Understanding Changing Behaviours in People with Dementia
Introductions

• Alzheimer Society of MB
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• What are some of the behaviours you encounter when caring for a person living with dementia?
• All behaviour has meaning
• Behaviour is a way for a person to communicate what they are experiencing
The observations you make are important – ask what has changed?

- Physical
- Intellectual
- Emotional
- Capabilities
- Environment
- Social
Dementia and the Brain

Frontal lobe
Executive functions, thinking, planning, organising and problem solving, emotions and behavioural control, personality

Motor cortex
Movement

Sensory cortex
Sensations

Parietal lobe
Perception, making sense of the world, arithmetic, spelling

Occipital lobe
Vision

Temporal lobe
Memory, understanding, language
The Affects of Dementia

• The lived experience of the person with dementia is **impacted by 5 area’s** of his or her life:

• Personality

• Life story

• Disease process and area of brain involved

• Social determinants – culture, income, education, relationships

• Physical Health – pain, illness, vision, hearing, mobility, fatigue, medications
Behavior changes

- Very common
- Often have triggers

Stress

Stimulation
Responsive Behavior

• Used to describe the challenging behaviors people with dementia may exhibit

Remember:

• Actions, words and gestures (behavior) of people with dementia are a response to their current environment
Factors that can lead to behavioural changes:

- Memory loss
- Problems with Orientation
- Problems with Communication
- Emotional Vulnerability
- Unsettling Environment
- Unsuitable Activities
Responsive Behaviors

Are Increased by:

- Task orientation
- Removing control
- Not engaging fully
- Not responding to emotion or intended meaning
- Testing
- Arguing
Memory Loss

- The person may have difficulty:
  - identifying everyday objects and their surroundings
  - understanding the passage of time
  - may create stories to explain things that don’t make sense to them
  - recognizing their own reflection
  - recognizing family or friends
Ways to Respond:

- Enjoy the times when the person has “crystal moments.”
- Relive the past with the person.
- Exchange making connection through cognitive processes for sensory stimulation via music, scent or touch.
Ability to Communicate

• The person finds it difficult to:
  – express their thoughts in speech
  – understand conversations and activities around them

• The person may repeat words or cry out.

• The person’s message can often be found in their actions.
Communication Strategies:

• Reduce distractions
• Face to face
• Tone and Body Language
• Clear and Concise
• Show and Talk
• Listen Carefully and Patience
• Account for Hearing and Vision problems
Physical Abilities

• The person’s ability to walk, dress, feed themselves, use the washroom, care for personal hygiene and to engage in activities without assistance becomes impaired.
Ways to Respond:

• Remember that changes may be caused by a combination of dementia and other health concerns.

• Recognize that the person may now live in a care setting where help is available for personal care needs, allowing family caregivers to concentrate on their relationship with the person.
Behavioural Changes

• Disinhibited Behaviour
  – the person acts in a way that does not follow social rules
  – may include rude remarks, flirtatious actions, exposure and/or fondling of private areas of the body
  – may result from changes in the brain affecting judgement or triggers in the person’s environment
Ways to Respond:

• Try not to over react.
• Give a lot of appropriate physical contact through touch and hugging.
• Provide other activities that will distract and/or engage the person positively.
Behavioural Changes

- Hallucinations
  - the person sees things that are not there
  - often the brain is misinterpreting everyday objects
  - may be the result of changes in the brain, infections, medication side effects and interactions or poor vision
  - may experience auditory hallucinations
Ways to Respond:

- Reassure the person if they are frightened.
- Acknowledge to the person that you understand they are seeing something even though you do not see it.
- Take the person to a well lit area.
- Check the situation for the cause of the person’s perception.
Behavioural Changes

• Delusions & Paranoia
  – the person may become suspicious thinking that people are stealing things from them, that a partner has become unfaithful or that food is being poisoned
Ways to Respond:

• Avoid arguing.
• Try to respond to the person’s underlying feelings.
• Don’t take the person’s comments personally.
Pacing/Wandering

• May result from:
  • Searching
  • Unfamiliar Environment
  • Night – unable to sleep
  • Task Related
Ways to Respond:

• Spend time with the person with dementia; join them as they walk
• Engage them in conversation
• Comfort the person who is showing emotional distress
• Be sure the person has comfortable shoes & clothing when walking
Sleep Disturbances

- The person with dementia may experience changes in their sleep pattern:
  - more frequent waking during the night
  - wandering, unable to lie still, calling out
  - drowsiness during the day and napping

Possible causes:
- brain changes caused by dementia
- Psychological or medical problems
- environmental causes
Ways to Respond:

If the person is awake and upset during the night:
- approach in a calm manner, provide reassurance, identify possible needs
- gently remind about the time, avoid arguing
- move to a comfortable area, recliner chair

Strategies for Prevention:
- medical check up, medication review
- adjustments to the environment
- encourage daily routines to promote sleep
Other Behavioural Changes

• Puzzling Behaviours:
  – Repetitive actions - rocking or other repetitive movement; repetitive questioning
  – Anxious behaviours - pacing or restlessness
  – Excessive hand activity
  – Shadowing
Ways to Respond:

• Approach the person in an adult manner.
• Provide a calm environment.
• Encourage repetitive motion that calms.
• Provide objects with interesting texture for person to touch.
Reactive Behaviours

- Verbal Outbursts
- Physical Outbursts
- Fright, Flight, Fight – the person feels threatened and responds reactively
Verbal Outbursts
Ways to Respond:

What might you try?
• Guide the person away from the stressful situation
• Music
• Respect the person & their feelings
• Ensure vision & hearing are checked regularly
• Make sure person is comfortable – clothes not too tight, person is not too hot or too cold
• Artful distraction - food or activity (without too many choices)
Physical Outbursts
Ways to Respond:

What might you try?

• Remove the person from stressful situations, person(s) or place - gently guide the person from the environment while speaking in a calm, reassuring voice
• Observe signs of pain/discomfort
• Approach the person slowly and from the front
• Artful distraction with favorite food or activity
• Simplify environment by reducing noise, number of people & clutter
Re-approach

• Can be effective if the person is refusing to participate in an necessary activity
• Simply coming back to the person later, could be 30 minutes or an hour or two or next day
• Also allows time for the caregiver to relax and readjust approach if needed
• If possible, someone else could try approaching the person, sometimes a “fresh face” can be helpful to the situation
Caregiver Plan for Changing Behaviour

• Things to consider:
  – Change – What has changed?
  – Cause – What triggered it? What was happening?
  – Meaning – Why is the person doing it?
  – Pattern – Has this happened before?
  – Best response – How can I help?
  – Acknowledge the feelings of the person with dementia
## Tips for Success

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<thead>
<tr>
<th>“Instead of”</th>
<th>“Powerful Phrases”</th>
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<tr>
<td>• “Hi, how are you”</td>
<td>• <em>It is wonderful to see you.</em></td>
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</table>
| • “It’s time for your bath?” | • *Can I help you freshen up?*
| • “Here, let me help you” | • *What if I give you a hand?*
| • “Come down the hall to breakfast” | • *May I invite you to breakfast...*
| • “You will enjoy this” | • *We are going to have so much fun.*
Behaviours NOT usually responsive to medications:

• Aimless wandering
• Inappropriate urination/defecation
• Perseverative behaviours
• Vocally repetitious behaviours
• Hiding/hoarding
• Eating inedible
Remember...

“The person with dementia is not giving you a hard time...The person with dementia is having a hard time”
Questions
Teepa Snow

• “Challenging Behaviour”
• [Click here to watch video](#)