

Treating behavioural and psychological symptoms of dementia

Around 90 per cent of people with [dementia](#) experience [aggression](#), agitation and psychosis (delusions and [hallucinations](#)). These symptoms are known as the behavioural and psychological symptoms of [dementia](#) and can be very distressing for the person with [dementia](#), their family and carers.



What causes behavioural and psychological symptoms of dementia?

These [symptoms](#) can develop as part of the [dementia](#), or they may be caused by a general health problem, for example, if the person is in pain or discomfort due to hunger, thirst or an infection. Symptoms can also be caused by problems related to the care the person is receiving, or their environment or social interactions. It is therefore very important to treat general health problems and pain and monitor changes in the person's living environment.

It is important to remember that the symptoms are linked to changes in the chemicals in the brain and that the person is not 'behaving badly' or to blame for their symptoms.

How can they be prevented?

Behavioural and psychological symptoms of dementia can often be prevented through good [person-centred care](#).

- [Download our leaflet on treating and caring for people experiencing challenging behaviour, and how to reduce the use of antipsychotic drugs](#)

How should they be treated?

Simple approaches can be very effective in managing behavioural and psychological symptoms. Most symptoms improve within four weeks without the need for medication.

The first step is to ensure the person has an assessment of their symptoms and a health check to pick up any general health problems. The person's doctor may try a number of approaches depending on the severity of the symptoms.

- For mild to moderate symptoms: Use person-centred care to develop soothing, creative and engaging activities and ideas for one-on-one time with the person. Review the person's care and environment and ensure their care plan is being followed.
- For severe symptoms: More specific personalised activities based on the person's interests. Just ten minutes of social interaction per day can improve symptoms.

If these approaches have not been successful the doctor may prescribe an antipsychotic drug for up to 12 weeks.

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Antipsychotic drugs

It is very common for people with [dementia](#) to experience behavioural and psychological symptoms such as [aggression](#) and [agitation](#). There are a number of simple [treatment](#) and therapy options that can dramatically improve these [symptoms](#) without the need for medication. This is called person-centred care.

In some cases medication can help and people may be prescribed antipsychotic drugs. While antipsychotic drugs do help some people, they can cause side-effects, particularly when used over a long period of time. In about half of people with [dementia](#) these drugs do not work.



Two thirds of prescriptions for antipsychotics are unnecessary or inappropriate. Alzheimer's Society is working with people with [dementia](#), [carers](#) and [health and social care professionals](#) to help reduce the use of these drugs.

What are antipsychotics?

Antipsychotic drugs are a group of medications that are usually used to treat people with mental health conditions such as schizophrenia.

Only one antipsychotic - risperidone - is licensed for use in people with [dementia](#). Other commonly used antipsychotics include aripiprazole, olanzapine, quetiapine and haloperidol.

What are the risks?

Antipsychotic drugs help around half of the people with [dementia](#) who take them and can be an important part of their treatment. However, they can also cause side-effects especially when used for longer than 12 weeks. Side effects include sedation, shakiness and unsteadiness, falls, blood clots, stroke and worsening of dementia symptoms. Antipsychotics have also been linked to higher mortality in people with [dementia](#) in care homes.

Side-effects can usually be managed through careful monitoring during short term use (up to 12 weeks). Over longer periods of time the risk to the person becomes higher. This is why all prescriptions should be reviewed and stopped after 12 weeks except in extreme circumstances.

What are the alternatives?

Behavioural and psychological symptoms can often be managed without medication through person-centred care. This involves tailoring the person's care to their interests, abilities, history and personality to make sure they are comfortable and engaged. It is important to give them the chance to take part in one-to-one conversation and [activities](#) that interest them.

[Symptoms](#) can also occur due to unmet needs. It's important for the person's doctor to check for pain, dehydration and any underlying health issues requiring medical treatment, for example, an infection. There may also be triggers in the person's environment that are causing the symptoms. Family and carers should always be involved in decisions about a person's treatment as their knowledge of the person can be very valuable.

Except in extreme circumstances antipsychotics should only be used after these options have been tried.

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Related Factsheets

- [Dementia: drugs used to relieve depression and behavioural symptoms](#)
- [Care on a hospital ward](#)
- [Dealing with aggressive behaviour](#)
- [Unusual behaviour](#)
- [Communicating](#)
- [Selecting a care home](#)

Person-centred care

[Person-centred care](#) involves tailoring a person's care to their interests, abilities, history and personality. This helps them to take part in the things they enjoy and can be an effective way of preventing and managing behavioural and psychological symptoms of dementia.

The key points of person-centred care are:

- treating the person with [dignity and respect](#)
- understanding their history, lifestyle, culture and preferences, including their likes, dislikes, hobbies and interests
- looking at situations from the point of view of the person with dementia
- providing opportunities for the person to have conversations and relationships with other people
- ensuring the person has the chance to try new things or [take part in activities](#) they enjoy.



Family, [carers](#) and the person with [dementia](#) (where possible) should always be involved in developing a care plan based on person-centred care. Their knowledge and understanding of the person is extremely valuable to make sure the care plan is right for them.

Questions to ask about antipsychotics

If you are worried about the use of antipsychotics, there are things you can do. Always remember that you have a right to ask questions and find out more. Where possible and appropriate, [people with dementia](#), their families and [carers](#) should be involved in decisions about any medical treatment.

Questions about general treatment and care

Good person-centred care is important for preventing behavioural and psychological symptoms of dementia. Key questions to ask the doctor are:

- Has the person had a medical review recently?
- Does the person have a care plan? Is it tailored to their wishes and needs?
- What signs should I be looking out for to help stop their symptoms getting worse?



Questions to ask if behavioural and psychological symptoms start

- Are there any general health problems that might be causing these symptoms? What about pain?
- Have you looked at the environment and care the person is receiving? Have there been any changes in these recently?
- Can we try some non-drug approaches?
- What information do you need from me, as a carer, to help design a care plan based around the person as an individual?

Questions to ask about non-drug approaches

- What non-drug approaches have been tried?
- Does the person have a care plan based on person-centred care?
- Can I see a copy of the care plan?
- Can I add to the care plan?
- How is the care plan used?
- Can we use the '[This is me](#)' leaflet to record the person's needs, likes and dislikes?

Questions to ask about antipsychotic drugs

- Is it in the person's best interests to have these drugs?
- What is the drug being used for?
- Are the drugs the right way to treat this problem?
- Did you follow the NICE guidelines to decide that these drugs should be used?
- Have you seen the Alzheimer's Society Best practice guide for health and social care professionals for managing the behavioural and psychological behaviours of dementia?
- What non-drug treatments have been tried first?
- What are the benefits, side-effects and risks of the treatment?
- How long has the person already been on the drug?
- When will the treatment be reviewed?
- What monitoring procedures are in place?
- Who has been involved in the decision to prescribe these drugs?
- Can we have a meeting to talk about whether this is the right treatment?

Resources and Support

We recommend you discuss treatment with the person's doctor and care home staff (if appropriate). For support and more general advice you can also call the [Alzheimer's Society National Dementia Helpline](https://www.alzheimersociety.org.uk/about-us/contact-us) on 0845 300 0336

Alzheimer's Society National Dementia Helpline

England, Wales and Northern Ireland: 0300 222 11 22

9.00am-5.00pm Monday-Friday

10.00am-4.00pm Saturday-Sunday

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