

# How to Respond to Dementia-Related Behaviors

Repetitive questions. Constant pacing. Refusing to take a shower. When your loved one starts acting in a way that's out of character, these strategies can help you figure out what's causing the behavior—and the best way to respond to it.

By Barbara Brody



Caring for a loved one who is living with dementia can be demanding and perplexing, especially if they start exhibiting behaviors that are unusual for them. You might be shocked when your normally pleasant father starts screaming at you, or be puzzled about why your mother, who usually takes such care with her appearance, is refusing to take a shower.

Even when you understand that dementia is robbing your loved one of their memory and impairing their ability to reason, it can be difficult to fully comprehend why they're acting in a way that's erratic or uncharacteristic. It's even tougher to know how to respond.

"It's hard, but the best thing you can do when someone engages in a behavior you perceive as challenging is to not blame yourself or the other person," says Shadi Gholizadeh, PhD, MPH, Director of Memory Care for TheKey. "Instead, you need to get curious, and think, 'I wonder where that's coming from?'" By reframing the behaviors as attempts at communicating unmet needs and being open to exploring their causes, you can work on redirecting them or modifying your approach, she adds.

## The Best Ways to Handle 5 Common Dementia-Related Behaviors

Honing your detective skills can help you get to the root of the following common behaviors prevalent in people living with dementia. As a result, you'll be better able to help your loved one (and yourself).

### Behavior #1: Repetitive Questions

When an older adult living with dementia asks repetitive questions, it's often because their short-term memory isn't functioning properly. They honestly don't remember what you said. It may be best not to tell them about events too far in advance, or give them too much information, because they might remember bits and pieces of it and worry about it. For instance, Mom might keep asking what time she needs to leave for the doctor because she's anxious about the appointment, says Linda Ercoli, PhD, Director of Geriatric Psychology at UCLA and a Scientific Advisory Board member for TheKey.

"It can kind of drive you crazy because you think, 'I already told you that! Don't you remember?'" says Dr. Ercoli. "But no, they don't."

**Try this:** Whether it's the second or 22nd time your mom has asked the same question, "Don't tell her you already answered it," says Dr. Ercoli. "That does no good for the person and just makes them feel bad. Remember, their reality is not your reality." Instead, simply answer them again.

When it comes to mundane questions (like "What did you get at the store?" or "What's for dinner?"), make your answers shorter to minimize [your own frustration](#), or try changing the subject. But for planning-related issues—like when to leave the house or who's coming to visit next week—try rethinking your approach with your loved one's current cognitive capabilities in mind in order to prevent repetitive questions, says Dr. Ercoli. For example, it might have made sense to tell Dad the grandkids would be visiting on Saturday in the past, but now, it might be better to wait until they're on the way.

### Behavior #2: Resistance to Bathing or Showering

Most older adults living with dementia aren't simply reluctant to get clean. Instead, there's often something about bathing that's bothersome to them, explains Dr. Gholizadeh. For instance, you might be moving Dad's arm in a painful way as you're helping him, but he can't express that. Your loved one may also be experiencing sensory changes—like [reduced sensitivity to smells](#)—that can impact their ability to realize that it's time for them to shower.

Or maybe there's something about the bathroom itself that's off-putting. "Sometimes [people living with dementia] don't like the ambience of the bathroom because it's echo-y and cold," says Dr. Ercoli. Others don't like the feeling of water hitting their skin.

**Try this:** Your loved one is going to have a hard time telling you exactly what they dislike about bathing and showering, so you'll have to look carefully for clues and experiment with different approaches, says Dr. Ercoli. Making the bathroom a little more spa-like, with softer lighting and scented soaps, might help. Modesty could also be an issue. Provide extra towels so that your older adult feels less exposed.

If possible, involve your loved one in the bathing process: Give them a handheld shower head and let them wash themselves while you supervise, suggests Dr. Ercoli. (Make sure you have the proper equipment based on your loved one's needs to ensure their safety, such as [grab bars or a shower chair](#).)

Also, try switching up your loved one's bathing schedule. Just because you like to get up early and jump in the shower right away doesn't mean your dad does. He might be more receptive to showering after breakfast.

### Behavior #3: Agitation or Aggression

"Agitation is too much motor activity, often without a real intention or focus; it's a restlessness," says Dr. Gholizadeh. "Your loved one can't settle down, so they might pace or make some kind of aimless movement." An agitated person might also talk a lot or make sounds. However they express it, agitation often stems from anxiety or some kind of unmet need, Dr. Gholizadeh explains. For instance, the person might be bored and looking for something to do, but can't tell you that.

Aggression, on the other hand, is verbal or physical behavior that's intended to cause harm. It might include yelling insults, pushing, or hitting. It is important to separate the person from the behavior; aggression can be a side effect of medication, related to a hallucination (these episodes can occur suddenly in a person living with dementia, even if they've never experienced one before), or an attempt at communication. Severe frustration can also cause an older adult to become aggressive. A person who can't tell you the soup isn't hot enough, for instance, might end up throwing it at the wall. A person who can't express that they are in pain might push you away each time you approach them.

**Try this:** With aggression, in particular, remember that your safety as well as your loved one's safety come first. If your loved one is physically aggressive, your best option is to walk away for a few minutes, says Dr. Ercoli. If you are concerned about safety, or if aggression becomes a recurring problem and behavioral approaches are unsuccessful, talk to your loved one's physician. The physician can explore whether medications may be indicated or updated.

It's also possible that it's no longer safe or feasible for you to be your loved one's primary caregiver. In that case, you might need to enlist the help of a skilled professional who has been trained to handle this kind of dementia-related behavior. For instance, caregivers at TheKey are trained to provide a service called ["memory care at home."](#)

To help soothe agitation, you need to figure out what's causing the distress. In some cases, agitation comes from boredom; if your loved one isn't stimulated enough throughout the day, they might act restless, says Dr. Ercoli. If you don't have time to play board games, take them to the park, or go on a scenic drive for mental stimulation, a professional caregiver can help fill that gap, even on a part-time basis.

If your loved one appears physically agitated (such as pacing or rocking), they may have a physiological need that's going unmet. "Sometimes people cannot tell you they have to go to the bathroom, so they just get up and start walking around," says Dr. Ercoli. Try taking them to the restroom. Or if they are pacing around the kitchen, it might be because they're hungry. Offer them something to eat.

If you can't determine what your loved one needs, try this two-step distraction technique:

- First, tune in to the environment, suggests Dr. Gholizadeh. Is it too hot? Cold? Noisy? If they're upset about something that doesn't make sense to you, such as insisting there are insects in their bed after a nap, remember this is their reality at that moment. Check to confirm whether there's any truth to what they're saying or if there's something else that might make them think that (like crumbs from a bedtime snack).

- Next, take action. Provide validation so the person feels heard. Tell them, "That would upset me, too!" And then you can attempt a redirection. For example, offer to change their sheets and suggest that the two of you do some other activity together in another room, advises Dr. Gholizadeh.

### Behavior #4: Wandering Out of the House

When older adults living with dementia wander from home, it can be extremely scary for them and their family. Sometimes, they do it impulsively: They see a doorknob and they're intrigued, so they turn it and see where it leads, says Dr. Ercoli. Other times, it's habitual. Perhaps your dad always left for work at 8 a.m., and even though he's been retired for decades, he believes it's time to head to the office. In other instances, the older adult is trying to make sense of their surroundings, and certain clues—a pocketbook and keys near the front door, for instance—falsely suggest that it's time to go outside.

**Try this:** Never lock someone in the house, especially if they will be home alone and might need to be rescued in case of an emergency. Instead, try camouflaging the front door. You could buy a tapestry to cover the door or even just hang a towel over the doorknob. Move purses, jackets, shoes, and anything else that telegraphs "it's time to leave" to a different area of the home, suggests Dr. Ercoli.

You can also install door alarm sensors that chime whenever someone opens a door, she adds. Many home security systems and electronic doorbells, like [Ring](#), offer this feature.

### Behavior #5: Socially Inappropriate Behaviors

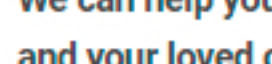
Dementia can impact areas of the brain responsible for social inhibition and impulse control, Dr. Gholizadeh says. This can manifest as socially inappropriate behaviors, like rude comments; impulsive behaviors, such as the person undressing in a public place if they feel warm; or sexually inappropriate behaviors. While this can be very upsetting for family members and family caregivers, it's vital to remember that these actions are tied to brain changes that are impairing the person's judgment. "Even though the behaviors may be embarrassing or upsetting for family members, identifying the triggers and using skills like redirection and distraction are important interventions," she explains.

**Try this:** Identifying triggers for the behavior as well as any unmet needs your loved one may have can provide useful insights, Dr. Gholizadeh says. For example, sexual behaviors may be more common when the caregiver is using terms of endearment when speaking to your loved one or doing certain personal care tasks, such as bathing them. A person with dementia may be putting those pieces of interaction together and thinking, "This must be my girlfriend," rather than recognizing that the person is providing care.

Because of the communication challenges that are common in people with dementia, it's important for you and everyone else providing care for your loved one to make sure your nonverbal cues are aligned with your verbal cues, Dr. Gholizadeh explains. For example, it can be confusing to your loved one if you tell them that a behavior is inappropriate, but laugh about it. You also need to be consistent about boundaries. If they do something socially inappropriate, use distraction and redirection, she advises. Bring up one of their favorite topics or suggest an activity they enjoy. A person-centered approach can help shift your loved one's focus, Dr. Gholizadeh says.

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