Challenging Behaviors & Helpful Approaches



The following are general guidelines for interacting with individuals who have Alzheimer's or other dementias. For each challenging behavior, a definition is offered, followed by specific strategies a caregiver can use. Keep in mind that since Alzheimer's is a progressive disease, the person will continue to change and decline over time. An approach that didn't work one day may work days, weeks or months later, and an approach that works well may no longer be effective.

Accusing, suspicious, paranoid

Definition: The disease may cause the person to perceive things differently. The person may misinterpret what he sees or hears. May accuse others of stealing or of infidelity.

Response: Don't take offense – instead try to understand their reality. Don't argue or try to convince them of the truth. Offer simple, short answers. Move to a different activity. If something is lost, try to replace it. Validate feelings, but not false beliefs. Do not get defensive. Say, "I see you are upset you can't find your keys. Let's go take a walk and look for them together." Avoid doing things that may be misinterpreted or misunderstood.

Agitation, anxiety

Definition: A person may become restless or agitated, or may feel anxious.

Response: Use calming phrases and listen to discover a cause. Reduce noise and distractions in the environment. Turn off the television. Move to another area and focus on something they enjoy — being outdoors, singing, listening to music. They may be scared, upset, confused or frustrated and need reassurance. Do not correct them or argue, as this could worsen the behavior.

Aggressive, combative

Definition: This may be shouting, name calling, hitting or pushing.

Response: What happened before this reaction? Rule out pain or medical problems. Don't argue or correct them, as this could increase their anger. Don't threaten or raise your voice. Speak slowly, remind them who you are and tell them you want to help. Singing can be a good distraction. Redirect them to a calm setting and offer reassurance. Avoid restraints, if possible. Keep yourself safe.

Apathy, withdrawal

Definition: This is withdrawal from activity. It is sometimes mistaken for sadness or depression.

Response: Reassure them you are there to help. Do not force participation. Sometimes gentle touch can be appropriate. Suggest an activity that is not overwhelming or difficult. Don't ask, "Do you want to go?" Instead say, "It is time to go." Realize when they need a break and quiet time.

Catastrophic reactions

Definition: This is an exaggerated or over-reaction to an incident. This may be a sudden mood change, uncontrolled crying, agitation, restlessness or anger-with or without violence.

Response: Anticipate stressors and try to avoid triggers. Use positive statements

and speak calmly. Go to a quiet, safe location. Respond to their emotions, not behavior. Say, "I see you are upset. You are safe and I am here to help." Try to engage them in an activity they enjoy. Use planned exercise to reduce stress.

Clothing: Layering, not changing or removing inappropriately

Definition: Wearing layers of clothes, wearing wrong clothes for climate. Dressing or undressing at wrong place or time. Not wanting to change clothes.

Response: Give options of appropriate clothes and let them choose. If they remove clothes in public, do not make a scene. Cover exposed body parts and go somewhere private to redress. Avoid overheating from multiple layers of clothes. Don't comment if they don't match. Limit the clothing options. Buy two of the same shirts or outfits if they prefer to wear the same thing every day.

Collecting, hoarding, rummaging

Definition: Gathering, touching, holding or moving items from one place to another repeatedly.

Response: Write the person's name on his belongings. "Tidy up" together as an activity. Set up special boxes of "stuff" for rummaging. Put important items in a safe location. Prevent them from rummaging in dangerous things like medicine cabinets, knife drawers, or tool boxes.

Confusion

Definition: The person with Alzheimer's may forget familiar places, people, relationships or where they live. Some people forget how to use common items like a pen or a fork.

Response: Not being recognized is painful, but try not to show you are hurt. Offer brief, factual explanations. Use photos or memorabilia to remind the person. Offer the correct information: "He is your grandson, Patrick." Do not argue or over-correct. Validate feelings. Always introduce yourself and remind them of the relationship. Or name the object and what it does to help them: "Dad, here is the pen, the thing you write with."

Hallucinations and delusions

Definition: Hallucinations are hearing, seeing, tasting, and smelling something not experienced by anyone else. Delusions are persistent incorrect beliefs. For example, "You are not my husband."

Response: Check hearing, vision, hearing aids, and glasses. If harmless, do not address, just distract with safe tasks. Remember, these are real to them. If possible, modify the environment to eliminate causes or triggers. Do not take it personally. Enter their reality. For example, if they see people in their room, politely ask those people to leave. Open the door and say, "good bye." TV can contribute to hallucinations and delusions. They mistake TV for reality.

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Repeated movements

Definition: Using hands or fingers to take apart or pull at things, hitting, or wiping surfaces. Chewing, clapping, or picking at self or skin.

Response: Distract and divert their attention to something else. Offer something to hold on to like a ball or stuffed animal. Keep a box of objects of different textures. If picking, keep hands clean and nails short and filed. Wearing mittens may help.

Screaming, yelling

Definition: Repeated loud vocalizations, sometimes expressions of fear or losing control. **Response:** Distract and divert attention — consider using music or singing. Offer a repetitive task, like mating socks. Sometimes touch will be appropriate.

Sexually inappropriate behavior

Definition: *Inappropriate language, public exposure, offensive or misunderstood gestures.* **Response:** Remain calm, do not over-react. Assist to a private place. Avoid scolding, try to ignore behavior and distract or divert to a safe activity.

Sundowning

Definition: Increased behaviors in late afternoon / early evening that suggest discomfort – confusion, pacing, yelling, etc.

Response: Simplify the environment and activities. Plan activities that slow the pace and create a calm environment. Provide good lighting, avoid shadows. Ask clinician to evaluate medications. Arrange your schedule to provide one-on-one attention during this period. Shift your mealtime. Avoid the evening news on television. Be calm and offer reassurance.

Wandering, pacing, exit seeking

Definition: Continually trying to leave a facility, building, or care area. Pacing is moving with or without a goal or purpose.

Response: Make sure the person has identification with them. Try disguising locks and exits. Put alarms on doors to signal they've left. Use a GPS locator device or "Safe Return" type program. Never leave the person alone. Offer a safe area in which to pace.

Here are some general facts that may help you as a caregiver:

- People living with Alzheimer's disease have a different way of seeing and processing information. They are not repeating things or getting confused to upset you or make your work more difficult.
- How you sound, what you say, and the environment will all have an
 effect on the way your loved one acts.
- People with Alzheimer's disease often express their frustrations and needs through behaviors instead of telling you what they need. With careful and gentle attention, you will get good at "reading" the signals and learning what your loved one needs or wants.
- Alzheimer's patients live in a different reality. Try to enter into their reality rather than argue or correct them. Arguing can increase their frustration and worsen behaviors.



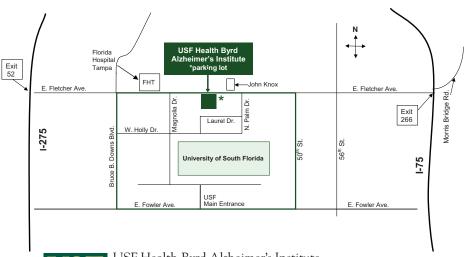
The staff of the Byrd Alzheimer's Institute looks forward to your visit.

The institute offers a broad range of clinical services for memory-impaired patients. Our professionals specializing in memory care, internal medicine, geriatrics, neuropsychology, clinical pharmacy, occupational therapy, and social work comprise a team that works collaboratively to achieve the most accurate and thorough clinical evaluation for patients.

We offer a convenient, service-oriented outpatient setting with ample parking and easy access to the building. Our six-story

facility is located on the edge of the University of South Florida's beautiful main campus in Tampa just off a major thoroughfare, East Fletcher Avenue. You can reach us directly from either I-75 (Exit 266) or I-275 (Exit 52).

Our arrival and departure entrance is covered to protect you from the weather when dropping off patients. We provide parking passes just inside at the main reception desk. Please arrive 30 minutes prior to your appointment to allow time to pick up your parking pass and complete the registration process.



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To schedule an appointment for a comprehensive memory evaluation, call (813) 396-0728.