

## PATIENT HANDOUT – Managing Troubling Behaviour in Dementia

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When you are dealing with a loved one with dementia who displays personality and/or behaviour changes, it is helpful to remember a few things.

1. If this behaviour is new check with your health care provider. It may have a medical reason.
2. The behaviour often has a purpose that the person with dementia may not be able to tell you.
3. The behaviour can be triggered by something that has happened, or is currently in their surroundings.
4. What works today may not work tomorrow.
5. Know that you are not alone and can get support from others (e.g., Alzheimer's Society). Like your loved one, you will have good days and bad days. It is important to have strategies to help you cope with your "bad" days.
6. Following are some suggestions for managing certain behaviours.

<b>Behaviours</b>	<b>Potential Solutions</b>
Agitation (emotional state of restlessness)	Stick to routines; make time for regular exercise; determine if related to boredom and need for increased activity or stimulation; play soft music; decrease noise and clutter; speak in a calm voice and stay warm and supportive; short, simple sentences; avoid asking questions; non-verbal ways to calm such as touch; use distraction and redirection to divert from troublesome situations; use night lights to reduce confusion and restlessness; avoid glare from windows/mirrors
Pacing or fidgeting	Stick to routines but also add new activities; regular walks; create a "fidget" kit of different textures and materials; provide day-to-day activities (feeling of purpose) like preparing meals, cleaning, laundry; provide stimulating games or activities to distract and amuse; provide activities according to strengths and preferences
Wandering or exit-seeking (usually in later stages, moderate to severe AD)	Stick to routines; make time for regular exercise to minimize the restlessness; register with MedicAlert and Alzheimer's Society Safely Home program, includes a necklace/bracelet with contact info; inform neighbours and local police; put safety locks on doors and gates or put a keypad lock at each door; put stop sign on doors; secure doors with complex handles; cover exits with curtains; have a chime triggered by a door opening; cover door knob with material the same colour as the door
Verbal or physical aggression	Be aware of your body language, tone of voice and facial expressions; keep calm and stay warm and supportive; allow for space when dealing with aggressive behaviour and approach later; avoid arguing or trying to change their perception; use short, simple sentences; confirm your loved one's feelings and then try to distract or re-direct attention to something else
Paranoia or suspicion	Stick to routines; stay calm, reassure, avoid arguing; keep duplicates of items that are believed to be stolen; offer to help look for missing items and then distract with a different activity; monitor the type of TV shows watched; use a chart (i.e., a behaviour chart – ask your healthcare provider for one) to identify what triggers behaviours
Repetition	Answer questions with certainty, then distract; avoid saying that they have already asked that question — redirect; use cue cards for upcoming appointments or for frequently asked questions, so that you can then ask the person to read the card instead of answering repeatedly
Delusions, hallucinations or altered perceptions	Eliminate clutter; try to understand what your loved one is seeing and what might be causing the misperception; avoid shadows (increase lighting); TV and radio can be mistaken as real people talking; different colours for different rooms; label rooms with symbolic pictures (i.e., toilet for bathroom); provide a simple explanation for things (e.g., the curtains are moving from the heating system); distractions may help
Sundowning – increased confusion in late afternoon or evening	Increase daytime activity, particularly physical exercise. Discourage inactivity and daytime napping. Plan for afternoon and evening hours to be quiet and calm in a structured way (e.g., outdoor stroll or simple card game); play soft music or music that they prefer; keep a room for relaxation; decrease distractions or unplanned events; lots of light in bedroom until bedtime
Resistance or lack of cooperation — bathing, dressing, eating	This may result from feeling out of control, rushed, afraid, or confused by what you are asking them to do; break into small steps and use a reassuring voice to explain what you are doing. Try to find ways that they can help with the process or follow with an activity that they can perform.