

Pittsburgh Agitation Scale (CMAI) Guidelines & References

The training has been through direct observation with patients and establishing reliability.

Most Important

The most important aspect is to remind raters to only rate the specific behaviors.... In other words, a really "bad" behavior (punching a staff) should only get a "4" for physical aggression or resisting care.... Not both....

Our scoring of the instrument is based on the presence of 3 or 4 in any category And the goal of treatment is to eliminate or reduce 3 and 4s.

A total score of "4" for a given shift could reflect either really good behaviors (1s in each of the 4 main categories), or problematic behavior (punching another resident).... Therefore **the total score for each shift is not important.** The more often this is done, the more specific the data.... So we typically recommend at least every shift.

(1;2)

Reference List

- (1) Rosen J, Bobys PD, Mazumdar S, Mulsant BH, Sweet RA, Yu K et al. OBRA regulations and neuroleptic use: defining agitation using the Pittsburgh agitation scale and the neurobehavioral rating scale. *Annals of Long-Term Care* 1999; 7(12):429-436.
- (2) Rosen J, Burgio L, Kollar M, Cain M, Allison M, Fogleman M et al. The Pittsburgh Agitation Scale: a user-friendly instrument for rating agitation in dementia patients. *Am J Geriatr Psychiatry* 1994; 2:52-59.