation by calling (800) 826-3632 or by visiting DBSAlliance.org/Donate.

This brochure was reviewed by DBSA Scientific Advisory Board Members, Joseph Calabrese, MD, Director of Center for Intervention and Services Research in Bipolar Disorder Across the Life Span at the University Hospital of Cleveland, and Ellen Frank, PhD, Professor of Psychiatry and Psychology at the University of Pittsburgh Medical Center.

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