# Overview of Dementia and Responsive Behaviours & the Older Adult

Education for Health Care Providers

**Part 6: Non-Pharmacological Management of Responsive Behaviours**




## Behaviour Management

The following behaviours do not respond to medications and will be addressed:

- They are agitation, wandering, sexual, sundowning, repetition, anger and aggression, hallucinations and paranoia.
- For each the possible triggers, strategies for remediating or minimizing the behaviours as well as case examples are presented.

## Agitation

**Possible triggers/causes:**

- environmental, such as changes to living arrangements or in caregivers
- fear of bathing, unknown surroundings or having clothes changed
- dehydration
- fatigue
- feeling overwhelmed or confused

**Strategies:**

- Redirect person's attention; remain calm and positive.
- Use visual and verbal cues (gestures).
- Simplify tasks and routines.
- Whenever possible, give the options, but limit them to one or two choices to avoid overwhelming the person.
  For example: "Do you want to wear this blue shirt or this red shirt?" vs. "What shirt do you want to wear?"




## Agitation > Example

During a visit with his wife, Jim fidgets, picks at his clothes and seems restless. He can't sit still and his wife is getting upset with his behaviour.

**Don't: Ask him to stop picking, tell him to calm down or raise your voice.**

**Do:** Give him something to hold, distract his attention with music, talk about a happy moment in his life or go for a walk.
Consider the environment; is it too noisy or bright? What time of the day is it? Is he tired?

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## Wandering

- There are different kinds of wandering:
  - active wandering includes pacing, searching for something or attempting to keep busy
  - passive wandering occurs when the person seems to pace aimlessly and is easily distracted
- Possible triggers/causes:
  - stress and anxiety
  - inability to recognize people, places or objects
  - desire to fulfill former obligations
  - boredom
  - searching for something familiar
  - a need to find the bathroom, a special person or a lost object

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## Wandering > Care Strategies

**When managing a person who is a 'wanderer':**

- encourage movement and exercise to reduce anxiety
- maintain regular routines
- remove visual reminders (coat, purse, hat) from sight
- involve the person in productive activities
- help the person connect with familiar items and objects (photos, personal items)
- reassure where she/he is
- accommodate wandering when possible, it may be the last independent skill the person can enjoy

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## Sexual Behaviours

- Interest in sex does not decrease as we age, even when a person has dementia.
- As with any intimate relationship or activity, it is important to ascertain that where there is sexual interaction *it is consensual.*
- In some cases, their actions will be interpreted as sexual when they are trying to communicate. When behaviour expresses a sexual desire, give them privacy. They are adults and have the right to be left alone.
- Sexual behaviour involving a couple (when one or both has dementia) is a difficult subject, especially if not with a spouse. While it may be tempting to try to stop the relationship, keep in mind the person likely no longer remembers their partner or even being married.
- Allowing the activity to continue may hurt the spouse and family, but further responsive behaviours may occur if the person is either prevented from seeing his new companion or made to feel guilty.




## Sexual Behaviours Triggers & Causes

**Possible triggers/causes:**

- minimized control over urges due to changes in the brain
- disinhibition
- disrobing because of tight clothing which could also be due an overheated room, the need to use the washroom and/or disorientation of time and space

**Possible strategies:**

Distraction can work to disengage the behaviour, at least for a period of time.

Keep in mind that this refers to consensual behaviour. If the sexual behaviour is not consensual (i.e. resident to resident or resident to staff member) please see the next slide for care strategies.

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## Sexual Behaviour > Care Strategies

**Strategies to manage non-consensual sexual behaviours include:**

- Providing privacy and staying calm and don't judge or scold.
- Providing distraction through activities that suggest comfort (cuddling a pet or stuffed animal or looking at family photos) or keep hands busy (folding, sorting or holding stress balls).
- Adapting the person's clothing to provide shirts that close in the back or provide suspenders if the person takes off their pants.
- If the person makes sexual advances on a visitor or co-resident, try to distract them or remove them from the situation.
- Avoid approaching the person in ways that might be misunderstood (e.g. stroking their knee or putting your arm around their waist).
- Offering a body pillow to cuddle in bed (if the person goes into other people's beds at night). A stuffed animal or a hot-water bottle wrapped in a towel can also provide comfort and satisfy the need for a warm body.
- Contacting staff immediately if your physical well-being is in danger.




## Sexual Behaviour > Example 1

Roger continually removes his pants at the breakfast table, exposing himself.

- **Don't:** Tell him that his actions are inappropriate, restrain his arms or make him feel upset or embarrassed.

- **Do:** Return him to his room quietly and check for physical triggers (e.g. his pants may not be fitting correctly, a tag may be bothersome, the material may be irritating to his skin or he may be hot).
  - consider his past history
  - does he seem irritated or anxious
  - consider dressing him in zipper-less pants or with suspenders

## Sexual Behaviour > Example 2

Bill masturbates every morning in the common area of the long-term care home, which is causing distress to his fellow residents.

- **Don't:** Yell at him to stop, explain this is inappropriate, restrain his arms or make him feel upset or embarrassed.
- **Do:** Quietly take him to his room, close the door and provide privacy.
  - offer an activity that may redirect his attention by occupying his hands and mind (e.g. sorting screws from washers, folding washcloths etc.)




## Sexual Behaviour > Example 3

James approaches female residents and attempts to grope them as they pass. Most now avoid being in the same room as him or walking down the hallway at the same time.

- **Don't:** Explain that his actions are inappropriate, become angry, restrain his arms or make him feel upset or embarrassed.
- **Do:** Inform all staff of the behaviour and instruct them to encourage co-residents to:
  - whenever possible, keep their distance, avoid sharing the same space (e.g. hallway) and perhaps buddy-up when they must approach him (e.g. bedroom, dining room etc.)
  - if they see him coming and cannot exit, try to distract him by speaking with him…(if he was a farmer, ask him what he farmed and where he grew up).

## Sundowning

When people with dementia become agitated, specifically in the late afternoon and evening, it is known as sundowning. They may become suspicious, upset or disorientated, see or hear things that are not there and believe things that are not true.

Possible triggers/causes:

- end of day exhaustion (mental and physical)
- boredom, sleeping a lot during the day and lack of routine
- wanting to go home
- disorientation
- mix up between the day and night
- reduced lighting can cause shadows, often resulting in confusion, fear or anxiety




## Sundowning > Care Strategies

- Discourage napping or keep naps short.
- Ask recreation staff to schedule calming activities when agitation usually occurs.
- Work with staff to restrict sweets and avoid caffeine at night.
- Provide adequate lighting to help the person identify objects and people.
- Provide items of comfort like a favourite pillow or blanket.
- Plan and encourage activities during the day.
- Provide reassurance and reminisce with them as a distraction.

## Sundowning > Example

After a short visit, Hannah struggles to maintain a conversation with her daughter. She becomes upset, paces in her room and says, “I want to get out of here NOW.” Her daughter notes that her mom experienced similar distress yesterday and the day before around 4:30pm, as she arrives for a visit after work.

- **Don’t:** Request that Hannah is prescribed a medication to calm her, which results in her sleeping much of the day.

- **Do:** As late afternoon approaches, turn on bedroom lights and lamps. Close drapes to limit shadows.
  - request a morning exercise program to reduce restlessness in the afternoon
  - consult with staff for strategies that provide a sense of purpose, like setting the dining room tables or putting vases out for that evening’s meal
  - schedule the visit in the morning before work if possible




## Repetition

Repetition is verbal (also referred to as perseverating), where an individual may repeat the same question or physical activity such as repetitive movements, for example, rubbing hands together again and again.

Unfortunately, people who perseverate are often characterized as “attention seekers.” In truth, they have little insight or control over this.

Possible triggers/causes:

- feelings of insecurity or loss
- loneliness or separation from a loved one
- under- or over-stimulation
- inability to express a need (e.g. someone fidgeting with clothes may need to go to the bathroom)

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## Repetition > Care Strategies

**When dealing with repetition or perseveration…**

- distracting the person with activities they enjoy, such as a walk or snacking
- responding to the emotion behind their question(s)
- giving the person something to occupy their hands
- consult with staff to see if you can fit the repetitive action into household chores (e.g. dusting the same area over and over again)
- speak calmly and answer the question(s) as if you are answering it for the first time




## Repetition > Examples

Lily continually asks why her mother hasn't visited, even though she passed away many years ago.

- **Don't:** Respond with, "Don't you remember? Your mother died 25 years ago. You know better than that. Your mother would be 113 if she were still alive!" She will respond as if she were hearing it for the first time, every time, and grieve.
- **Do**: Respond to the emotion behind the question. Is she feeling insecure? Family photos and stories often restore a sense of intimacy and feelings of warmth in place of the person.

Adam taps his fingers on the arm of his wheel chair…tap, tap, tap… from morning until bed.

- **Don't:** Ask him to stop repeatedly or restrain his hands.
- **Do:** Ask yourself who is bothered by the behavior. If it isn't bothering anyone else, do nothing! Turn the behaviour into an activity, e.g. give him a cloth and ask for help with dusting or play music and get his tapping to match the beat.

## Anger or Aggression

Anger reflects many feelings and occurs for reasons that aren't clear. We can try to figure out why, but first we must respond to the behaviour.

Possible triggers/causes and alerts:

- fatigue or disruption of sleep pattern
- grief as their world becomes less and less familiar
- pain or physical discomfort
- sensory overload
- feeling lost, insecure or forgotten
- fear of a situation or a person they find threatening
- dementia may lessen their control over their emotions
- as dementia progresses, they may struggle to express anger and so they respond physically (hitting, biting, kicking) or verbally (shouting, name-calling)
- episodes may occur suddenly without any apparent reason or after a stressful event




## Anger or Aggression > Care Strategies

- Watch for a sudden increase in movement to indicate anxiety.
- Respond in a supportive manner and reassure in a gentle voice.
- Reduce noise.
- Maintain a consistent routine.
- Speak slowly and use repetition.
- Break activities into manageable steps.
- Distract the person.
- Approach slowly from the front at the same eye level.
- Leave the room for a "time out." Remember it is the disease, not the person.
- Avoid arguing or expressing anger or irritation, verbally or non-verbally.

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## Anger or Aggression > Example

You are having dinner with your father. You watch your father struggle to cut his meat and get the food to his mouth. You offer to help and begin to cut his food. He lets you for a minute, but then grabs your wrist and threatens to “smack you if you try that again!” Your father has never laid a hand on you and you are horrified that this just happened.

- **Don’t:** Grab his hand and try to force him to let you go, yell in surprise or explain that you were trying to help.
- **Do:** Remain calm and don’t react. Let your arm go limp, apologize and distract him with conversation.
  - Once he lets go, give him space to cool down. Later, think about what was behind his anger.
  - Was he embarrassed?
  - Could he have thought you were taking his food?




## Hallucinations and Paranoia

When someone hallucinates, they see or hear things no one else does (e.g. kittens walking on the floor). As a rule, if the hallucination is not upsetting, don’t intervene.

Delusions are beliefs contrary to fact. Delusions remain persistent despite all evidence to the contrary (e.g. a paranoid delusion is that a nurse in the home took all of your money).

Possible triggers/causes:

- sensory changes (hearing and vision diminishes)
- medications or physical illness
- unrecognized environment or caregivers, inadequate lighting
- disruption of routines
- removal of items from the person (e.g. money or jewellery)

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## Hallucinations and Paranoia > Care Strategies

- Discuss the issues with health care providers, asking them to review medications and schedule hearing and vision tests.
- Seek medical evaluation for illness, bowel impaction, and urinary tract or other types of infection.
- When the person is suspicious, look for lost articles and remind them where the valuables are stored. Don't scold them for losing or hiding things. Keep a spare set of frequently lost items (if possible).
- Investigate suspicions that might be true.
- Increase lighting in the room.
- Do not directly disagree with a false idea.
- Use physical touch as reassurance.




## Hallucinations and Paranoia > Example 1

Kate is fearful at night because she sees lizards crawling on her bedroom walls.

- **Don't:** Tell her nothing is on her walls or say, "You see Kate; nothing is there. Go back to bed."
- **Do:** Validate the fear by saying, "That must be very frightening for you." Do not get angry and argue. This is real to her.
  - Check for shadows that could be misinterpreted as lizards and try to remove them (e.g. increase lighting).
  - Distract with music, possibly a cup of herbal tea, a magazine or book to read or if you have time a chat.
  - It may be useful to check to see if she has any hearing or vision problems at this time.

## Hallucinations and Paranoia > Example 2

Josie is convinced that a staff member has stolen her purse. She always keeps it in her bedside table and this morning it was gone! She is sure that “new girl with the funny eyes” took it.

- **Don’t:** Gently explain no one stole her purse and, just like last time, she lost her bag.
- **Do:** Validate her feelings. Try to alleviate the distress (e.g. look for the “stolen” purse and then distract her).
  - Investigate suspicions that could be true. She could be a victim.
  - Work with her to decide a place for her purse that she can see easily and ensure that the purse is there. If she keeps moving the purse, make a note of the locations and have them at the bedside as a part of her profile, so that all caregivers know where to look for it.




## Dementia > Summary

- ☑ Dementia gradually affects physical abilities, cognitive abilities, mood and behaviour.
- ☑ Dementia progresses in stages; we need to work with the person and their caregivers to maximize their current abilities.
- ☑ Knowledge of the person and continued monitoring of their changes and triggers for behavioural episodes must be part of the information shared with all level of caregivers.
- ☑ Communication with the person, their family and the caregiving team is crucial to all interactions with someone with dementia.
- ☑ Ensure all management strategies for both the individual and caregiver are person-centered.
- ☑ Ensure that everyone remembers that the behaviour does not define the person and is not a product of their personality, it is a product of the disease.