Alzheimer’s and Dementia Behavior Management

When a loved one with Alzheimer’s experiences behavior problems such as wandering, aggressiveness, or hallucinations, it can be distressing. These tips can help.

Understanding Alzheimer’s or dementia behavior
problems

One of the major challenges of caring for a loved one with Alzheimer’s or another dementia is coping with the troubling behavior and personality changes that often occur. Aggressiveness, hallucinations, wandering, or eating or sleeping difficulties can be upsetting and make your role as caregiver even more difficult. Whatever problems you’re dealing with, it’s important to remember that the person with dementia is not being deliberately difficult. Often, your loved one’s behavioral issues are made worse by their environment, their inability to deal with stress, or their frustrated attempts to communicate.

By making some simple changes, you can ease your loved one’s stress, better manage their symptoms, and significantly improve their well-being—as well as your own caregiving experience. The first step to resolving the troubling behavior is to establish why your patient is stressed or what’s triggering their discomfort.

As you try to identify the causes, it’s important to remember that a patient with dementia responds to your facial expression, tone of voice, and body language far more than the words that you choose. So, use eye contact, a smile, or reassuring touch to help convey your message and show your compassion. And rather than take problem behaviors personally, do your best to maintain your sense of humor.

5 ways to help identify the causes of problem behavior:

1. Look at your loved one’s body language and imagine what they might be feeling or trying to express.
2. Ask yourself, what happened just before the problem behavior started? Did something trigger the behavior?
3. Are the patient’s needs being met? Is your loved one hungry, thirsty, or in pain?
4. Does changing the environment by introducing favorite music, for example, help to comfort the person?
5. How did you react to the problem behavior? Did your reaction help to soothe the patient or did it make the behavior worse?

Common Causes of Problem Behavior
Create a calm and soothing environment

The environment and atmosphere you create while caregiving can play a large part in helping an Alzheimer’s or dementia patient feel calm and safe.

Modify the environment to reduce potential stressors that can create agitation and disorientation. These include loud or unidentifiable noises, shadowy lighting, mirrors or other reflecting surfaces, garish colors, and patterned wallpaper.

Maintain calm within yourself. Getting anxious or upset in response to problem behavior can increase the patient’s stress. Respond to the emotion being communicated by the behavior, not the behavior itself. Try to remain flexible, patient, and relaxed. If you find yourself becoming anxious or losing control, take time out to cool down.

Manage stress in an Alzheimer’s or dementia patient

Different stress-reducing techniques work better for some Alzheimer’s patients than others, so you may need to experiment to find the ones that best help your loved one.

Exercise is one of the best stress-relievers for both the Alzheimer’s patient and you,
the caregiver. Regular walking, dancing, or seated exercises can have a positive effect on many problem behaviors, such as aggression, wandering, and difficulty sleeping. Indoor shopping malls are vast walking opportunities protected from the weather.

Simple activities can be a way for your loved one to reconnect with their earlier life. Someone who used to enjoy cooking, for example, may still gain pleasure from the simple task of washing vegetables for dinner. Try to involve your loved one in as many daily activities as possible. Folding laundry, watering plants, or going for a drive in the country can all help to manage stress.

Remembering the past may also help calm and soothe your loved one. Even if they can’t remember what happened a few minutes ago, they may still clearly recall things from decades ago. Try asking general questions about their distant past.

Use calming music or play your loved one’s favorite type of music as a way to relax them when agitated. Music therapy can also help soothe someone with Alzheimer’s disease during mealtimes and bath times, making the processes easier for both of you.

Interacting with other people is still important. While large groups of strangers may increase stress for an Alzheimer’s or dementia patient, spending time with different people in one-on-one situations can help to increase physical and social activity and relieve stress.

Pets can provide a source of positive, nonverbal communication. The playful interaction and gentle touch from a well-trained, docile animal can help soothe your loved one and decrease aggressive behavior. If you don’t have a pet of your own, there are special organizations that offer pet visits for those with Alzheimer’s or dementia.

Take time to really connect with the person you’re caring for

Taking a short time to really connect with your loved one each day can release hormones that boost their mood and reduce stress. And it can have the same effect on you, too. Even if your loved one can no longer communicate verbally, it’s important to take some time when you’re at your calmest to focus fully on them. Avoid distractions such as the TV or phone, make eye contact if possible, hold their hand or stroke their cheek, and talk in a calm, reassuring tone of voice. When you connect in this way, you’ll both experience a process that lowers stress and supports well-being.
Dealing with dementia behavior: Wandering

Two characteristic precursors to wandering are restlessness and disorientation. An Alzheimer’s patient may exhibit signs of restlessness when hungry, thirsty, constipated, or in pain. They may also become disoriented, pace, or wander when bored, anxious or stressed due to an uncomfortable environment or lack of exercise. As well as adding physical activity to your loved one’s daily routine, you can:

- Immediately redirect pacing or restless behavior into productive activity or exercise.
- Reassure the person if they appear disoriented.
- Distract the person with another activity at the time of day when wandering most often occurs.
- Reduce noise levels and confusion. Turn off the TV or radio, close the curtains, or move the patient to quieter surroundings.
- Consult the doctor as disorientation can also be a result of medication side effects, drug interactions, or over-medicating.

Practical ways to prevent wandering

- Install child-safety devices in your home to keep doors and windows secured.
- Hide items like purses, shoes, or glasses that your loved one would always want if they left the house.
- Acquire comfortable chairs that restrict movement, making it difficult for the patient to stand up without assistance.

Planning for when your loved one does wander

In case your loved one does wander, it’s a good idea to have a plan in place.

- Notify neighbors and local police about your loved one’s tendency to wander, and circulate your phone number.
- Have your loved one wear an ID bracelet or labels in clothing. Digital devices using GPS technology can track your loved one’s location.
- In case a police search becomes necessary, have a recent photo of your loved one and some unwashed clothing to help search-and-rescue dogs. (Place clothing in a plastic bag with gloved hands, and replace the clothing monthly.)
- In the U.S., sign up for the Alzheimer’s Association’s Medic Alert and Safe Return Program, an identification system to help rescue lost Alzheimer’s patients.
How to find a missing Alzheimer’s patient

A person with dementia may not call out for help or answer your calls, even when trapped somewhere, leaving them at risk for dehydration and hypothermia.

Check dangerous areas near the home, such as bodies of water, dense foliage, tunnels, bus stops, and high balconies.

Look within a one-mile radius of where the patient was before wandering.

Look within one hundred feet of a road, as most wanderers start out on roads and remain close by. Especially look carefully into bushes and ditches, as your loved one may have fallen or become trapped.

Search in the direction of the wanderer’s dominant hand. People usually travel first in their dominant direction.

Investigate familiar places, such as former residences or favorite spots. Often, wandering has a particular destination.

Rummaging and hiding things

Caring for a patient who rummages around or hides things in the home can be a challenge, but not an insurmountable one.

Rummaging/hiding things behavior management
Protecting property
Lock certain rooms or cabinets to protect their contents, and lock up all valuables.
Have mail delivered out of reach of your loved one—perhaps to a post office box.
If items do disappear, learn the person’s preferred hiding places.
Restrict access to trashcans, and check all wastebaskets before disposing of their contents in case objects have been hidden there.
Protecting your loved one from harm
Prevent access to unsafe substances, such as cleaning products, alcohol, firearms, power tools, sharp knives, and medications.
Block unused electrical outlets with childproofing devices. Hide stove knobs so the person can’t turn on the burners.
Rummaging/hiding things behavior management
Lower the temperature on water heaters.
Designate a special drawer of items that the person can safely “play” with when keen to rummage.

Anger and aggression

While creating a calm environment can have a large impact on managing the stress that often triggers aggressive behavior, there are also things you can do during an angry outburst.

Don’t confront the person or try to discuss the angry behavior. Remember: the person with dementia cannot reflect on unacceptable behavior and cannot learn to control it.

Do not initiate physical contact during the outburst. This may trigger physical violence.

Let the person play out the aggression. Give them space to be angry alone. Just be sure that both of you are safe.

Distract the person to a more pleasurable activity.

Look for patterns in the aggression. Consider factors such as privacy, independence, boredom, pain, or fatigue. Avoid activities or topics that anger your loved one.

Get help from others during the activities that anger the patient (and can’t be avoided).

Don’t take the aggressiveness personally. It, too, is just part of the dementia.

Hallucinations and suspicion

Hallucinations can be the result of your loved one’s failing senses. Maintaining calmness in the environment can help reduce their frequency, but when hallucinations or illusions do occur, don’t argue about what is real and what is fantasy. Instead, respond to the emotional content of what the person is saying. For example, if your loved one is afraid, offer comfort. Or you may want to distract your loved one with another activity or by moving to a different room.
Alzheimer’s and suspicion/paranoia

Confusion and the loss of memory can cause Alzheimer’s patients to become suspicious of those around them, sometimes accusing their caretakers of theft, betrayal, or some other improper behavior. Violent movies or television can also contribute to paranoia.

- Offer a simple answer to any accusations, but don’t argue or try to convince them their suspicions are unfounded.
- Distract the patient with another activity, such as going for a walk.
- If suspicions of theft are focused on a particular object that is frequently mislaid, such as a wallet, try keeping a duplicate item on hand to quickly allay the patient’s fears.

Sleep problems

Brain disease often disrupts the sleep-wake cycle. Alzheimer’s patients may have wakefulness, disorientation, and confusion beginning at dusk and continuing throughout the night. This is called “sundowning.”

There are two aspects to sundowning. First, confusion, over-stimulation, and fatigue during the day may result in restlessness at night. And second, some Alzheimer’s patients develop a fear of the dark, perhaps because of the lack of familiar daytime noises and activity. The patient may seek out security and protection at night to alleviate this discomfort.

Tips to reduce nighttime restlessness

Improve sleep hygiene. Provide a comfortable bed, reduce noise and light, and play soothing music to help your loved one get to sleep. If they prefer to sleep in a chair or on the couch, make sure they can’t fall out while sleeping.

Keep a regular sleep schedule. Be consistent with the time for sleeping and keep the nighttime routine the same. For example, give the person a bath and some warm milk before bed.

Keep a night light on. Some people with dementia imagine things in the dark and become upset. Stuffed animals or a pet may also help soothe the patient and allow them to sleep.

Place a commode next to the bed. Walking to the bathroom in the middle of the night may wake the person up too much and then make it difficult to get back to sleep.
Increase physical activity during the day to help your loved one feel more tired at bedtime.

Monitor napping. If the person seems very fatigued during the day, a short rest in the afternoon can lead to a better night’s sleep. But keep naps short.

Limit the patient’s caffeine, sugar, and junk food intake during the day.

Dealing with nighttime wakefulness and pacing

If your loved one paces at night, make sure they have a safe room in which to do so, or have another caregiver take over at night. You need your rest, too. In the later stages of Alzheimer’s, you may want to consider a hospital bed with guardrails.

Some dementia patients have difficulty getting or staying asleep because they aren’t responding to day and night transitions. Adding bright light exposure during the day and melatonin supplements at night may help to improve their sleeping patterns.

Eating problems

Ensuring someone with Alzheimer’s eats and drinks enough can be a challenge for any caregiver. As well as encouraging exercise to make your loved one feel hungrier and thirstier, try these tips:

Tip 1: Monitor medications

Some medications interfere with appetite. Others may cause dry mouth, so make sure that your loved one gets enough liquids with food. Discuss eating problems with their doctor to see if any medication needs to change.

Tip 2: Make mealtimes pleasing to your loved one

Add flowers to the table or play soothing music. Make your loved one’s favorite food and serve it on dishes that contrast highly with the food colors. Reduce distractions in the eating area and avoid foods that are too hot or too cold.

Tip 3: Make feeding playful, fun, and simple

Try giving your loved small spoonfuls and singing funny rhymes. When they open their
mouth to smile, slip in a little food. People with dementia may have trouble using normal utensils, so opt for finger foods or use children’s sipper cups.

**Tip 4: Monitor chewing and swallowing**

Chewing and swallowing difficulties can develop as Alzheimer’s progresses. If necessary, give your loved one instructions on when to chew and when to swallow. After eating, keep them upright for 30 minutes to avoid choking.

**Tip 5: Transition to puréed or soft foods**

In the later stages of Alzheimer’s, your loved one may no longer be able to swallow solid food. Switch to a liquids-only diet when the time is right.

**Don’t forget to take care of yourself**

*Caregiving for a loved one with dementia* can be extremely demanding and stressful. Each day can bring more challenges and higher levels of anxiety, often without any signs of appreciation from the person you’re caring for. Taking care of yourself and getting help and support is essential for both your well-being and your loved one’s quality of life. *Respite care* can provide a break to help you relieve stress and restore energy. Make use of any services available to you and ask for help from family members. It can make all the difference to your success as a caregiver and the well-being of your patient.

Get more help

* Treatments for Behavior  – Common changes in behavior and how to manage them. (Alzheimer’s Association)

* Changes in Behaviour  – Tips for dealing with changes in behaviors. (Alzheimer’s Society of the UK)

* Hands-On Skills for Caregivers  – Tip sheet for how to care for a difficult patient. (Family Caregiver Alliance)

Santulli, M.D, associate professor of psychiatry at the Geisel School of Medicine at Dartmouth. Includes chapters on dealing with behavior problems. (Caldwell Law)

Animal Therapy Group Listing – International directory of organizations that offer animal therapy. (Land of PureGold Foundation)

Home Safety and Alzheimer’s Disease – How to make your home safe for an Alzheimer’s patient. (National Institute on Aging)

24/7 Wandering Support for a Safe Return – A nationwide U.S. program for patients who wander. (Alzheimer’s Association)

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