SYMPTOM

Agitation

Agitation is inner restlessness or increased movement that makes it hard to feel calm or stay still.

WHAT IT FEELS LIKE
Restless, tense, irritable, or unable to settle

WHERE IT IS FELT
Throughout the body and in your thoughts

MOST COMMON CAUSES
Stress, poor sleep, pain, and medication effects

WHEN IT IS URGENT
Sudden confusion, fever, hallucinations, or risk of harm

USUALLY LASTS
Minutes to days, based on the underlying cause

SEE A DOCTOR IF
It recurs, persists, or disrupts sleep and daily life

Overview

Agitation is a state of inner tension, restlessness, or increased activity. You may feel unable to relax or stay still. Other people may notice pacing, repeated movements, irritability, or unusually fast speech.

Agitation is a symptom, not a diagnosis. It can happen during stress or sleep loss, but it can also be related to pain, illness, medication, alcohol or drug use, or a mental health condition.

Agitation does not automatically mean aggression. Many people who feel agitated are frightened, uncomfortable, or overwhelmed rather than violent. However, severe agitation can make it harder to think clearly or stay safe.

A sudden change is generally more concerning than a familiar feeling linked to a known trigger.

What it may feel or look like

You may experience agitation mainly as an uncomfortable feeling inside. You might describe yourself as "on edge," trapped, wound up, or unable to switch off.

Physical or behavioral signs can include:

An intense need to keep moving is sometimes called akathisia . It can occur as a side effect of certain medicines. It is often felt most strongly in the legs and may make sitting still very difficult.

Agitation can occur with confusion, unusual beliefs, or seeing or hearing things that others do not. These additional symptoms need prompt medical attention, especially when they are new.

- Pacing, fidgeting, rocking, or wringing your hands
- Repeatedly standing up or changing position
- Irritability, shouting, or speaking more quickly than usual
- Difficulty concentrating or following a conversation
- Feeling driven to move despite wanting to rest
- Trouble sleeping

Common causes

Common causes include emotional stress, anxiety, poor sleep, hunger, pain, fever, and uncomfortable surroundings. Too much caffeine or other stimulants like methylphenidate or lisdexamfetamine may contribute. Agitation can also occur while someone is intoxicated or withdrawing from alcohol, nicotine, or other drugs.

Medicines may sometimes cause restlessness or agitation. Possible triggers include starting a medicine, changing the dose, combining medicines, or suddenly stopping one. Prescription, nonprescription, and herbal products can all matter.

Less common causes include an overactive thyroid, mood episodes such as mania, psychosis, dementia, and neurological conditions affecting the brain. Mania is a period of unusually high or irritable mood, increased energy, reduced need for sleep, and changes in judgment.

Urgent causes are more likely when agitation begins suddenly alongside confusion or a major physical change. This may happen with delirium, which is a rapid disturbance in attention and awareness caused by illness, medication, withdrawal, or another problem affecting the body. Low oxygen, very low blood sugar, severe infection, poisoning, and some brain conditions can also cause sudden agitation.

The symptoms alone cannot show which cause is responsible.

When to seek medical care

Call emergency services if agitation is accompanied by:

Move away from weapons, traffic, heights, or other hazards if you can do so safely. Do not drive yourself during severe agitation or confusion.

Seek same-day medical care for new or unexplained agitation with fever, confusion, hallucinations, a recent medicine change, or a sudden major change in behavior. Sudden agitation in an older adult should also be assessed promptly because physical illness may be the cause.

New agitation after childbirth needs urgent help when it occurs with severe sleeplessness, confusion, unusual beliefs, hallucinations, or unsafe behavior.

Arrange a routine appointment if agitation keeps returning, lasts more than a few days, affects work or relationships, or regularly interferes with sleep. Also book an appointment if you think a medicine may be contributing. Do not stop a prescribed medicine suddenly unless a healthcare professional tells you to.

- An immediate risk of harm to yourself or someone else
- Severe confusion, collapse, a seizure, or inability to respond normally
- Trouble breathing, chest pain, blue or grey lips, or stroke signs
- Suspected poisoning, overdose, or severe alcohol or drug withdrawal
- High fever with marked stiffness, sweating, or rapidly worsening symptoms

How the cause is found

A healthcare professional will ask when the agitation began, whether it came on suddenly, and what was happening beforehand. They may ask about sleep, mood, pain, recent illness, alcohol or drug use, and changes to prescription or nonprescription medicines.

If possible, bring an up-to-date medicine list. Information from someone who knows you well may help when there has been confusion or a noticeable behavior change.

The assessment may include your temperature, pulse, breathing, blood pressure, attention, and movement. Blood or urine tests, a heart tracing, or brain imaging may be needed when the history or examination suggests a physical cause. Not everyone needs every test.

Treatment and self-care

Treatment depends on the cause and how safely you can be supported. A quiet space, clear communication, and fewer people or distractions can often reduce distress.

If your symptoms are mild and you remain alert and safe, try to:

If someone else is agitated, speak calmly, allow personal space, and avoid arguing about confused or unusual beliefs. Leave and call for help if you feel unsafe.

Medical treatment may involve treating pain, infection, low blood sugar, withdrawal, or another underlying problem. A medicine causing agitation may need review. In severe cases, clinicians may use medication to reduce immediate distress, with monitoring for side effects.

- Move to a calm, familiar place
- Reduce noise, bright light, caffeine, and other stimulants
- Drink water and eat if you have missed meals
- Use slow breathing or gentle walking if these feel comfortable
- Ask a trusted person to stay nearby

What to expect

Agitation linked to short-term stress, missed sleep, or discomfort may improve once the trigger settles. Symptoms caused by illness, withdrawal, or medication may continue until that problem is treated.

Recovery from delirium can take longer than the illness that triggered it, particularly in older adults or people with existing memory problems. Follow-up may be needed to review medicines, sleep, mood, substance use, or repeated episodes.

Keeping a brief record of timing, sleep, medicines, caffeine, and related symptoms may help identify patterns.

Common questions

Is agitation the same as anxiety?

No. Anxiety can cause agitation, but they are not identical. Anxiety often involves fear or worry. Agitation places more emphasis on inner restlessness, irritability, or increased movement.

Is agitation the same as aggression?

No. Agitation may involve raised voices or irritability, but many agitated people are not aggressive. Aggression involves threatening or harmful behavior and requires a stronger focus

on immediate safety.

Can medicines cause agitation?

Yes. Agitation or akathisia can occur after some medicines are started, stopped, combined, or adjusted. Contact the prescriber promptly if the change is intense or distressing. Seek urgent help if it occurs with confusion, fever, severe stiffness, or unsafe behavior.

Can lack of sleep cause agitation?

Yes. Poor sleep can increase irritability and restlessness. Agitation with several nights of very little sleep, unusually high energy, rapid speech, or risky behavior should be assessed promptly.

Sources

- MedlinePlus Medical Encyclopedia: Agitation , U.S. National Library of Medicine
- NICE Clinical Guideline CG103: Delirium-prevention, diagnosis and management , National Institute for Health and Care Excellence
- NICE Guideline NG10: Violence and aggression-short-term management in mental health, health and community settings , National Institute for Health and Care Excellence
- Wilson MP, Pepper D, Currier GW, Holloman GH Jr, Feifel D. "The Psychopharmacology of Agitation: Consensus Statement of the American Association for Emergency Psychiatry Project BETA." Western Journal of Emergency Medicine . 2012;13(1):26-34
- Richmond JS, Berlin JS, Fishkind AB, et al. "Verbal De-escalation of the Agitated Patient: Consensus Statement of the American Association for Emergency Psychiatry Project BETA." Western Journal of Emergency Medicine . 2012;13(1):17-25