

Dementia-related behaviors

The term “dementia-related behaviors” is used to describe a large group of symptoms associated with Alzheimer's disease.

As the disease progresses, many people experience these symptoms in addition to memory loss and other cognitive changes. Underlying medical conditions, environmental influences and some medications can cause behavioral symptoms or make them worse.

These symptoms include:

- Sleep disturbances.
- Agitation (physical or verbal aggression, general emotional distress, restlessness, pacing, shredding paper or tissues and/or yelling).
- Delusions (firmly held belief in things that are not real).
- Hallucinations (seeing, hearing or feeling things that are not there).

A person exhibiting any of these symptoms should receive a thorough medical evaluation, especially when they occur suddenly.

Potential causes for behavioral and psychiatric symptoms.

Behavioral and psychiatric symptoms can be caused by one or more of the following situations:

- Pain, an underlying infection or medical illness (injury, urinary tract infection, ear infection, pneumonia, etc.).
- Prescription drug interactions.
- Moving to a new residence or nursing home.
- Changes in the environment or caregiver arrangements.
- Misperceived threats.
- Fear and fatigue resulting from trying to make sense out of a confusing world.
- Uncorrected visual or hearing loss.
- Travel.
- Hospitalization.
- Bathing.
- Being asked to change clothing or to do something that has become difficult.

Treatment for behavioral and psychiatric symptoms.

There are two distinct types of treatment: non-drug interventions and prescription medications. It is important to try non-drug strategies to manage behaviors before adding medications.

- **Non-drug interventions.**

Caregivers can try some of the following non-drug strategies before using medications to manage behaviors:

- Reassure the person by using calming phrases and letting the person know you are there.
- Involve the person in activities, such as art, music or therapeutic touch to help relax.
- Find outlets for energy, such as taking a walk, doing household chores or going for a car ride.
- Redirect the person's attention by introducing a third person for distraction (e.g., friend, neighbor or family member).
- Modify the environment by decreasing noise level and distractions.
- Simplify tasks and routines.
- Allow adequate rest between stimulating events.
- Use labels to cue or remind the person.
- Using lighting to reduce confusion and restlessness at night.

- **Prescription medications.**

When the dementia-related behavior has not responded to the non-drug approaches and is causing physical or emotional harm to the person living with dementia or the caregivers, psychotropic medications (antipsychotics, antidepressants, anticonvulsants and others) may need to be considered. In these cases, it is important to find a doctor who is knowledgeable about psychotropic medications. Due to the serious side effects of these types of medications, it is essential that their use is closely monitored. It is also recommended that the person stay on the medications only for as long as necessary.

Tips to prevent agitation.

A person living with Alzheimer's may feel anxious or agitated. He or she may become restless, causing a need to move around or pace. The person may become upset in certain places or when focused on specific details. There are many ways to help overcome these feelings:

- **Create a calm environment.**
 - Remove stressors, triggers or danger.
 - Move person to a safer or quieter place.
 - Change expectations.
 - Offer a security object, rest or privacy.
 - Limit caffeine use.
 - Provide opportunity for exercise.
 - Develop soothing rituals.
 - Use gentle reminders.
- **Avoid environmental triggers, such as:**
 - Noise.
 - Glare.
 - Insecure space.

- Too much background distraction, including television.
- **Monitor personal comfort.**
 - Check for pain, hunger, thirst, constipation, full bladder, fatigue, infections or skin irritation.
 - Ensure a comfortable temperature.
 - Be sensitive to fears, misperceived threats and frustration with expressing what is wanted.

Helpful hints during an episode of agitation.

Do: Back off and ask permission; use calm, positive statements; reassure; slow down; use visual or verbal cues; add light; offer guided choices between two options; focus on pleasant events; offer simple exercise options or limit stimulation.

Do not: Raise your voice; take offense; corner; crowd; restrain; rush; criticize; ignore; confront; argue; disagree; reason; shame; demand; condescend; force; explain; teach; show alarm; or make sudden movements out of the person's view.

Say: May I help you? You're safe here. Everything is under control. I apologize. I'm sorry that you are upset. I know it's hard. I will stay until you feel better.

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