Alzheimer's Disease and Related Dementias

Understanding Behaviours Related to Dementia

A GUIDE FOR CARE WORKERS

UNDERSTANDING DEMENTIA

- Dementia is an umbrella term with many subtypes such as Alzheimer's disease, vascular dementia and frontal-temporal dementia. The **most common** type (64%) **is Alzheimer's disease.**
- Most dementia is **non-reversible and progressive** in nature.
- **Each person's** journey is **different**.
- Changes in ability to function and think **vary**, depending on stage and type.
- Cognitive losses result in:
- **Impaired** ability to **learn, remember information** and **concentrate**;
- **Decreased** ability to **solve problems**, make **decisions** and use **good judgment**;
- Increased **difficulty communicating** and **reduced** ability to **care for self** independently.

GOALS OF CARE

Care for persons with dementia aims to achieve the same goals whether at home or in residential care:

- **Safety** of the person, family and caregivers;
- **Respect** and **dignity** for the person;
- Maximum **independence** and **ability to function**;
- Optimal **quality of life** for the older adult, including freedom from anxiety, agitation, fear and loneliness.

In the home, ensure a safe environment, create a routine that works for the older person, facilitate rest and respite for family caregivers.

In **residential care**, design the environment to make the most of **quality of life** (e.g., safe access to outdoor space); ensure that approaches to care are **flexible and person-centred**.

COMPLICATIONS OF DEMENTIA

- Dementia **affects behaviour and mood**. Many persons with dementia will develop **"Behavioural and Psychological Symptoms of Dementia"** (BPSD).
- The nature of **BPSD** includes:
    - Symptoms such as **anxiety, depression, agitation, reversed sleep patterns, hallucinations;**
    - **Repetitive behaviours** such as repeated questions, rocking, pacing, restlessness, crying, calling out, repeated communication and/or actions (e.g., tapping fingers);
    - Socially difficult behaviours such as **screaming, resistance to care and verbal outbursts**.
- **Behaviours** arise from brain damage caused by dementia and **can be triggered by unmet needs** or the **environment**. Behaviours are seldom "unpredictable."

mlharrigan@shaw.ca

SafeCare BC
safecarebc.ca | info@safecarebc.ca

Understanding Behaviours Related to Dementia

A NEW WAY TO UNDERSTAND BEHAVIOURS

- In dementia, **all behaviour has meaning**. When words are lost, **communication becomes behavioural**. Every behaviour has an underlying cause.
- Behaviours are the older adult's best attempt to **cope** with a **confusing** and **threatening environment**.
- Words like **"aggressive," "disruptive," "challenging," "excessive" and "resistive" are labels** that **have negative meaning** and focus on the behaviour instead of the unmet need. **Focus on the underlying cause of the behaviour.**
- Recognizing behaviours as **"responsive" and "protective"** provides guidance for care:
  - **Responsive** behaviours indicate an **unmet need** such as hunger, pain, thirst, need to void, boredom, sensory overload or fatigue.
  - **Protective** behaviours arise from the person's need to **protect him or herself** against feelings such as frustration, failure, embarrassment, confusion and fear.
- The care team's focus is to **create an environment** in each person's best interests:
  - This environment includes **physical surroundings** that **support and "prop up"** the older adult's limitations and enable him or her to continue using existing strengths.
  - The facility must also sustain a **culture or philosophy of care** that enables staff to **adapt** routines **to individual needs**.

PREVENTION IS KEY: KNOW THE PERSON

- Responsive and protective behaviours can often **be prevented by eliminating environmental stressors**. Look for triggers and patterns. Build this knowledge into the individualized care plan.
- Change the environment as needed. It is **easier to change the environment** than to change a person with dementia. For example, reduce noise or other stimulation, provide a quiet space.
- **Learn about the person's background**, usual routine, personality, name they prefer to be called, preferences, dislikes, strengths, fears, and **what comforts the person when distressed.**

COMMUNICATION APPROACH

- A person-centred philosophy of care includes a communication approach that aims to be positive, with a **focus on "connecting" rather than "correcting."**
- Always look **friendly**. **Don't rush or hurry care**—it will take more time in the long run.
- Use a **positive tone** of voice. **Guide** rather than control or tell. **Distract** rather than confront.
- **Don't start** sentences with **"No" and "Don't,"** as this increases resistance. Never argue or scold.
- **Avoid "elderspeak"** (e.g., **"dear"** or **"honey"**), the childish style of communication that some people use when speaking to older adults with dementia. This makes most people angry.
- Simplify talk and **use short sentences**. Ask one question at a time and limit choices to ones the person can successfully make.
- Use **non-verbal language** whenever possible (e.g., **smiling, nodding, gesturing, cueing**).
- Avoid laughing near a person with dementia who is suspicious, paranoid or delusional—you may be misinterpreted as threatening and this could lead to a negative reaction.
- Communication should **enhance a person's self-respect** and decrease uncertainty and anxiety.

SafeCare BC