As a person’s dementia progresses, they may begin to behave in ways that other people find difficult to understand. This can be one of the most difficult aspects of living with dementia, both for the person with the condition and those around them. These behaviours usually happen when the person is feeling confused or distressed and trying to make sense of what is happening, or when they are trying to communicate that they need something. Looking at the causes of the behaviour and identifying the person’s needs can help to reduce them or make them easier to manage.

If you’re caring for or supporting a person with dementia, this factsheet is for you. It tells you about some behaviours a person might develop. It explains some of the common causes for these and looks at how you can support the person and manage the situations caused by these behaviours. It does not include information on walking about, or behaviour that is verbally or physically aggressive. For information on these behaviours see factsheets 501, Walking about and 509, Aggressive behaviour.
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Changes in behaviour

As a person’s dementia progresses they may start to show changes in their behaviour. This can be very distressing for you and for them. When you’re finding things difficult, don’t forget to look after yourself too. For more information see factsheet 523, Carers – looking after yourself.

What causes changes in behaviour?

When a person with dementia starts to behave in ways that seem out of character, some people wrongly assume this is just another symptom of the condition. It’s important to see beyond the behaviour itself and think about what may be causing it. There may be specific reasons why the person with dementia is behaving differently, such as:

- difficulties relating to dementia (such as memory loss, language or orientation problems)
- their mental and physical health
- whether they’re interacting with other people and the environment around them and how they are doing this. For example, if the room is too dark the person may become confused and distressed because they can’t work out where they are
- a sense of being out of control, frustration with the way others are behaving, or a feeling that they’re not being listened to or understood.

Dementia can have an impact on a person’s personality and habits, which may lead to changes in behaviour. Knowing the person – how they react to and deal with things, their preferences, routines and history – can help when it comes to supporting them. For example, if the person has always been stubborn or anxious, they may be even more so now they have dementia.
Communicating unmet needs

We all have the same basic needs – a mix of physical, psychological and social factors. People with dementia may be less able to recognise their needs, know how to meet them, or communicate them. Changes in their behaviour may be:

- caused by them having needs that aren’t being met
- their attempt to meet a need (for example – they may remove clothing because they are too hot)
- their attempt to communicate a need to others (for example – they may shout out because they need the toilet).

Because of their dementia they may also find it more difficult to tell you what they need using words. Their behaviour may be the best way for them to communicate what they want. See below for examples of how the different types of needs may affect someone’s behaviour.

You may have heard these talked about as ‘challenging behaviours’. This factsheet uses the term ‘behaviours that challenge’ to emphasise that the person is not deliberately being ‘difficult’, and the behaviour can be just as challenging for them as for those supporting them.

Physical needs

- The person may be in pain or discomfort – they may be constipated or thirsty, or in pain from an infection such as a urinary tract infection (UTI) or from being in one position for too long.

- Too many medications or the side effects of medication may lead to a person becoming drowsy and confused. This can make it harder for the person to meet their needs or communicate them.

- The environment may not be supporting the person. For example, it could be too hot or too noisy, or there might not be enough for the person to do.

- Other conditions (such as sight or hearing loss) might mean the person misunderstands or misperceives things in their environment (mistaking something they see, hear, smell or touch for something else).
Changes in behaviour

The person may be having delusions (strongly believing things that aren’t true) or hallucinations (seeing things that aren’t really there). These can be confusing and frightening and may affect how the person reacts to a situation.

Psychological needs

The person may be frustrated by their situation and not being able to do the things they used to. They may be frustrated if other people assume they can’t do things for themselves and take over or leave them out of decisions.

The person may be depressed or have other mental health problems.

They may feel threatened by an environment that doesn’t seem right or familiar. They may think they are in the wrong place.

They may not be able to understand and work out the world around them. Their sense of reality may be different to those around them. For example, they may believe they have to go to work even though they’re no longer working.

The person may not understand the intentions of those caring for them. For example, they may see personal care as threatening or an invasion of their personal space. It can be especially confusing and frightening if the person doesn’t understand what is happening.

Social needs

The person may be feeling lonely or isolated. They might not spend much time with others or they may not feel included.

They may be bored and not have much to stimulate them or their senses (sight, hearing, touch, smell and taste).

If the person has different people coming into their home, such as care workers or neighbours, they may all have their own approaches and routines. This can be confusing.

The person may be trying to ‘hide’ their condition from others or may not be aware of the difficulties they’re having.
When a person with dementia starts to behave in ways that seem out of character, some people wrongly assume this is just another symptom of the condition. It’s important to see beyond the behaviour itself and think about what may be causing it.

Think of the person’s point of view
People with dementia sometimes struggle to understand what’s going on around them, and this can be confusing and frightening. You might not understand their behaviour, and this can be frustrating for you – but the behaviour will have meaning for the person with dementia. It is likely to be their attempt to stop feeling confused or distressed and to feel well again. Always try to see things from the person’s perspective.

Reducing and managing behaviour that challenges
Many carers find that they’re able to manage situations where the person’s behaviour changes, and that the behaviours stop over time. However, there may be times when you need support from professionals.

Sudden changes in behaviour are often caused by physical health problems – especially when the person seems to be more agitated, confused or distressed.

As a first step it’s always a good idea to visit the person’s GP to rule out any physical problems (such as an infection, pain or constipation). Ask the doctor to review all of the person’s medication, including any medication they’ve bought over the counter. (See ‘Physical needs’ on page 4 for more on how this can affect a person’s behaviour).

Mental health problems such as depression may also contribute to changes in behaviour. These can often be managed with medication and non-drug strategies. If the GP has checked for any health problems and the person continues to behave in ways that challenge, they may refer the person to a specialist.
Ways to reduce behaviour that challenges
There are things that you and the person with dementia can do to help them to meet their needs and reduce behaviours that challenge. For example:

- helping them stay in touch with other people
- encouraging them to do things they enjoy or find useful
- making changes to their environment if necessary. For example, reducing noise and improving the lighting
- keeping familiar, comforting or personal items close to them, such as a favourite jumper or keepsake
- keeping their sleeping environment comfortable – for example, making sure it isn’t too hot or cold
- being aware of their beliefs and thoughts and trying not to argue with them. For example, if they believe they need to go and collect their children from school, don’t tell them they’re wrong. Instead ask them to tell you more about their children.

Ways to support a person to meet their needs
When someone’s behaviour changes in a way that causes difficulties for them or you, there are a number of ways to support them. Many of these don’t involve drugs and should be considered first, including:

- supporting them to take part in activities they enjoy or find useful (for example making music or exercising).
- spending time with them – having a cup of tea and a chat with them, or doing something together
- helping them to have a daily routine
- psychological therapies with professionals, such as cognitive stimulation therapy or reminiscence therapy
- adapting the environment if this is affecting the person (for example if it’s too hot, cold, loud or bright).
Knowing the person – how they react to and deal with things, their preferences, routines and history – can help when it comes to supporting them. For example, if the person has always been stubborn or anxious, they may be even more so now they have dementia.

Some people find other non-drug therapies helpful. Many of these are activities to engage their senses. These may include aromatherapy and massage, light therapy, art (such as colouring or crafts), therapy with animals such as dogs, or doll therapy. However, there isn’t enough evidence at the moment to know for sure that these therapies work. (Some people find them helpful, but there is a need for more evidence.)

Antipsychotic drugs often used to be prescribed for people with behaviour that challenges. However, while they can help in some situations, they often don’t help with what’s causing the behaviour. They may also add to the person’s confusion.

Antipsychotic drugs should only be prescribed by a doctor as a last resort when absolutely necessary if other treatments have been tried and didn’t work. Medical guidelines state they should only be used in the first instance if there is evidence of delusions (believing something that isn’t true) or hallucinations (seeing or hearing something that is not really there) and the person is severely distressed, or if there is a risk of harm to them or those around them. If antipsychotics are used, the doctor should monitor how they’re affecting the person and regularly review whether they should continue taking them. If possible they should be stopped after 12 weeks. For more information see factsheet 408, Drugs for behavioural and psychological symptoms in dementia.
Steps for managing behaviour that challenges
It may be helpful to manage behaviours in steps. A professional (such as a dementia specialist nurse or dementia support worker) can help you follow the steps below.

1 Identify the problem:
■ Is it the behaviour of the person with dementia that is causing the problem?
■ Is it the reaction or attitudes of other people?
■ Is it the person’s living situation?
■ What are the other factors? For example:
  — Is the person in pain?
  — Are they getting enough stimulation?
  — Is their environment somewhere they are comfortable and stimulated?

2 Look at the situation:
■ When and where does the problem happen?
■ Does the person always act in the same way in the same place?
■ Does it always happen with the same person or in similar circumstances?
■ Who are the other people involved? For example they may be visitors, a family member, or a friend.
■ Look for patterns in the behaviour. It may be helpful to make a diary of when the behaviour occurs, noting down everything that was going on at that time that could have triggered the behaviour.
3 Look at how the person is feeling when they behave this way:
Is the person with dementia:

- unwell, in pain or uncomfortable?
- tired, getting too much stimulation, scared, anxious or frustrated?
- embarrassed, ignored, misunderstood, feeling patronised?
- depressed or having delusions or hallucinations?
- bored, under-stimulated, lacking in social contact?
- in an environment that makes them feel uncomfortable – for example, is it too hot or cold?

4 Identify anything the person could be reacting to:
Use what you know about the person to think about whether they could be reacting to:

- something unpleasant happening
- something they dislike or are scared of
- change
- a memory
- being provoked, or a conflict with someone’s personality.

5 Develop a strategy to offer support:
Talk to the person with dementia and other people they spend time with to come up with a plan. Start to make some changes and see whether or not they have made a difference to the person’s behaviour. You may need to try different things and find what works. Look at making different changes, such as changing the way you talk to them when you’re providing personal care or helping them do something. Also consider making changes to the environment. Focus on what is in the best interests of the person with dementia, and what particularly helps to support them.
Managing behaviour that challenges – general tips
Here are some things you can try to support the person. In the ‘Types of behaviour’ section on page 13 you’ll find more tips on managing specific behaviours.

- Ask the person’s GP to check for any physical causes and treatments.
- Try to remember that the person is not behaving this way on purpose. Try not to take it personally. Their sense of reality may be very different from yours and they are responding to their own needs.
- Think about what you know about the person and their life. For example, if you know someone used to work night shifts, it might explain why they want to stay awake or go out at night.
- Think about how the person has coped with situations in the past. This may affect how they deal with things now. For example, a person who has always been anxious may become more anxious about things now they have dementia.
- Even though a person with dementia may have problems with their memory, they still feel and respond to emotions. Think about how they are feeling, what they are trying to express, and how you can support them emotionally. It may help to respond directly to how the person is feeling (for example by saying ‘I can see that this is difficult for you’.)
- People with dementia are likely to respond to your behaviour and communication, so if you’re frustrated or angry it may make things worse. Offer the person gentle reassurance, or try stepping away from the situation. Look at their body language and try to understand what they might be feeling at that time. Give yourself and them space to calm down.
- Consider whether the behaviour is really a problem. If it is disrupting a particular activity such as washing or dressing, ask yourself if this task really needs to be done right now or if you could come back to it later. Sometimes it’s best to leave the person to do what they want (if the environment is safe).
- The person should have their eyesight and hearing tested, and wear glasses and a hearing aid that are clean and working properly, if they need them.

- Support the person to be independent and do as much as they can for themselves. The behaviour may be the person’s response to the feeling that they are not able to contribute or are not valued by others.

- If you think the person is bored, support them to find things to do that are engaging and mean something to them. Try to include these as much as possible day to day.

- Try to adapt to the situation as it is. Trying to get things back to the way they were before, or expecting too much of the person, can cause more problems.

- If you are exhausted by the person’s behaviour, ask friends or family members to spend some time with them so that you can have a break. You may want to find out about other ways to get a break including local day centres, clubs or respite care. For more information see factsheet 462, Replacement care (respite care) in England, W462, Respite care in Wales (W462) or NI462, Respite care in Northern Ireland.

- Find someone to talk to about the situation and how you are feeling. This might be a dementia support worker, friend or family member.

- If the person continues to behave in ways that are difficult to understand, talk to your GP.
Types of behaviour
Some common types of behaviour in people with dementia include:

- agitation including restlessness
- repetitive behaviour
- shouting and screaming
- sleep disturbance and night-time waking
- sundowning
- hiding, hoarding and losing things
- accusing
- trailing, following and checking
- losing inhibitions.

You can read more about each of these in the next few pages, and find some tips that may help. When you’re trying out these tips, always try to find what works best for the person.

For information on walking about see factsheet 501, Walking about. For information on aggressive behaviour see factsheet 509, Aggressive behaviour.

A person may behave in more than one of these ways. For example, they may be restless during the day and have sleep disturbance at night.
Agitation including restlessness
Agitation is one of the most common behaviours that other people find difficult to understand. A person who is agitated may be restless and fidget or walk up and down, for example. Agitation and restlessness might be caused by:

- pain or discomfort (for example pain caused by arthritis or problems with their teeth)
- a medical reason (for example depression, constipation or the side effects of medication)
- a basic need (for example hunger, thirst or needing the toilet)
- a feeling (for example anxiety or boredom)
- communication problems
- the environment – it may be too hot or cold, or too noisy. Or there may be too much, or not enough, for the person to do.

Agitation can be difficult because it can take many forms and be very tiring. However, there are some things that may help.

Agitation – tips

- Try to make sure the person has plenty to eat and drink and that there is nothing in their environment making them feel uneasy, such as shadows caused by the lighting.
- Having a daily routine may help. However, if the person is in the middle to later stages of their dementia and hasn’t had a routine before this may not be helpful.
- Engage the person in activities and hobbies they enjoy or find useful, especially if they involve moving around, such as housework or gardening.
- Encourage the person to be physically active. They could go for a walk each day, or if they have problems moving they could try sitting exercises. Speak to your GP to get guidance on these.
- Consider whether the person is having continence problems. Do they need to use the toilet or have any pads changed?
If the person fidgets a lot, try to give them something to occupy their hands, such as a soft toy or worry beads, or a fiddle product or ‘rummage box’ (a box containing interesting objects). They may also enjoy hands-on tasks such as folding clothes or dusting.

Some people find that therapies such as aromatherapy, touch, animal-assisted therapy and music therapy can help reduce agitation.

**Repetitive behaviour**

People with dementia often carry out the same activity, make the same gesture, say the same thing, make the same noise or ask the same question over and over. This may be because they feel anxious and frightened, and want comfort, security and reassurance. The person may be struggling to make sense of what’s going on around them because of memory problems, confusion, disorientation or boredom, so they may be trying to make sense of their situation by asking about and exploring it. Repetition may also be a result of memory loss, and the person not being able to remember what they have done or said, or the answer they received to a question.

Often if someone is repeating the same question, they need reassurance rather than information. For example, if they keep asking what day it is they may need reassuring they haven’t forgotten something rather than needing to know that it’s Monday.

Repetition can be exhausting and frustrating, especially if you haven’t been able to take a break. Try to remember that the person isn’t being difficult on purpose. It can also be frustrating for people with dementia, especially if their questions are unanswered and they are left feeling anxious and insecure.
Repetitive behaviour – tips

- If the person is repeating questions, try to be patient and sensitive towards them. They may not know that they have repeated themselves and may notice if you seem impatient, which might distress them.

- Find out why the person is asking repetitive questions – are they in pain or lost, or do they need the toilet? Is there a common theme to their questions?

- It may be helpful to encourage the person to find the answer for themselves. For example, if the person keeps asking the time, consider buying a clock that is easy to read, and keep it where they can see it.

- Some carers find that it helps to write down basic facts (such as what day or date it is) on a notepad or whiteboard. You can then suggest the person looks at the note. However, consider whether this really meets the person’s needs.

Shouting and screaming

The person may scream, shout or moan or use abusive language, occasionally or over and over again. This can be very distressing for you and the person with dementia, and can negatively affect how you’re feeling around each other.

There are many possible reasons for why a person with dementia is shouting or screaming. For example:

- they’re in pain or discomfort
- they’re attempting to communicate a need – for example, that they’re hungry or thirsty
- they’re feeling anxious, lonely or bored
- they don’t have enough to keep them engaged, or there’s too much going on
- they’re responding to a hallucination or misperception
- they’re finding it difficult to communicate
- the room or place they’re in may be uncomfortable for them, for example, too hot or cold, too dark or too noisy.
For specific advice on managing situations where the person is behaving aggressively see factsheet 509, *Aggressive behaviour*.

**Shouting and screaming – tips**

- Don’t ignore or talk over the person. Involve them in what is happening and explain what is going on.
- The behaviour may be a response to them not understanding your intentions. For example, if you’re helping them get dressed or undressed they may not understand why. Providing clear directions about what you’re doing and giving the person time can help.
- Try to make sure the person spends time with others and has things to engage their senses (such as smells that prompt memories or objects they can play with). Think about whether the environment could be causing the person distress or not meeting their needs. For example they may not be able to find the toilet, or bad lighting may be causing shadows, which can be confusing.

**Sleep disturbance and waking up at night**

Sleep disturbances are common for people with dementia, and often lead to carers also having problems sleeping.

A person with dementia may keep getting up during the night and may become disorientated when they wake up. They may get dressed or try to leave the house. This might make the person tired during the day and they may sleep for long periods, which might be very stressful for you. The person may have problems during the night but not realise they’ve had them.

Dementia can affect a person’s sleep patterns. This is separate and different from normal sleep difficulties that come with getting older. It can cause problems with the sleep-wake cycle and also interfere with the person’s ‘body clock’. Disturbed sleep can have a negative impact on a person’s wellbeing (and those living with them). The tips on the next page may help.
Sleep disturbance – tips

■ Make sure the person has plenty of daylight and things to do during the day.

■ Think about improving the sleeping environment. Make sure the room is a comfortable temperature with the right amount of light. If it’s too light, consider blackout blinds.

■ Avoid drinks containing caffeine (such as tea, coffee and cola) after 2pm.

■ Avoid alcohol in the evening.

■ Consider a clock next to the bed that shows whether it’s day or night.

■ If the person likes to have something to cuddle, consider a soft toy.

■ Going for a walk, having a warm milky drink, or having a bath or shower before bed may help the person relax.

■ Gentle exercise may help someone to sleep – but they should try to avoid exercise too close to bedtime.

■ Make sure the person’s home is safe – leave a light on in the hall and toilet; consider a nightlight in the bedroom and remove any trip hazards (for example loose rugs or furniture in the way).

■ If the person wakes up at night, try gently reminding them that it’s night-time.

■ Having a low mood can contribute to poor sleep. If you think the person may be depressed see the GP.
Sundowning

Sometimes a person with dementia will behave in ways that are difficult to understand more often in the late afternoon or early evening. For example, people may become more agitated, aggressive or confused. This is often referred to as ‘sundowning’. This pattern may continue for several months and often happens in the middle and later stages of dementia.

Sundowning may be caused by:

- disturbance to the 24-hour ‘body clock’ that tells our bodies when to sleep, caused by the physical changes to the brain
- loss of routine at a previously busy time of day
- too little or disturbed sleep
- too little or too much light
- prescribed medication wearing off
- medications that worsen confusion and agitation
- lots of noise
- other conditions such as sight or hearing loss.

Sometimes you might think of the person’s behaviour as ‘sundowning’ and not realise that they’re actually trying to meet a need. For example, the person may be trying to communicate rather than behaving a certain way just because it’s late afternoon. Always consider what other reasons there may be for a person’s behaviour.
Sundowning – tips

- Try to support the person to do things they find relaxing and enjoyable at this time of day.

- Think about what’s happened during the day. Could the person be trying to communicate a need, such as needing the toilet, feeling hungry or being in pain?

- It might help for the person to avoid daytime naps, although some people find a rest after lunch helps if they get tired during the day.

- Natural daylight can help the person – try to support them to get as much as possible by getting outside, and by making sure curtains are open and other objects aren’t covering windows.

- Think about the physical environment – is the lighting appropriate? If it’s too dark the person is likely to struggle to see things and if it’s too bright or noisy it may be making them feel more agitated.

- To help the person sleep better at night, see ‘Sleep disturbance – tips’ on page 18.
Hiding, hoarding and losing things
A person with dementia may hide things, store them for a long time, or lose them. This can be very frustrating if you have to spend time finding things or trying to find out from the person where they are. It can be frustrating and distressing for the person as well, as they may think someone is taking things from them. Hiding and hoarding may be an attempt by the person to have some control of their situation. The person may also feel paranoid or have delusions and believe their things will get stolen, so they may try to hide or protect them.

A person with behavioural variant frontotemporal dementia (FTD) may be more likely to hoard. For more information see factsheet 404, What is frontotemporal dementia (FTD)?

Losing things may be the result of the person forgetting where they have put them, especially if they have already put them in an unusual place.

Hiding, hoarding and losing things – tips
- Consider a hoarding box or drawer where the person can put objects they want to keep safe.
- Try to work out where the person seems to hide things, then show the person you’re helping them to find them.
- If the person becomes anxious about lost items, try to reassure them and help them feel better.
- Don’t leave important documents or items lying around.
- Keep a spare set of things that are often lost, such as keys or glasses.
- Consider assistive technology (such as a locator device) to help people find objects. For more information on assistive technology see factsheet 437, Using technology to help with everyday life.
- If the person hides food or other perishable things, check their ‘hiding places’ regularly, and throw out things that have gone bad.
Accusing
A person with dementia may make accusations against people around them, including their family, friends and carers. The most common accusations are that others are trying to steal from them or harm them. They may also accuse their partner of being unfaithful, or of being an impostor. Being falsely accused can obviously be distressing. Often the person’s accusations are based on a delusion or hallucination. For more information see factsheet 527, *Sight, perception and hallucinations in dementia*.

Accusing – tips
- Try not to take it personally when the person falsely accuses you.
- Consider that a person may have confused the past and present, so accusations may be based on things that have happened in the past.
- Don’t try to argue with or correct the person. What they think has happened feels real to them. Acknowledge their feelings and offer them reassurance.
- Try to find the reason behind the accusation. If, for example, a person is accusing someone of stealing something, is it because that person has forgotten where they put it?
- If the person is accusing someone else of something, don’t automatically assume it is untrue. If it’s possible, look into whether it’s true or not.

Trailing, following and checking
A person with dementia may follow their carer around, check that they are nearby, or keep calling out or asking for people. They might ask to go home when they’re already there. This can be frustrating, tiring and upsetting for you and the person.

Living with dementia can make people feel insecure and anxious. They may feel a constant need to be reassured, because the world around them no longer makes sense. This is why they may follow you around and look for reassurance that they are not alone. They may also have forgotten where you are and follow you to check you’re still there.
Trailing and checking may also show the person has other unmet needs. For example, if they are asking for parents who have died, or asking to go home when they are actually in their home, it may show they need to feel secure and safe.

Always try to find out the underlying need behind what the person is asking for, including how they’re feeling. This will help you think about how to meet that need. Just telling them the truth (for instance, that the person they’re asking for has died) might not help, and may make the person feel more upset and distressed.

Trailing and checking – tips

- Being with the person may reassure them. Keep close to them when you have tasks to carry out. For example, you could do the ironing in the living room while the person listens to the radio.

- If the person is asking to go ‘home’, try to understand and acknowledge their feelings and reassure them that they are safe. Their need may be more related to a feeling of ‘home’ as a place of safety and security than an actual place.

- If the person is calling for someone from their past, try talking to them about this period in their life and respond to the feelings the person is showing.

- Think carefully about whether to tell the person things that may cause them distress, even if they’re true. For example, if the person is asking for their partner after they’ve died, it may be better to comfort them and talk to the person about their partner.
Losing inhibitions

Sometimes a person with dementia can lose their inhibitions and may behave in ways that others find embarrassing. This can include being rude, saying things that aren’t appropriate (for example that someone is overweight), talking to strangers, undressing in public, and apparent sexual disinhibition (for example touching themselves inappropriately in public).

This can be embarrassing and distressing for both the person with dementia and those around them. They may not understand that what they are doing is inappropriate. It is unlikely that they are being inappropriate on purpose. Always respect the person and their dignity, and try not to cause them any distress.

Some common causes of a person losing their inhibitions include:

- certain causes of dementia and the area of the brain that is affected. For example, some people with frontotemporal dementia (FTD) lose inhibitions because of damage to the frontal lobes in the brain. For more information see factsheet 404, What is frontotemporal dementia (FTD)?
- needing the toilet (which may explain why they’re touching themselves) or being too hot (which may explain why they’re undressing)
- boredom or wanting to talk to someone
- sexual frustration.
Embarrassing situations – tips

- Try to stay calm and remember the person is not behaving like this on purpose.

- In some situations it may help to think about whether the behaviour really matters. For example, in some situations talking to strangers may not be a problem. The person may be meeting a need to be social and the stranger may be happy to talk to them.

- Try gently distracting the person.

- Be aware of possible triggers for certain behaviours. If you know what these are you may be able to prevent the behaviour from happening in the first place. For example, if someone behaves in a sexually inappropriate way when you help them to get changed, they might be misinterpreting your actions. Try to change how you approach the situation and see if this helps.

- If the person is undressing, take them somewhere private, and check whether they are too hot, uncomfortable, or want to use the toilet.

- If the person behaves rudely, don’t attempt to argue or correct the behaviour. Try to distract their attention.

- It may help to explain to other people why the person is behaving in that way. They may be more understanding if they know why something happens and they may have some suggestions to help find solutions. The person may find it useful to carry one of our Helpcards to show people. For more information go to alzheimers.org.uk

Changes in behaviour are common in people with dementia. However, by looking at the meaning behind the behaviour and considering what may be causing it, you may find ways of providing support for them that can help you both to manage difficult situations.

Make sure that you look after your own wellbeing and get support for your needs. For more information see factsheet 523, Carers looking after yourself.
Other useful organisations

**British Psychological Society (BPS)**
0116 254 9568  
enquiries@bps.org.uk  
www.bps.org.uk

Organisation that provides access to a list of clinical and counselling psychologists offering private therapy services.

**Carers Trust**
0300 772 9600  
info@carers.org  
www.carers.org

National charity which works to improve support, services and recognition for anyone living with the challenges of caring, unpaid, for a family member or friend who is ill, frail, disabled or has mental health or addiction problems.

**Carers UK**
0808 808 7777 (advice line) (Monday–Friday 10am–4pm)  
advice@carersuk.org  
www.carersuk.org

The national membership charity of carers which provides expert advice, information and campaigns for lasting change.

**Dementia UK**
020 7697 4160 (enquiries)  
0800 888 6678 (helpline)  
(9am–9pm Monday–Friday, 9am–5pm Saturday–Sunday)  
info@dementiauk.org  
www.dementiauk.org

Charity providing specialist dementia support for families through its Admiral Nurse service.
Factsheet 525LP
Last reviewed October 2017
Next review due: October 2020

Our information is based on evidence and need, and is regularly updated using quality-controlled processes. It is reviewed by experts in health and social care and people affected by dementia.

Reviewed by: Dr Frances Duffy, Consultant Lead Clinical Psychologist for Older People, Northern Health and Social Care Trust

To give feedback on this factsheet, or for a list of sources, email publications@alzheimers.org.uk

Alzheimer’s Society Dementia Helpline
England, Wales and Northern Ireland:

0300 222 1122

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