

Behaviors of Patients with Dementia

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Last month I wrote about communicating with patients with dementia. Let me follow that up with a discussion of some of the difficult behaviors that we often see from those patients along with some suggestions of how to deal with them.

One common problem is what we refer to as “sundowning”. That is, patients often become more confused and difficult to manage in the late afternoon and early evening hours. We aren’t clear about the reason for this although theories range from the effects of simple fatigue to the change in light quality as the sun sets. This is not unique and does not necessarily represent a sudden worsening of the disease. It helps to recognize that this occurs so that you can plan for it, perhaps by having a relative or friend around to help, perhaps by distracting the patient with calm, relaxing activities including quiet conversation, or perhaps by playing quiet music on the radio. Make sure that you turn on lights well before sunset in an effort to eliminate the transition from daylight. It may also be helpful to have dinner prepared earlier so that when the patient gets agitated and needs your calming influence, you’re not distracted by meal preparation. Or, perhaps giving the patient a chore in dinner preparation makes some sense. Could he tear up lettuce for the salad? Could he fold some towels in the kitchen while you’re making dinner?

It’s also common for patients with significant dementia to confuse day and nighttime, and that can be a serious problem if the caregiver can’t get a good night’s sleep. Caregiver fatigue is a major factor in the need for institutional placement. Obviously, if there’s a paid caregiver at night, this problem is typically minimized but often there isn’t such a person. Regardless of whether the patient attends a day program or spends the day with a paid caregiver, a significant goal should be to keep him active and awake during the day so that his body is ready for sleep in the evening even if he doesn’t understand the difference between day and night. It may be necessary and appropriate to use medications as an assist at least for a short period of time and this is an issue to raise with the physician.

Families often complain about difficulties with dressing dementia patients, feeling that clothing preferences are weird or just inappropriate because there are too many layers of clothing or because the selections are wrong for the season. As a solution, the first thing to do is to put away clothing that should not be worn. Next, it often helps to select two choices of outfits and lay those out for the patient to select. Either .. or choices are much better than a wide open question about what the patient feels like wearing. And lastly, be aware that it really doesn’t matter how ill matched you find an outfit. If that’s what the patient wants to wear, it generally doesn’t merit an argument. Pick your battles more selectively!

Frequently, families are overwhelmed and intimidated by swearing or nasty yelling. An important rule is not to yell or get angry back, but rather to maintain an appearance of calm regardless of what you're really feeling. Getting aggressive in return will quite likely escalate the problem. Try not to touch the patient when he's really upset because he may misinterpret your touch as threatening; give the patient space to work off his anger as long as you are safe and he is in a safe environment where he'll not be hurt. See if you can figure out whether certain activities typically provoke anger and then figure out a different way to accomplish necessary outcomes. And, don't ask the patient later to control such outbursts because he truly cannot.

It's a lot easier for me to write about how to act than it is for the worn out, frustrated caregiver to implement these ideas. But they just might make life easier and are worth trying.