



Behaviours: Understanding Changes

How behaviours may occur and how to prevent or lessen the behaviour

Alzheimer's disease and other dementias are characterized by loss of brain cell function. As dementia progresses and brain cells die, there will be loss of thinking, memory, judgment as well as mood and behaviour changes. While dementia affects people in different ways, within each of the progressive dementias, there are particular brain changes that may occur.

- **Alzheimer's disease:** Brain cells die generally throughout the brain resulting in gradual loss of memory, decreasing language function, decreased skilled motor functions known as apraxia, and both visual and spatial perception difficulties.

- **Frontotemporal dementia:** Brain cells generally die in the frontal and temporal lobes of the brain. This can cause disinhibition, personality changes, and reduced executive functioning such as the ability to plan ahead and organize. Speech can also be affected and when this is the main change, it is called *Primary Progressive Aphasia*.

- **Lewy Body dementia:** Protein substances form as 'Lewy Bodies' form inside the brain's nerve cells. This affects the areas in the brain involved in thinking and movement. The person is prone to show more rapid changes in deterioration of physical function. There may be signs of progressive loss of language skills, depression, fluctuations in alertness, and persons may show symptoms of deteriorating movement and muscle coordination.

- **Vascular dementia:** In this specific dementia, the brain cells are deprived of oxygen causing the cells to die. The cognitive symptoms may vary, affecting some areas of the brain more or less than others (e.g., lan-

guage, vision or memory).

- **Mild Cognitive dementia:** This is a term used to describe cognitive changes that are serious enough to be noticed by the individuals experiencing them or are noticed by other people. However, the changes are not severe enough to interfere with daily life or independent function.

Behavioural changes which are often completely out of character can be extremely distressing and difficult for caregivers. Some behaviour changes that may occur include:

- Easily getting upset, worried and/or angry.
- Repeating themselves.
- Acting depressed or not interested in things.
- Hiding things or believing other people are hiding things.
- Imagining things that aren't there.
- Wandering away from home.
- Pacing a lot.
- Showing unusual sexual behavior.
- Misunderstanding what is seen or heard.
- No longer caring about they look, not interested in bathing, and wanting to wear the same clothes every day.

Along with memory loss, there can also be changes in mood and personality. Some of the reasons for these changes are:



- Changes in the brain caused by the disease.
- Frustration at no longer being able to carry out tasks independently.
- Depression.
- Feeling physically unwell, or being unable to express pain.
- Too much noise or being in an unfamiliar place.

It is important to remember that all behaviour has meaning and it is a form of communication. The key is to try and understand why it is happening and try to either prevent or lessen the behaviour.

Using a problem solving approach

When a particular behaviour is reoccurring, try the ABC approach:

Antecedent: Think back to times when the person has become reactive and think of what events have led to these outbursts. Can you identify any common triggers? These could give you a clue as to what is troubling them.

Behaviour: Name the behaviour that is happening as a result of these triggers.

Consequence: Identify what happens when you react in a certain way to the behaviour. Now try to remove the trigger and/or change your response to the behaviour.

Keep in mind that the ABC approach may not always work; do not blame yourself if the distressing behaviour remains.

What to try:

- Keep things simple
- Ask or say one thing at a time
- Reassure the person that he or she is safe and you are there to help
- Don't argue or try to reason with the person
- Try not to take it personally
- If you get upset, take deep breaths and count to 10

- Use humor where appropriate
- Try using music, singing, or dancing to distract the person
- Ask for help. For instance say, "Let's set the table" or "I need help folding the clothes."

Communication strategies that may help:

• **Centre yourself:** Take a deep breath and slow down. Your initial reaction may be to try to use logic but before you react, think — and breathe.

• **Talk normally:** Use hand gestures and facial expressions such as smiles to reinforce your words and allow for the time for the person to respond.

• **Responding:** Focus on the person's feelings rather than words. For example if the person says, "I can't find my book" say, "You seem worried. I will help you look for it."

• **Rephrase:** Rephrasing the person's feelings back to them can provide reassurance that you understand and feel their loss. Saying "You must really miss your mother" can decrease anxiety because they hear you expressing what they are feeling.

• **Re-direct:** Distract the person with calming activities such as a hand massage, stroking a pet, a drive in the country, or by playing their favourite music.

• **Reminiscence:** Reminiscing is a way of reviewing past events that is usually a very positive and rewarding activity. Even if the person with dementia cannot participate verbally, reminiscing can still give them pleasure to be involved in reflections on their past.

For more information, refer to the Fact Sheet, *"Creative Communication for Caregivers"*.

Using validation therapy

There is some controversy over the use of "validation therapy" as a strategy. Validation therapy is used to validate or accept the values, beliefs and "reality" of the person with dementia. It does not mean that you should lie to them but rather accept "where they are at." Use conversation to get them to do something else without them realizing they are actually being



redirected. Acknowledging and empathising with the feelings being expressed behind the communication is what is important.

Things to keep in mind:

- All behaviour has meaning.
- Do not take the behaviour personally.

In a behavioural outbreak

Try stepping away from the situation, look at the person's body language and try to understand what they might be feeling at that time. Give the person space to calm down and offer reassurance. Use problem solving to identify triggers. If you don't know what is causing the behaviour, contact the doctor. There could be a physical illness that needs to be treated.

Remember, you are not alone. Reach out and contact your local Dementia Society.

Resources:

- Fact Sheet on Dementia: www.alzheimer.mb.ca
- Alzheimer's Caregiving Tips: www.nia.nih.gov/alzheimers
- The ABC Approach to Behaviours,
Linda Teri: www.bendigohealth.org.au

Further information on this topic

Visit the following websites:

- dementiahelp.ca
- www.alzheimerbc.org
- www.alzheimers.org.uk