

REACTIVE BEHAVIOUR

Reactive behaviours can be divided into two types: reactive physical behaviour (resisting care, throwing objects, damaging property, scratching, pinching, pushing, kicking, and hitting) and reactive verbal behaviour (yelling, screaming, abusive language, and swearing).

Reactive or hostile behaviour may happen at any stage of Alzheimer's disease and related dementias, but it typically occurs during the middle to late stages of the illness. With Frontotemporal dementia (Pick's disease), personality changes, including reactive behaviour, can happen early in the illness.

What causes reactive behaviour?

Acting out in hostile and reactive ways is often an extreme way of expressing feelings of resentment, anger, discomfort, or frustration. As the communication skills of the person decrease, they may see physical behaviours such as kicking or hitting as the only way to express how they are feeling.

The person may be reacting to physical symptoms, such as pain, constipation, fever, hunger, thirst, fatigue, or a need to use the toilet. They may be feeling anxious, frightened, frustrated, or depressed. They may be reacting to their environment, which may be too noisy, too crowded, or too busy with activity. The person might be sensing high levels of stress from the people around them.

As the disease progresses and memory becomes more comprised, aggression may occur when the person feels lost, threatened, does not recognize the people around them, or is frightened by their surroundings.

Brain damage to the part of the brain that regulates judgement and the control of behaviour may lead the person to become uninhibited. This is not something they can control and often the person is not aware that their behaviour might be considered inappropriate.

By understanding what causes certain behaviours and learning some ways to deal with them, you can reduce their frequency and intensity. If you notice the early signs of agitation and make appropriate changes to the person's environment, you may be able to avoid the reactive behaviour or reduce its intensity.

Preventative measures

Prevention is the ideal approach to reducing reactive behaviours. Keep in mind that preventative measures may not always work; do not blame yourself if the person remains reactive. Think back to times when the person has become reactive and what events have led to their outbursts. Can you identify any common triggers? These could give you a clue as to what is troubling them.

Watch for warning signs. Be aware of whether the person appears frustrated, anxious, or frightened. Eliminate possible causes of stress.

Plan ahead. Schedule outings and activities for when the person is rested. Allow for quiet rest periods throughout the day.

Lessen demands. Keep the person's routine as simple as possible. Do not assign too many tasks. Try not to rush them.

Limit choices. Too many options can be overwhelming. Keep it simple.

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Monitor the environment. Be aware of how the environment may be affecting the person. They might feel anxious or threatened if the surroundings are too loud, crowded, or unfamiliar. Try to keep to places that are familiar and predictable.

Personal space. Being forced to accept help with intimate functions such as washing and using the toilet can be stressful. Give the person as much space, privacy, and dignity as possible.

Tone of voice. As the person's language skills diminish, they will increasingly rely on *how* you say things rather than *what* you actually say. Maintain a calm and even tone of voice.

Take it step by step. Explain things in simple sentences, breaking tasks

down into easy, manageable steps. Offer help in a tactful way.

Focus on the positive. Recognize achievements during any activity and do not criticize or continually point out errors.

Avoid confrontation. Distract the person's attention by suggesting an alternative activity.

Well-being. Make sure the person gets enough exercise and sleep, has had enough to eat and drink, and is comfortable. Limit distractions and avoid crowding the person.

Consult a physician. Have physical problems and medication side-effects ruled out. Have vision and hearing checked.

Dealing with reactive behaviours

Don't take it personally. The person with dementia does not mean to be reactive. Don't argue or try to reason with them. Try to remain calm and use a soothing tone of voice. If necessary (and possible) walk away while you gain your composure and then return in a calmer state. Try not to show that you feel anxious or angry as this could cause the person to become more agitated.

Focus on feelings. Try to look past the person's behaviour and consider what they might be feeling.

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Distract. Offer an activity or a treat. Try using music or a gentle massage to calm the person.

Protect the person. Remove any sharp objects. Move the person away from stairs, fireplaces, and working ovens.

Remove the trigger. Whenever possible, try to gently guide the person away from the source of what is upsetting them.

Comfort. Offer a hug or to hold hands if this seems comforting for the person.

Know when to walk away. If the person becomes physically violent, give them plenty of space. Do not try to restrain them unless it is vitally necessary. You may need to leave the scene to prevent injury.

Call for help. Call neighbours, family members, or friends if things are getting out of control. Call police as a last resort. Have an emergency plan.

Let it go. Do not try to remind the person about an event after it has passed. They will most likely not remember and it was beyond their control. Forgive yourself if you did not respond the way that you would have liked to.

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