

Behaviors Associated with Dementia

Keep in mind that challenging or unusual behaviors are based on faulty information to the brain, not necessarily bad manners.

Common behaviors associated with dementia can include:

Anger and agitation

We all have days when we feel stressed out. People living with dementia experience stress too and may lack the ability to relieve their stress in a healthy way. The result may be angry motions and words or agitation such as wringing hands, pacing, pounding on a table or other repetitive actions.

Aggression

Some people living with dementia may take anger and agitation a step further and become verbally aggressive or physically threatening. In some cases, a person living with dementia may strike out at a caregiver or family member due to fear, delusions or other faulty information provided by the brain.

Wandering

It is estimated that 60% of people living with dementia will wander. A person may not remember his or her name or address and can become disoriented, even in familiar places. A person living with dementia may be in search of an old neighborhood, job or other memory from the past. Sometimes people will remain at home, but find comfort in pacing in circles or following the same path repeatedly.

Sleeplessness and Sundowning

Many people living with dementia experience periods of increased confusion at dusk, with their disorientation continuing throughout the night. These periods of what is known as 'sundowning' usually diminish as the dementia progresses. Sundowning may be caused by:

- mental and physical tiredness at the end of the day
- reduced lighting and an increase in shadows
- less need for sleep, common among older adults
- the body mixing up day and night

Inappropriate Sexual Behavior

Dementia can reduce inhibitions, which may affect an individual's private thoughts, feelings and behaviors – including those relating to sex. Sometimes people living with dementia may appear to lose their inhibitions and make sexual advances to others or undress or touch themselves in public. They may use language that seems out of character.

Inappropriate touching can result when people living with dementia confuse another person with a spouse or partner. It's important to note that inappropriate sexual behavior does not on its own make a person living with dementia a sexual predator.

Delusions or Hallucinations

Delusions are firmly held but false beliefs. People living with dementia may become convinced that a formerly trusted person is stealing from them or that they are being followed by the police. Negative delusions and beliefs of harm are also called paranoia. Memory loss and confusion can contribute to these untrue beliefs.

Hallucinations are different from delusions. Hallucinations are false perceptions involving the senses. A person living with dementia may see, hear, smell, taste or even feel something that isn't really there. The person may believe there are insects crawling on their arm or hear and respond to a person who isn't really there.

Not all delusions or hallucinations are negative and harmful to a person living with dementia. For example, a person may find that a "conversation" with a deceased relative is comforting.

Taking Things that Don't Belong To Them, "Collecting" Specific Items

When people living with dementia lose their sense of place, they may view items as their own, even when the items are located in another person's space or a public place like a store or office. A person may be viewed as "shoplifting" when they have simply forgotten about the need to pay for the items.

Hoarding is the practice of collecting unneeded items, sometimes to a degree that becomes a safety and health hazard. Hoarding is sometimes seen in people living with dementia and can be viewed by others as "stealing." In reality, the person may be repeating pleasurable activities from earlier in life, collecting items such as dolls or coins. Sometimes, the person may think of the behavior as "shopping". There is usually no intent to deprive the owner of his or her property.

Becoming Lost-Even in Familiar Territory

It is very common for people living with dementia and Alzheimer's disease to lose a sense of their surroundings and mistake familiar locations for new territory or vice versa. Memory loss and confusion contribute to situations in which the person becomes easily lost. The person's skills may vary. For example, the person may have walked to the grocery store and back yesterday or driven to a friend's house and returned safely, but may be unable to do so today.

Dressing Inappropriately

The person may forget how to dress, wearing layers of clothing in hot weather or going outdoors in cold weather without shoes. A person may also remove clothing at inappropriate times or in odd settings. For example, a woman may remove a shirt or slacks just because it is too tight or uncomfortable.

Repetitive Behavior

Memory loss, fear and anxiety can cause a person living with dementia to repeat certain behaviors over and over. The person seems fixated on one idea or thought. This is sometimes called "perseveration" and may include:

- Asking repetitious questions
- Repeating phrases or movements
- Repeating actions
- Repeatedly asking to go home
- Making multiple phone calls

Shadowing

Anxiety, inability to cope or loneliness may lead a person living with dementia to closely follow another person everywhere they go. The person may be trying to communicate a need but unable to do so.

Day/Night Reversal

Many people living with dementia are restless at night and find it difficult to sleep. Older people often need less sleep than younger people. Dementia can affect people's body clocks so that they may be restless or awake all night, get up, get dressed or even go outside. Often the person will take catnaps during the day.

Confabulation

Confabulation means unconsciously replacing lost memories with fabricated or made-up information. When a person has dementia, whole experiences are lost, making it difficult for the brain to get its bearings. So the unconscious mind fills in the gaps, substituting

an old memory or coming up with a possible alternative. Confabulation is different from lying, when a person purposely gives untruthful information to another.

Personality Changes

People living with dementia may begin to do and say things they would never have before because their 'filter' is no longer stopping them. The 'filter' is that part of the brain that has told us what is appropriate and not appropriate to do and say. Other personality changes may be due to depression or anxiety that may accompany dementia. Depression and anxiety can be treated with medications.

Emotional Memory

As dementia progresses a person still experiences emotions, but may have less ability to regulate them due to changes in the brain. As a result, the person can be labeled as having irrational or inappropriate behavior. People living with dementia often forget the circumstances that caused a strong feeling originally. But they may retain those feelings they associated with the incident for a long time.

Transfer Trauma

Transfer trauma describes the stress that an individual living with dementia may experience when changing living environments. It is commonly seen in dementia patients who are moving into a facility from their long-time home in the community. For some, the stress associated with the move may be fairly significant and for others mild or not at all. This stress is usually temporary in nature and relieved as the individual builds friendships, gains trust, and develops a sense of purpose and belonging in their new community. However, if transfer trauma is not reduced, then negative consequences such as depression, anxiety, resistance to care and other challenging behaviors can occur.

Special Challenges of Frontotemporal Dementia (FTD)

FTD is less common than Alzheimer's disease and some other types of dementia, but it is often diagnosed at a younger age. Frequently FTD is diagnosed in people who are in their 50's or 60's. One of the greatest challenges of FTD is the impact on personality and behavior. Symptoms may begin with subtle changes that are mistaken for depression. As the condition progresses, people lose inhibitions, display a noticeable loss of restraint and may engage in risk-taking and extreme behavior.