

Introduction: Responsive Behaviours

People with dementia often use behaviours such as wandering, pacing, cursing and calling out to tell us what they want or how they feel. These behaviours can be called responsive behaviours, and they may be in response to things like pain, hunger, thirst, constipation, feeling tired, being too hot or too cold, feeling lonely or sad. ⁽¹⁾ Behavior and emotions are distinct, but often interrelated. ⁽²⁾

The Effect of Responsive Behaviours

- Responsive behaviours can result in suffering, premature institutionalization, increased costs of care and/or loss of quality of life for the person and caregivers.
- It can be devastating for a person's lifestyle, day-to-day routine and social life to be interrupted and altered permanently by cognitive decline.
- Depression can occur as a result of responsive behaviours.
- Loss of communication ability, access to memories and general functionality result in a range of emotions including anger, frustration and anxiety.
- Sleep disturbances may cause irritability. These emotional and behavioral changes are normal in the progression of dementia and can even be considered common and predictable. Remember that the two are related, and that addressing one issue may help a multitude of others; treating anxiety, for instance, may aid problems sleeping. ⁽²⁾

Common Symptoms ⁽³⁾

Symptoms of disturbed perception, thought content, mood or behavior frequently occur in persons with dementia. These symptoms are treatable and can be managed. Some symptoms include:

- Hallucinations (usually visual)
- Delusions of theft, abandonment, not being familiar with surroundings and accusations of infidelity
- Misidentifying people or not knowing who someone is, talking to the mirror as if it is another person
- Depressed mood, anxiety, apathy
- Hoarding
- Wandering
- Verbal and physical aggression
- Disinhibition such as poor insight and judgment, emotionally labile, euphoric, impulsiveness, intrusiveness or sexual disinhibition

Key Considerations ⁽⁴⁾

- Understand and identify behavioural symptoms using validated and specific assessment tools.
- Determine if this is a new behaviour and eliminate potential delirium. Tools include:
 - Neuropsychiatric Inventory (NPI): general behaviour assessment
 - Behaviour mapping: observe the person
 - Behaviour specific tools:
 - Agitation: Cohen Mansfield Agitation Inventory; Pittsburg Agitation Scale
 - Anxiety: The Generalized Anxiety Disorder Screener (GAD-7)
 - Apathy: Apathy Evaluation Scale
 - Wandering: Revised Algase Wandering Scale
 - Depression: Cornell Scale for Depression in Dementia

Last Updated: April 1, 2020

How to Approach Individuals with Responsive Behaviours

These simple tips often work for a multitude of behavioral problems.

- Use a positive physical approach and give brief and simple directions.
- Provide options: let the individual with dementia choose.
- Ask simple, close-ended questions and pause or back off when something isn't working.
- Determine what started the behaviour to identify the trigger.
- Treat the associated cause and reduce or eliminate, e.g. treat pain.
- Use an evidence-based non-pharmacological intervention such as activities that are enjoyable for the person with dementia.
- If non-pharmacological approaches are not effective and there is imminent danger, antipsychotics may be prescribed.
- Choose an approach and consider what has worked in the past for the individual.
- Develop a plan and communicate the plan with the team, answering:
 - **What** is the intervention?
 - **How** is it implemented, step by step?
 - **When** is it implemented?
 - **Where** will you implement it?
 - **Who** will implement it?
- Use the interventions for a set time. Observe for desired outcome and be prepared to try something else.

References

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