

Aggressive behaviour

Factsheet 509LP
August 2017



People with dementia may sometimes behave in ways that are physically or verbally aggressive. This can be very distressing for the person and for those supporting them, including their family and friends. It can also often be a factor in the decision to move the person with dementia into a care home.

This factsheet explains why a person with dementia might behave in aggressive ways. We also give practical tips to help those caring for a person with dementia to prevent and manage aggressive behaviour and look at the types of support available.

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Aggressive behaviour

Aggressive behaviour may be:

- verbal – for example swearing, screaming, shouting or making threats
- physical – for example hitting, pinching, scratching, hair-pulling or biting.

Aggression may be linked to the person's personality and behaviour before they developed dementia. However, people who have never been aggressive before may also develop this type of behaviour.

Aggression is one of a number of behaviours – often referred to as 'behaviours that challenge' – that can result from dementia. Other behaviours that challenge include agitation, restlessness, walking about, and being sexually inappropriate. For more information about these types of behaviour see factsheet 525, **Changes in behaviour**.

It is, of course, not only people with dementia who behave aggressively. However, more than one-third of people living with dementia have at times been aggressive, particularly in the middle and later stages of the condition.

1 in 3

people living with dementia have been aggressive at times

What causes aggressive behaviour?

People with dementia have the same needs we all have. These include the need to be comfortable and free from pain, able to interact with other people, to feel engaged and stimulated and to feel well in ourselves. However, people with dementia may be unable to recognise their needs, to know how to achieve them, or to let other people know what it is that they need. This may cause them to act in ways that others might find challenging, including aggressively.

The aggressive behaviour might be the person's way of trying to achieve what they need. It may be a sign of a need that isn't being met or an attempt to communicate it. Understanding what is causing the person's behaviour can help you to find a solution. Some possible explanations for aggression are listed below. It could be related to the person's physical needs (including health problems), social needs (how they're relating to other people) or psychological needs (their thoughts and feelings).

Physical needs

- The person may be in pain, unwell (including having an infection) or in discomfort (including being constipated or thirsty, or from sitting for too long).
- Side effects of medications, or taking too many, may mean that a person becomes more confused and drowsy. They may be less able to meet or communicate their needs as a result.
- There may be something about the environment that is wrong for the person with dementia. It may be too busy and overwhelming (for example, with too many people around), or too hot, cold, noisy, or bright. Alternatively it might not be stimulating enough (for example, with nothing for the person to do).

- Poor eyesight or hearing can lead to misunderstandings and misperceptions (where the person mistakes what they see or hear for something else).
- Hallucinations (where people see things that aren't there) or delusions (where people strongly believe things that aren't true) can be confusing and frightening. This can lead the person with dementia to respond to them in an aggressive way.
- The person's dementia may have affected their judgement and self-control. They may have lost their inhibitions or have less awareness of what kind of behaviour is appropriate.

Social needs

- The person may be feeling lonely. They may not spend much time with others, or when others are there they may not feel included or valued.
- They may be bored, not have much to do or not have much to stimulate their senses (sight, hearing, touch, smell and taste). There may be different professionals coming in to care for the person, who have different approaches or routines. This may be confusing for the person. The person may not like or trust a particular care professional.
- The person may be trying to hide their condition from others.

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Psychological needs

- The person may feel that their rights are not being respected or that they are being ignored. This may be due to misperceptions, memory difficulties or problems processing information, but it may also be true. For example, they may feel that they are being stopped from doing things they want.
- They may become frustrated at not being able to complete tasks, such as making a cup of tea.
- They may have depression or other mental health problems.
- They may misunderstand the intentions of the person caring for them. For example, personal care may be seen as threatening or invading their personal space. Accepting help with intimate tasks such as washing, dressing or going to the toilet can be distressing and stressful, especially if you don't understand what is happening.
- Other people may assume that the person with dementia can no longer do things for themselves or leave them out of decisions that affect them. This can cause the person to become angry because they are not being listened to or are being ignored.
- The person may feel threatened by an environment that appears strange or unfamiliar. They may think that they are in the wrong place or that there are strangers in their home.
- They may have difficulty understanding and working out the world around them, and may experience a different reality from others. For example, if they believe that they need to collect their children from school, they may become aggressive if they are stopped from doing so.

Responding to aggressive behaviour

It can be difficult to know how to react when a person is behaving aggressively. Even when it is difficult to, try to take a moment to think about their needs and why they might be behaving aggressively. They are not likely to be doing it on purpose, and trying to reason with them is not likely to lead them to change their behaviour.

The following tips may help you – they are things you can do, and avoid doing, while the person is behaving aggressively and afterwards.

At the time

- Before you react, take a deep breath, step back to give the person space and take some time. It may help to leave the room until you're both feeling calmer.
- Although it can be difficult, try to stay calm. An angry response may make the situation worse.
- Make sure you are safe. You should never tolerate violence against you.
- If the person's behaviour is physically violent, try not to show any fear, alarm or anxiety, as this may increase the person's agitation. This may be hard if you feel threatened. If you do feel threatened, walk away from the situation and call for help.
- Give them plenty of space and time. Unless it's absolutely necessary, avoid moving too close or trying to restrain someone, as this can make things worse.

- Try not to shout or initiate physical contact – the person may see this as threatening behaviour.
- Reassure the person and acknowledge their feelings. For example, if the person is angry because they are being stopped from collecting their children, acknowledge that they want to look after their children and reassure them that they are safe.
- Try not to take the behaviour personally – the person is probably trying to communicate a need or that something is wrong, rather than attacking you personally. Listen to what they are saying. Try to keep your body language open (for example by not crossing your arms) and calm. It can also help if your body language is similar to the person's – for example if they are sitting down with their arms by their side, you may want to mirror this. This shows that you are not against them and that you want to help.
- Keep eye contact and try to explain calmly why you are there. Encourage the person to communicate with you.
- Try to distract the person's attention if they continue to be angry.
- If you are trying to support the person with an activity or task, does it need to be done at that moment? If you are able to give them space, come back later and try again – it may help you both to feel calmer.

When the behaviour has passed

- Try not to blame or punish the person for the behaviour. They are unlikely to have done it on purpose and they may not understand why you are treating them differently. Try to carry on as normal and be as reassuring as possible.
- Focus on the person, not the behaviour. They may still be upset and distressed after the behaviour has passed.
- Take some time and talk through your feelings with others – for example, the GP, friends and family, counsellor or dementia support worker. If you don't talk about your feelings, it may be harder to care for the person and also mean that you find yourself focusing on the behaviour instead of the person.

It can be difficult to know how to react when a person is behaving aggressively. Even when it is difficult to, try to take a moment to think about their needs and why they might be behaving aggressively. They are not likely to be doing it on purpose, and trying to reason with them is not likely to lead them to change their behaviour.

Preventing and managing aggressive behaviour

Finding ways to prevent and manage the behaviour in the future will help both you and the person with dementia. It will also make your caring role easier. Working out what is causing the aggressive behaviour will make it easier to find a solution.

To reduce or prevent aggressive behaviour, treat the person as an individual and work out why they are behaving in that way. Try to see what is happening from their point of view and identify the reason for the behaviour. They are probably reacting to or trying to communicate something so try to find out what it is and why. Use all the information you know about the person, including their personality, likes and dislikes, to find the right way to manage the situation you're in.

Steps for managing aggressive behaviour

It may help to manage aggressive behaviour in steps. The following steps and questions can help.

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 suitable?

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 aggressive 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 aggressively

Is the person:

- unwell, in pain, uncomfortable?
- over-tired, over-stimulated, scared, anxious or frustrated?
- embarrassed, ignored, misunderstood, feeling patronised?
- delusional, having hallucinations, depressed?
- bored, under-stimulated, lacking in social contact?
- in a suitable environment?

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:

- an unpleasant incident or association
- personal dislikes or fears
- change
- a memory
- being provoked, or a conflict with someone's personality.

5 Develop a strategy to manage the behaviour

Talk to the person with dementia and other people who 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 a range of changes, for example changing the way that you talk to the person during care, as well as altering the environment. Focus on what is in their best interests and supports them best.

Go with the person to see their GP so that they can be checked for any physical problems that might be causing them to behave aggressively. Pain is often linked to aggressive behaviour in people with dementia. However, it is often not recognised, even in formal care settings like care homes. Look for signs from the person of pain or discomfort, such as:

- rubbing or pulling at a particular body part
- facial expressions – looking scared or clenching their teeth
- body language – are they huddled or rocking, for example?
- a change in appetite
- being more restless
- new swellings or inflammations
- a high temperature.

Also look for or think about things that may cause the person pain, including:

- infections (such as chest infections and urinary tract infections (UTIs))
- existing injuries such as cuts or bruises
- constipation
- existing conditions such as arthritis
- being in an uncomfortable position or being moved in an uncomfortable way
- toenails or fingernails that need cutting
- toothache, earache or problems with dentures.

The person should also have their hearing and eyesight tested, and get glasses or hearing aids if needed.

Other ways to manage aggressive behaviour

Treating aggressive behaviour without drugs

Communication – When you're communicating with the person, keep in mind anything you learnt from following the steps above. Think about what you're saying, how fast you're speaking and what tone you're using. Good body language can also help the person feel they are being respected and listened to. For more information see factsheet 500, **Communicating**.

Music – Music may help to reduce aggressive behaviour. It may be listening to a favourite piece of music, enjoying music in groups (singing, playing instruments) or music therapy (with a trained professional). For example, if there is a certain time of day when the person tends to become aggressive, it may help to put on some music that you know they enjoy at that time. If a particular activity, such as bathing, can lead to them behaving aggressively, put on some music before you begin.

Social interaction and stimulation – Most people have a need to spend time with other people. Lack of social interaction can make someone feel bored, isolated and unhappy. Make sure that the person with dementia regularly receives some good one-to-one interaction. It could just be a chat or reading together, but it is important to have proper time for this, when they can have your or someone else's full attention. Planning new activities that you both enjoy, or adapting daily tasks so that the person can still take part in them, will help. If you find something that works well, keep doing it.

Reminiscence – Reminiscence or life story activities involve recalling and talking about past experiences, such as sharing photos of the person's family or events from the past. These should be positive and personally significant, such as a family event, favourite football match or places they've visited. Activities like these have been found to improve the mood of many people with dementia, reducing the risk of aggressive behaviour.

You could try making a memory box of photos and familiar items, which the person can go through with a friend or relative. Developing a life story book may also be an option. These help to keep the person with dementia at the centre of their care, as well as helping people see beyond the dementia.

People may have negative experiences as well as positive ones, and you should be prepared to support the person with both types of memories. However there may also be reasons why reminiscing is not enjoyable for them so bear in mind whether this is something that they are likely to enjoy.

Changes to the environment – Think about the person's surroundings, as these will have an effect on their behaviour. It may be that you can make small changes to the person's home that will make it a better environment for them. For example:

- Is there enough light?
- Is it too hot or too cold?
- Can the person with dementia find the toilet?

If finding the toilet is a problem for the person, make sure that the path to the toilet or bathroom is free from obstacles and put a sign on the door with both pictures and words. It should also be clearly visible and in the person's line of sight.

Using signs on kitchen cupboards and drawers can also help, to show the person what's inside them. For example, you could put a picture of knives and forks on the cutlery drawer.

Exercise – Physical activity and exercise can help to reduce agitation and aggression, as well as improving sleep. It can help to use up spare energy and act as a distraction. It also provides opportunities for social interaction with others and can provide you with a break. For more information see factsheet 529, **Exercise and physical activity**.

Other methods that may help include:

- hand massage
- aromatherapy
- stimulating the senses, for example with nature sounds or familiar, repetitive actions such as folding clothes or sorting buttons
- cognitive stimulation – this involves activities and exercises that are designed to improve memory and communication skills. Activities are based on day-to-day interests, reminiscence and information relating to the current time and place
- light therapy or bright light therapy – this involves a person sitting in front of a light box for a set amount of time each day
- animal-assisted therapy
- doll or toy therapy
- arts therapy (including dance, drama, drawing or painting).

Drug treatments

In the past, antipsychotic drugs were often prescribed for behaviours that challenge, including aggression. However, these drugs can stop the person behaving in a certain way without addressing the cause of their behaviour, and may add to the person's confusion.

Antipsychotic drugs should not be the first treatment that a professional prescribes when a person with dementia behaves aggressively, unless the behaviour puts them or the people around them at an immediate risk of harm.

In some people antipsychotics can help reduce the symptoms. Some of these drugs have been shown to help with aggressive behaviour in people with Alzheimer's disease when taken for 6–12 weeks. However, antipsychotic drugs can also have serious side effects. For more information see factsheet 408, **Drugs for behavioural and psychological symptoms of dementia**.

It is very important to seek support if the person you are caring for is acting aggressively, and to keep yourself safe. Never tolerate violence against you.

Looking after yourself

Aggression in the person with dementia can be challenging, frustrating and often very upsetting. Some carers try to hide the person's aggressive behaviour from their family and friends and become reluctant to seek help. This can lead them to feel isolated and lose their social life, and some carers may become depressed. It is very important to seek support if the person you are caring for is acting aggressively, and to keep yourself safe. Never tolerate violence against you. If the person behaves aggressively less often it will lead to a better relationship between you and them and a better quality of life for you both.

Remember that most people with dementia are not being aggressive deliberately. The behaviour is likely to be due to being in pain or discomfort, or because of a need or desire that they cannot communicate. The behaviour may appear to be aimed at you, but that is probably just because you are there. The fact that the person is aggressive towards you doesn't mean that their feelings for you have changed.

Even if you manage not to take it personally, any aggressive behaviour may well leave you feeling shocked or upset. Over time, this kind of behaviour might play a part in making you feel more exhausted. Find ways to help yourself recover, both immediately after any aggressive behaviour and over a longer period. Talk through your feelings and don't let yourself build up resentment towards the person. If you do lose your temper, try not to feel guilty – it is a highly stressful situation that you are dealing with – but do discuss things with a friend, professional or another carer who may be able to suggest ways of responding to these situations.

Everyone is different and you will find your own ways to cope. These suggestions may help:

- Chat things through, sit down and have a cup of tea or go for a coffee with a friend, family member or neighbour.
- Take some time to relax on your own. Ask a friend or relative to look after the person with dementia or use a day care centre or respite care so that you can have a break.
- Talk to a professional, such as a counsellor, GP, or community psychiatric nurse. You could also speak to a professional at the memory clinic or to an occupational therapist.
- If you are caring for the person, join a carers' support group to share experiences and offer mutual support. Many carers find that support groups can make a big difference.

For information, advice and support call our National Dementia Helpline on 0300 222 1122 or visit the online discussion forum at **alzheimers.org.uk/talkingpoint**

For more information about how you can look after your wellbeing and get support see factsheet 523, **Carers: Looking after yourself**.

Other useful organisations

British Psychological Society

St Andrews House
48 Princess Road East
Leicester LE1 7DR

0116 254 9568
enquiries@bps.org.uk
www.bps.org.uk

Promotes excellence and ethical practice in the science, education and practical applications of psychology.

Carers Direct

0300 123 1053
www.nhs.uk/carersdirect

Advice for people who need help with their caring role and want to know what options are available to them.

Carers UK

20 Great Dover Street
London SE1 4LX

0808 808 7777 (Adviceline)
adviceline@carersuk.org
www.carersuk.org

Charity set up to help the millions of people who care for family or friends. They provide information and advice about caring alongside practical and emotional support for carers.

Carers Trust

32–36 Loman Street
London SE1 0EH

0300 772 9600
info@carers.org
www.carers.org

Charity that 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..

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Last reviewed August 2013 by Dr Daniel Harwood, Consultant Psychiatrist, South London and Maudsley NHS Foundation Trust and Dr Yvonne McCulloch, Clinical Health Psychology and Neuropsychology Department, Charing Cross Hospital, London

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This factsheet has also been reviewed by people affected by dementia.

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

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

0300 222 1122

9am–8pm Monday–Wednesday

9am–5pm Thursday–Friday

10am–4pm Saturday–Sunday

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