

Understanding and Managing the Challenging Behaviors Associated with Alzheimer's Disease and Dementia

- I. Understanding Alzheimer's disease and dementia
- II. Understanding Behavior
 - A. Behavior is a response to stimuli or environment, it is anything one says or does
 - B. Behavior is often purposeful/goal oriented, sometimes the result of disease alone
 - C. Behavior is often measurable (triggered) and can be changed
 - D. Behavior is often a vehicle for communication
 - E. Behavior that is unusual or unconventional but not potentially harmful may not require intervention
- III. Common behaviors associated with Alzheimer's disease/dementia
 - A. Agitation, anger, aggression, resistance
 - B. Psychosis: may include delusions or hallucinations
 - C. Depression
 - D. Disinhibition
 - E. Anxiety, repetitiveness
 - F. Wandering
 - G. Hoarding
 - H. Sundowning
- IV. Assessment of behavior
 - A. Utilize a team approach, include family caregivers
 - B. Maintain a behavior log to identify patterns and re-evaluate as needed
 - C. Explore and define the following and explore possible triggers:
 - 1. WHAT: specifically define the behavior, its frequency, intensity and duration. Was it harmful?
 - 2. WHO: is the behavior associated with an individual or group?
 - 3. WHEN: does the behavior occur only at certain times of day?
 - 4. WHERE: in what setting does the behavior occur?
 - 5. WHY: Use a four point analysis to determine possible cause of behavior
- V. The four point model for identifying potential causes of behavioral problems:
 - A. **Physical and Emotional Status**
 - 1. Brain changes caused by dementia
 - 2. Chronic illness (physical or mental)
 - 2. Acute illness/condition (UTI, pneumonia, allergies, PAIN, infection)
 - 3. Effects of Medications (including time of administration)
 - 4. Impaired sight or hearing or both
 - 5. Emotional reactions caused by memory loss/confusion (frustration, fear, uncertainty, depression)
 - 6. Pre-existing personality traits
 - 7. Dehydration and other nutritional deficiencies
 - 8. Fatigue and/or boredom

B. Environmental

1. Too large, vast, ill defined
2. Overly stimulating: too cluttered, noisy, chaotic, too many patterns/prints
3. Not stimulating enough: no clues, cues
4. Lacks structure/organization

C. Task at Hand

1. Too complicated/too many steps combined
2. Not modified for increasing impairment
3. Unfamiliar

D. Communication

1. Person has difficulty communicating or understanding communication
2. Information presented in a negative manner

VI. Summary/Modifying difficult behaviors

- A. Monitor and treat medical conditions, pain, discomfort
- B. Provide opportunities for therapeutic rest
- C. Alter the environment: minimize noise and over-stimulation, keep familiar possessions and cues in view, provide structure and consistency
- D. Utilize patient oriented task breakdown techniques (formal or informal)
- E. Utilize techniques for successful communication:
 - patient and calm tone of voice,
 - YES statements,
 - distraction/diversion,
 - avoid arguing
 - be reassuring, focus on feelings, not facts
- F. Purposeful/therapeutic/relaxing activity
- G. Alternative therapies and creative interventions
- H. Ongoing support, education, respite for caregivers
- I. Pharmacology

Bibliography

Alzheimer's Association, "*Behaviors: How to Respond when Dementia Causes Unpredictable Behaviors*" Brochure, 2015.

Robinson, A., Spencer, B. White, L., Understanding Difficult Behaviors, Eastern Michigan University, 1991.

Spencer, B., White, L., *Coping with Behavior Change in Dementia: A Family Caregiver's Guide*, Whisppub LLC, March 2015.

Sample Behavior Log

When did the behavior occur?	Who was present?	Where and what was happening at the time?	What (specifically) was the behavior?	Was intervention was tried and what was the result?
<i>Monday, 12 noon</i>	<i>Ann's tablemates and one staff member, Mary</i>	<i>In the Dining Room, lunch was being served. It was noisy, and meal delivery seemed to be delayed</i>	<i>Ann was angry, yelling and demanding.</i>	<i>Mary gave Ann some saltine crackers and tea which she began to consume immediately. It seemed to help.</i>