

Information Sheet

Understanding and dealing with

Challenging behaviour

Introduction

Caring for someone with dementia can be stressful; carers often feel low or tense as a result. Dementia affects a person's memory, mood and behaviour. It can be particularly upsetting when someone you love behaves in a strange or hostile way towards you. This can feel worse if the person behaves differently with other people. You may feel that they are "getting at you". The first thing to remember is not to take it personally and that people with dementia may behave differently in different situations and with different people.

Understanding

Dementia is a result of changes that take place in the brain. These changes can affect a person's behaviour. For example, we know that damage to the frontal lobe of the brain can result in a person doing or saying things they would not normally do or say.

Dementia affects different people in different ways. If you can understand why someone is behaving in a particular way, it may feel less stressful and may give you some ideas on how to cope. How the person is behaving may be to do with their surroundings. For example, is the person bored and therefore restless, or is a crowd of people too stressful?

Behaviour may also depend on who is around and how they react. For example someone who approaches quickly from behind may frighten a person with dementia and this may explain why he hits out at her.

As well as considering what is going on at the time, knowledge of what the person was like in the past may be

helpful. A man who has been physically active in his youth may become restless as he develops dementia and may start to wander.

Perhaps if he has been sociable in the past, 'wandering' may be his attempt to go back to his old haunts such as the pub or the bowling green.

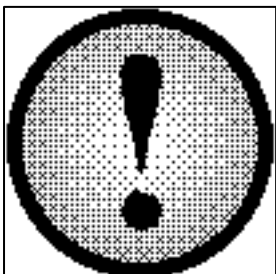
Problems in behaviour are sometimes a result of a person realising that things are not quite right. Our attempts to help and do things for that person may inadvertently reinforce the fact that their competence is failing. Trying to help the person to maintain independence as long as possible may be beneficial.

Coping

We cannot 'prescribe' tried and tested ways of dealing with behavioural problems but certain strategies have been shown to be helpful. Carers have found that sometimes they discover these by trial and error. Often by understanding the possible reason behind the behaviour, the person can be helped to settle before things get worse.

Wandering

- Does the person need to "burn off" some energy by going for a walk? If so, is it possible to escort her, so that she doesn't get lost?
- Is it an attempt to try out old hobbies, such as wandering down to the bowling green? If so, can this be supervised?
- If the person is restless but unsteady on his or her feet, can other activities be tried?





Incontinence

- Can the person find the way to the toilet?
- Can he or she recognise the toilet? If not, can you help with recognition, by a sign on the door, perhaps colour-coded, for example, the bathroom is the room that is green.
- Can the person not get to the toilet in time? If not, being near to a toilet or commode may help.
- Can the person not undress in time? If not, simpler clothing and fasteners may make it easier.
- Does the person not recognise the need to go to the toilet or can't be bothered? If so, gentle reminders throughout the day may help.

Aggression

This can be physical, for example hitting out, or verbal, by using abusive language. The following ideas may be helpful in dealing with physical aggression.

- Have you approached the person quickly, so that she perhaps hasn't recognised you? If so, approaching slowly in full view may help. Have you explained what you are going to do? If not, try using short simple statements, such as 'I'm going to help to take your coat off' and so on. Without such explanation, your help may feel like an attack and the aggression is self-defence.
- Is the aggression due to frustration? Locking the door to prevent wandering may reduce the wandering but may result in frustration.
- Does aggression 'pay'? That is, does the person get something out of being aggressive? If so, trying to anticipate needs may help. You may be able to let the person have what he or she

wants, if this is appropriate, before he or she becomes aggressive.

Repetitive questioning

Sometimes giving information may help but it is often quickly forgotten. It can be very stressful when you are asked for the tenth time what day it is or when mother is coming home. It may help if you can understand that for the person with dementia, each time feels like the first time they have asked the question.

- If explanation doesn't help, distraction sometimes works.
- It may help to acknowledge the *feeling* expressed, for example, "I know it's upsetting when you think you've got to get a meal ready,".
- Doing is often better than telling. For example, telling your husband that his mother died 30 years ago may not help and may be upsetting (but taking him to visit her grave could be more effective).

Getting help

Dealing with challenging behaviour day in, day out is not easy. But understanding why problems occur and so changing how you behave towards the person with dementia may make things easier. If you can do this it can help you to feel more in control.

It is often very useful to get help or advice on how to deal with a behavioural problem. You may be in contact with a community psychiatric nurse, psychiatrist or occupational therapist. They will all have experience of helping with behavioural difficulties caused by dementia.

For specific problems, you and the person with dementia may be referred to a clinical psychologist if there is one in your area who will be able to offer



specialist help. Your GP may also be able to help, and can refer you to any of these people.

Further reading

Coping with Dementia: A handbook for carers, Health Education Board for Scotland (free to carers from the Dementia Helpline).

Wandering

Screaming and Shouting

Aggression

Incontinence & Inappropriate Urinating by Graham Stokes, Winslow Press; four titles from the series *Common Problems with the Elderly Confused*.

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