

Behaviors

How to respond to dementia-related behaviors

Understanding behavior changes

A person living with Alzheimer's or another dementia will eventually struggle to make sense of the world around them. They may not know what is real, what is safe or what behaviors are appropriate for a given situation.

Alzheimer's causes changes in the brain that may make the person act in new and unusual ways. Some people become anxious or aggressive. Others repeat certain questions or gestures. Many misinterpret what they hear.

While dementia-related behaviors can be challenging, it's important to understand that they are not something the person can control. These behaviors are actually a form of communication — like an alarm signaling an unmet need. The person living with dementia needs to feel safe, comfortable or understood, and dementia-related behaviors are ways of trying to express those needs. Fortunately, there are steps you can take to better understand what the person is trying to communicate and how to help.

Triggers and common behaviors

Many things can cause or increase dementia-related behaviors. These are known as triggers, and they can be physical, social, environmental or personal:

- **Physical triggers** can come from pain, discomfort or other unmet physical needs. For example, the person may be hungry or need to use the bathroom.
- **Social triggers** can include being around people who stress or bother the person, such as when a visitor is speaking too loudly.
- **Environmental triggers** are stressors that occur in the person's space, like a room being too hot or noisy.
- **Personal triggers** come from inside the person. Thoughts, emotions or activities can trigger a reaction, such as feeling scared about a change in daily routine.

Some common dementia-related behaviors are:

- **Anxiety and agitation**

A person experiencing anxiety or agitation may seem worried or nervous.

They may act short-tempered or have a hard time sitting still. Some situations that may lead to anxiety and agitation include:

- Moving to a new residence, such as a nursing home.

- Changes in environment, like travel, hospitalization or having visitors.
 - New caregiver arrangements.
 - Belief that something is a threat, even if it is not.
- **Anger and aggression**
Aggressive behavior may be verbal (shouting, name-calling) or physical (hitting, pushing). These can occur suddenly, with no apparent reason, or result from a frustrating situation. Anger and aggression may be the result of:
 - Physical discomfort, like pain or hunger.
 - Environmental factors, like a noisy room.
 - Poor communication. The person may feel frustrated because they are having difficulty understanding what is being said or why something is happening.
 - **Suspicion and delusions**
Confusion and memory loss — such as the inability to remember certain people or objects — can contribute to untrue beliefs. For example, the person may think that family members are stealing from them. Some situations that can lead to suspicion include:
 - The person discovering their wallet is empty.
 - Forgetting an item was moved from one place to another.
 - Possessions being moved while cleaning.
 - **Wandering**
It's common for a person living with dementia to wander or become lost or confused about their location, even in the mild (or early) stage. The person may wander by foot, car or public transportation. Six in 10 people living with dementia will wander at least once; many do so repeatedly. Although common, wandering can be dangerous — even life-threatening. Some reasons for wandering include:
 - Physical pain or restlessness.
 - An unmet need, like hunger.
 - Boredom.

Responding to dementia-related behaviors

While some medications can help with dementia-related behaviors, it's important to try nonmedical responses first. It's often more effective to address the trigger of the behavior by making changes to the person's environment. Nonmedical strategies focus on providing physical and emotional comfort, and can be especially helpful in

identifying and meeting the needs of a person who has difficulty communicating with words.

At first, it may be hard to figure out what's causing the person's dementia-related behaviors, but the following four-step process can help you recognize the triggers and respond appropriately:

Step 1: Detect and connect

Approach the person calmly, quietly and with respect. This allows you to connect with them while you assess the situation.

Use what you know about the person to try and understand their needs or feelings. For example, if the person living with dementia usually sleeps well but was up all night, they may be telling you through the behavior that they are tired and need a nap.

Join the person in their reality. This means accepting what the person believes in that moment to be true, even if it isn't. Try to see the world through their eyes and do your best to understand what they are trying to communicate.

Avoid correcting the person or telling them they are wrong.

To identify the need behind the behavior, consider the following questions:

- Who was there when the behavior took place?
- What happened just before or after the behavior began? Do you notice any patterns?
- When did the behavior happen? (Consider the time of day and if it's happened before around the same time.)
- Where did the behavior happen?
- How did I react?

Step 2: Take care of physical needs

Understand that a person living with dementia may not be able to tell you what their physical needs are. First, check for physical pain, such as signs of injury from a recent fall. Consider any medical issues that might cause discomfort, such as a urinary tract infection, constipation or possible side effects from new medications. Be sure to share any new pain or unusual behaviors with the person's doctor.

As you assess the situation, consider these common causes of physical discomfort:

- Uncomfortable clothing (too tight or not appropriate for the weather)
- Lighting problems or glare

- Room temperature that is too hot or cold
- Hunger or thirst
- A need to stretch, move around or find a more comfortable position
- A need to use the toilet
- Too much noise or activity

Modify the person's environment as needed to make them more comfortable. You may need to try a combination of changes to see what is most helpful.

Step 3: Help with emotional needs

Focus on how the person might be feeling in the moment instead of the facts of the situation. Ask yourself, "What emotion might they be experiencing?" For example, someone who is afraid may show this by crying. Respond to the emotion instead of the behavior.

Offer comfort by letting the person living with dementia know that they are not alone, you are safe together and you are trying to make them feel more comfortable.

Use your knowledge of the person's likes and dislikes to redirect them to a different activity. Consider activities that bring them joy and might help them relax. Understand you may not be successful right away. If your approach isn't working, consider asking someone else to help you, or give the person living with dementia space by bringing them to a safe, quiet place before trying again.

NOTE: It's important to keep everyone safe. If the person becomes a danger to themselves or others, you may need to get additional help or call 911 in an emergency. If you do call 911, make sure to tell responders the person is living with dementia and may act aggressively.

Step 4: Review and plan for next time

Go back to the "detect and connect" step and consider whether your actions helped the situation. Think about what worked, what didn't and what you would do differently in the future. Know that this type of behavior and situation may happen again, so it's important to ask yourself:

- What are the warning signs that the behavior may be coming back?
- What responses work well and in what order?
- When will you need to respond?

- How can you tell if your approach worked?
- Who else can help, if needed?

The Four-Step Approach in action

While every person and situation is different, it can be helpful to think about how the four-step approach could be applied to a real-life scenario. Read Manuel's story below to learn how his wife, Olivia, used this approach to understand what Manuel was communicating and respond to his dementia-related behavior in a way that gave him the right support:

Manuel, who is living with dementia, and his wife, Olivia, have one son, Peter, who lives out of state. Lately, after dinner, Manuel has been calling Peter's name and looking for him around the house, even though Olivia reminds him that Peter lives in a different state. Manuel often becomes anxious as he searches for Peter. One evening, he tries to leave the house without his coat and shoes.

Because Manuel usually looks for Peter after dinner, Olivia starts asking him to help her with the dishes each night. As they clear the table, Olivia asks Manuel simple "yes" or "no" questions about his favorite meals. When Manuel starts looking for Peter, Olivia puts her arms around him and says, "Peter is safe and happy, but I know how much you miss him. I miss him, too."

If Manuel acts like he wants to leave the house, Olivia first asks if he needs to use the bathroom, then invites him to sit at the table and look at pictures of Peter in their family photo albums. She also arranges for them to have a weekly video call with Peter after dinner.

How Olivia responded to Manuel's dementia-related behavior:

1. Detect and connect.

Olivia notices that Manuel asks for Peter after dinner. She is able to connect with Manuel by involving him in cleaning up and asking him about his favorite meals.

2. Address physical needs.

Olivia checks to see if Manuel needs to use the bathroom after dinner. She

also asks him to sit with her to look at pictures of Peter to prevent him from wandering.

3. **Address emotional needs.**

Olivia puts her arm around Manuel and acknowledges how much he misses Peter. She shares that she misses him, too. She also reassures Manuel that Peter is safe and happy.

4. **Reassess and plan for next time.**

Olivia learns that Manuel is less likely to start looking for Peter if she keeps him busy helping her with the dishes. She makes plans for Manuel to have a weekly video call with their son after dinner.

Medical approaches to dementia-related behaviors

While many behaviors are caused by the progression of dementia, some may be the result of a different medical condition, such as prescription drug interactions, discomfort from an infection or changes like hearing loss. Talk with the person's doctor about new behaviors you've noticed, especially if the nonmedical responses you've tried haven't been successful. In some cases, they may recommend medication to help reduce symptoms like hallucinations. However, these drugs can have serious side effects, so be sure to discuss possible risks and benefits.

Additional support for caregivers

Access reliable information and resources, including:

- **ALZNavigator™** (alz.org/alznavigator): Assess your needs and create a customized action plan.
- **Alzheimer's Association & AARP Community Resource Finder** (alz.org/CRF): Find local resources.
- **ALZConnected®** (alz.org/alzconnected): Connect with other caregivers through our free online community.

TS-0057 | Updated May 2023