

Dementia is a condition of declining mental abilities and memory loss. It usually affects people older than 60 and it becomes more common as people get older. Dementia is not a normal part of aging, even with the very old. Many conditions and disorders can cause dementia. Although not all dementia runs in families, people with a family history of certain kinds of dementia are at greater risk of developing it.

As people get older, it is normal to have some memory problems, like misplacing keys or eyeglasses. But, the symptoms of dementia are different and more severe than everyday forgetfulness.

The most common type of dementia is Alzheimer's disease. About one-third of people 85 years old and older have Alzheimer's disease. Although there is no cure for dementia, there are some medications that may help. Researchers are working hard to find all the causes of dementia and new treatments.

Older people with dementia often act in ways that upset themselves and others. An older person with dementia can experience personality changes, become irritable easily, and/or suffer from anxiety. During the middle and late stages of the disease, delusions (false beliefs that cannot be reasoned with), delirium, agitation, hallucinations, aggression, and wandering may develop.

Changes in Behavior Related to Dementia

Agitation (Extreme emotional disturbance)

Agitation is the most common behavioral symptom for older people with dementia. As many as 80% to 90% of older people with dementia may be easily agitated.

It is important to look at the time when the agitated behavior started. Sometimes agitation can be due to the person's surroundings—too many people or too much noise, for example. Other times, agitation can be due to stress, such as death of a loved one or change to a different caregiver. Once the cause of agitation is determined, it should be avoided.

Delirium

Delirium is sometimes also called a "confusional state." People with delirium have a quick change (over a few hours or days) in their mental ability. They have trouble focusing their attention and are easily distracted. Delirium can also be a symptom of a medical illness such as pneumonia, bladder infection, or diabetes that is not controlled properly. Unlike dementia, delirium is a temporary condition, although it can last as long as a few months.

Delirium can make people mentally excited and restless, but it can also make some people quiet and drowsy. Their speech can be confused and they can have hallucinations. Often, people with delirium have disorganized thoughts and they make no sense while they talk. Some are worse at different times of the day. Unfortunately, delirium can be confused with depression or dementia.

Risk factors for developing delirium include:

- being very old
- having a history of alcohol abuse
- seeing or hearing problems
- medical illnesses
- severe anemia (low levels of red blood cells)
- being bedridden for a long time
- taking certain medications

It is important to recognize delirium because it may signal a new illness or serious health condition. Health care providers can use certain tools called "rating scales" to help determine if a person has delirium. The health care provider may also order lab tests to see if there is medical reason for delirium. Attention should be paid to the exact timing that the older person's mental functioning began to change. For example, was a medication changed or a new one added? Did a living situation change?

Catastrophic Reaction (major overreaction)

Sometimes, people with dementia have catastrophic reactions to things most people would consider a minor stress. In this case, the older person might become very angry. Some people shout, some might throw objects or hit other people. These aggressive behaviors can be triggered by frustration or confusion.

Other changes in behavior older people with dementia may exhibit:

- Lack of interest in things they once enjoyed

- Hoarding things
- Calling out or yelling
- Refusing to do things
- Withdrawing from others
- Being uncooperative
- Wandering

What Can Be Done?

In general, treatment for older people is based on finding out the cause and avoiding it, if possible. Family and caregivers should discuss possible solutions for reducing these behavioral symptoms with the older person's health care provider and health care staff at the nursing home/long-term care facility.

For example, if the older person is extremely agitated, providing a routine schedule is sometimes helpful. Having a "routine" with plenty of supervision can be calming, and prevent some behaviors, such as wandering. Trying to distract an agitated person can also help, such as having the person watch a television show.

Sometimes, older persons with behavior problems respond to a "reward," such as being given a favorite snack if they stop yelling, for example. Some people might need medicine to reduce certain problem behaviors, such as aggression.

What you can do to help the nursing home resident

- Talk to the nursing home staff about what you are seeing. Ask the nursing assistants and nurses about behaviors they are seeing. Let them know if your loved one expresses feelings of sadness, depression or worthlessness. Tell them about things that are useful in detecting and treating dementia.
- Contact your loved one's social worker for additional help. Every resident in a nursing home has a social worker assigned to him or her. Contact a clergy person or chaplain if that's appropriate for your loved one.
- Look around at the environment of the nursing home. Does it feel like home? Making the nursing home environment feel more like home can improve a resident's mood. Plants, pets and other touches may help make it feel like home. You may want to bring in items, such as family photos and personal bedding that your loved one will enjoy and make their room more homelike. Ask the staff about animals that live in or visit the facility. Make sure your loved one has an opportunity to interact with these animals or with visitors and volunteers in the facility. Ask the staff about the rules for bringing in your own pets to visit. Encourage children to visit with your loved one.
- Advocate for your loved one. Request that the facility conduct a care planning meet-

ing to address your loved one's behavior. Tell the staff that you would like to attend the meeting. Ask if all staff who care for your loved one will participate, for example, nursing assistants, activities staff, the social worker, and mental health providers. Including everyone involved in caring for your loved one is important to ensuring that a comprehensive care plan is developed and put into practice.

For additional information contact:

Alzheimer's Association

1 800 272-3900

www.alz.org

The National Long Term Care Ombudsman Resource Center

202-332-2275

www.ltcombudsman.org



The AGS Foundation for Health in Aging

The Foundation for Health in Aging (FHA) builds a bridge between the research and practice of geriatrics health care professionals and the public. FHA advocates on behalf of older adults and their special needs through public education, clinical research, and public policy.

The Empire State Building
350 Fifth Avenue, Suite 801
New York, New York 10118

212-755-6810

FAX 212-832-8646

e-mail: staff@healthinaging.org

www.healthinaging.org



The American Geriatrics Society

The American Geriatrics Society (AGS) is dedicated to improving the health and well-being of older adults. With a membership of over 6,000 health care professionals, the AGS has a long history of improving health care for older adults.

Understanding Behavior Disorders Related to *Dementia*

A Guide to Helping Nursing Home Residents with Dementia

