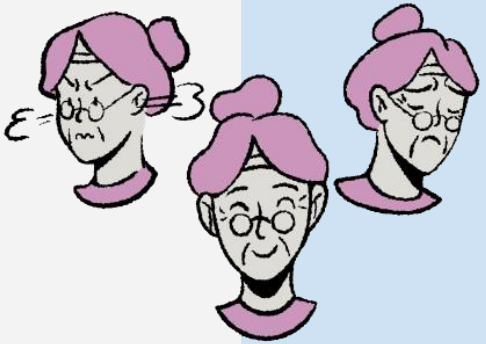
MODULE 5

Dealing with behaviour changes



Co-funded by the European Union

01 Introduction to behavioral changes

02 Memory loss

03 Agression

04 Depression, anxiety and apathy

05 Difficulty sleeping

06 Delusion and hallucinations

07 Repetitive behavior

1. Introduction to behavioral changes

Keep always in mind that every relationship is
Transactional

Transactional Relationships

- These types of relationships are based on two actions:

  - **Give and take!**

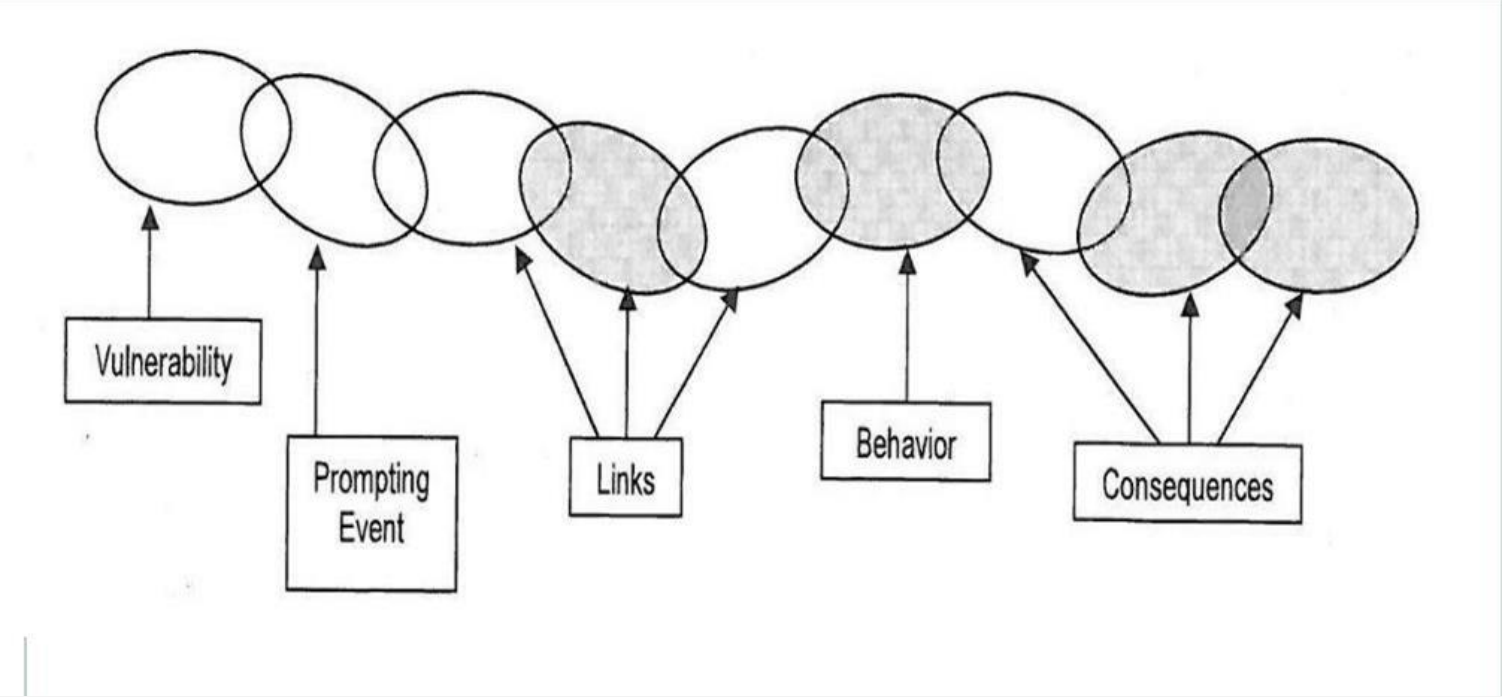
  Or

  - **Action and reaction**

Chain analysis

- What is the dysfunctional behaviour?
- What is the prompting event?
- Are there any predisposing factors?
- Observe thoughts, feelings and bodily sensations that arise after the prompting event.
- Which link(s) of the chain is(are) modifiable?

Chain analysis



Mindfulness

Be totally aware of the present moment, of what is happening inside and outside of you, observe, describe and participate in the here and now non-judgmentally, doing one thing at a time and focusing on effectiveness

Mindfulness: an effort to observe and define our feelings or/and our body sensations. Be here at the present moment.

In order to be mindful, you need to observe by using all five senses. Then, the first step is to describe what has been observed. Description can be tricky because of assumptions. Assumptions can be part of the exact same fact. We want to participate in the here and now. Mindfulness should be part of our daily life when we eat, dance, giving advice etc.

3 skills to bear in mind:

1) **Don’t be judgmental**
2) **Don’t multitask**
3) **Focus on effectiveness**

Sundowning syndrome

A set of dysfunctional behaviours and/or distressing experiences that start around sunset

2. Memory loss

of recent events in the beginning

they may forget where they have placed objects, whether they have eaten or not, whether they have taken their medication

3. Aggression

- Causes of aggression
- delusions
- hallucinations
- pain
- physical conditions
- adverse effect of medication

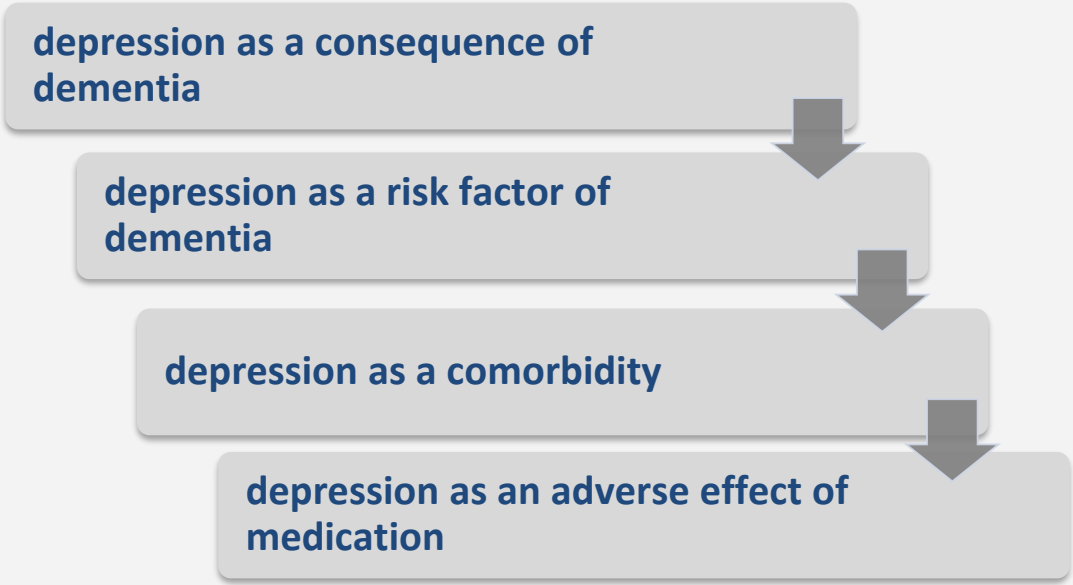
Hallucinations: Some patients have cases of hallucinations that makes them irritated and stressed. They need our help to cope with them.

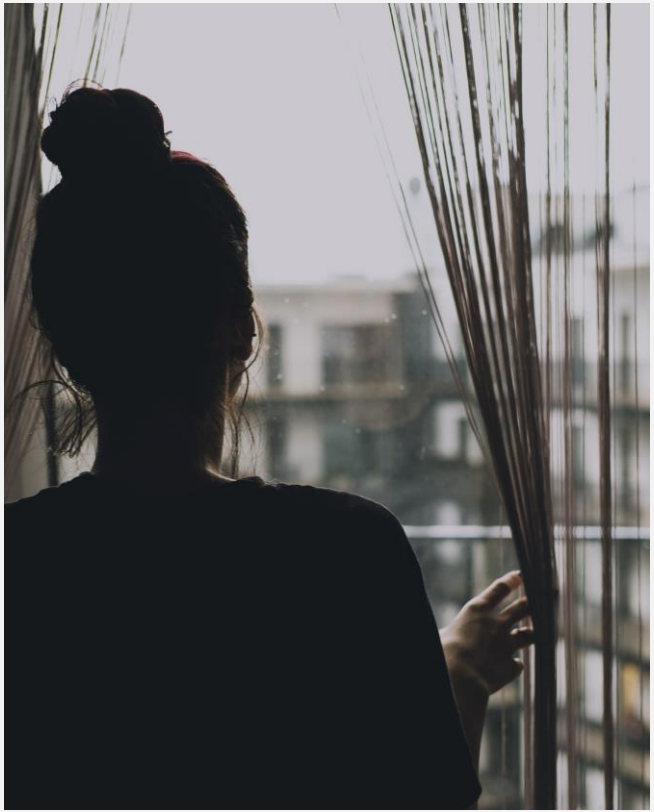
Pain: Pain can be caused when a patient is left alone, they are hungry etc.

Medication: There are some medication that might help young patients but might affect negatively the elderly (make them feel anxious, aggressive, cause hallucinations)

4. Depression, anxiety, apathy

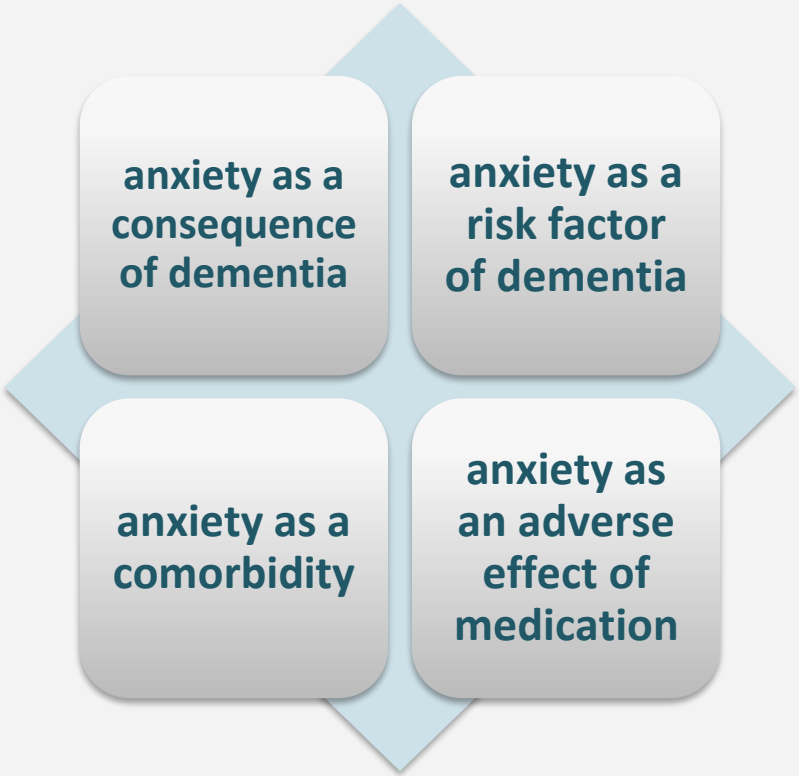
Depression



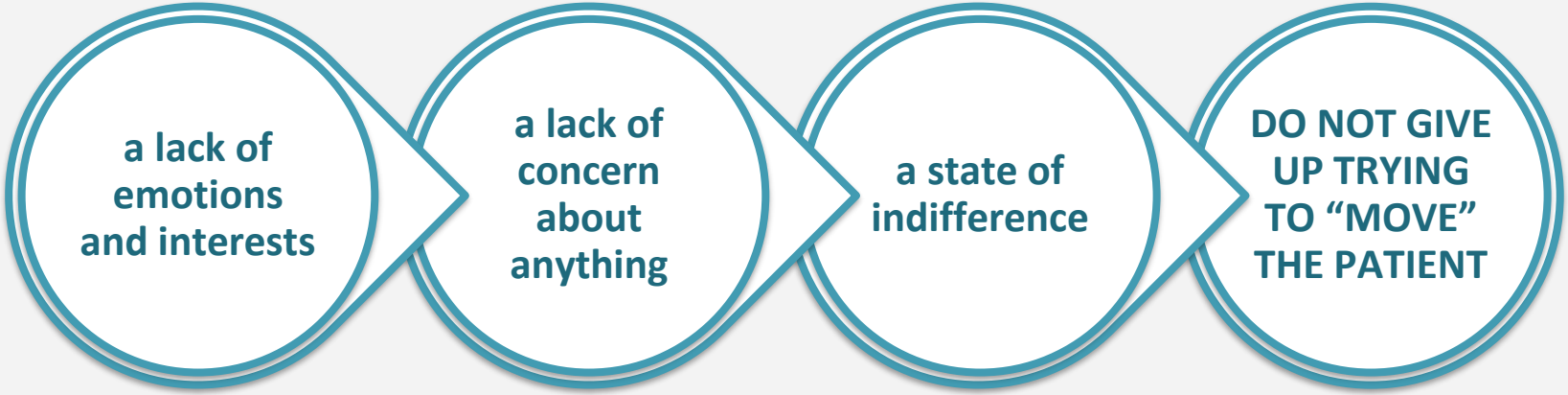


Depression is a major risk factor for dementia. It can be a reaction to the diagnosis of dementia or even something caused by the abnormalities in the brain caused by dementia. There are specific structures in the brain that might get affected by dementia. It can also be caused by medication.

Anxiety


anxiety as a consequence of dementia
anxiety as a risk factor of dementia
anxiety as a comorbidity
anxiety as an adverse effect of medication

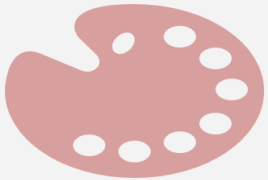
Apathy


a lack of emotions and interests
a lack of concern about anything
a state of indifference
DO NOT GIVE UP TRYING TO “MOVE” THE PATIENT

Haptonomy

We should be aware and take advantage of our senses:

Touch may have impressive soothing effects



Colours can have a strong impact in our mood, feelings etc. For that reason, patients can wear clothes with colors they love or/and make them feel empowered.

Sensory overload

The five senses can be used as a means of soothing.

NB: beware of the sensory overload!

The mind is the fuel of the behavior.

A technique to release stress: the **STOP** technique

Stop: Freeze, don’t move

Take a step back, literally and not literally, take a step back from your impulsive actions

Observe

Proceeding mindfulness

5. Difficulty sleeping

Sleep hygiene

- Avoid stimulating beverages.
- Create a facilitating environment.
- Turn off devices that emit light.
- Eat a light dinner.
- Avoid liquid intake at night.
- Form a ritual before going to bed.

6. Delusions and hallucinations

- **Delusions:** false beliefs that the patient supports strongly

- **Hallucinations:** experiences related to one or more of the five senses without any external stimulus

- **In case the aforementioned thoughts and experiences cause distress to the patient, our aim is to help them feel safe, not to bring them back to reality.**

7. Repetitive behaviours

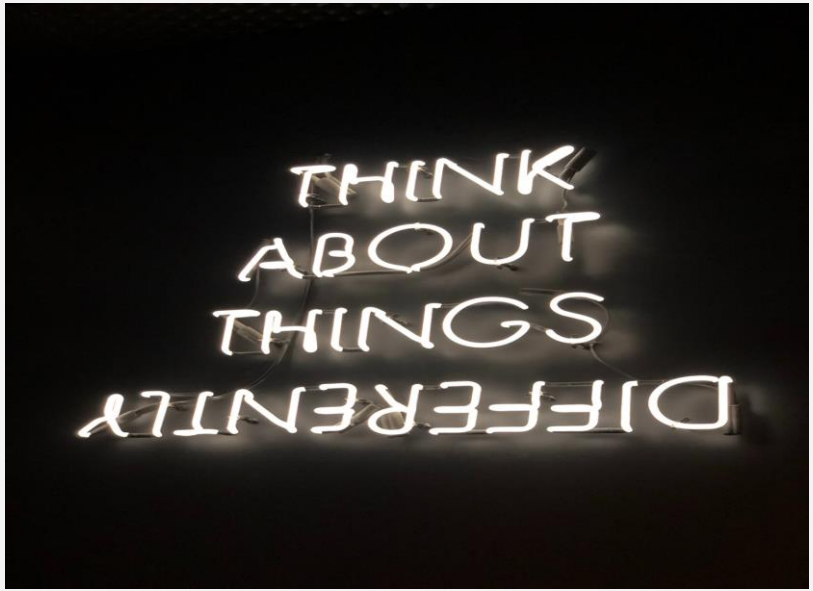
Wandering and disorientation

- GPS
- Safety precautions
- Explore why they want to go out

Why dementia patients want to go out?

- They might want to find ways to get out and feel more relaxed.
- In early stages they might realize the pressure they put to their caregivers and want to help them.
- They might have delusions of not realizing their familiar people and want to “escape” this.
- The most usual reason is that the demented elderly people remember their old house, where they grew up and because they don’t feel at home where they currently are and that’s why they want to go out and find their “real” home.

Changes in judgement



- They make them prone to get deceived.

- They may put them in danger.

Behavioral disinhibition

This term refers to the loss of implicit social knowlegde that may manifest as loss of decorum, loss of manners, socially inappropriate behavior, impulsive and/or careless actions.

e.g. -cursing
-tactlessness
-overfamiliarity with strangers
-behavior out of step with the situation
-off-color jokes

• Hypersexuality

Sexuality in demented people:

- This is an aspect that caregivers have to respect in the same level as other needs/aspect.

Caregivers should also be prepared for specific aspects regarding sexuality:

For example: A woman with dementia might consider her partner as one of her parents and having sex with them might be really traumatizing for her. This is a common case that a caregiver who is also the partner of the person with dementia, should be prepared to handle.

Management of financial issues

The patient may not be able to understand economic values anymore, this makes them prone to get deceived.

Driving

Most patients are very **reluctant to give up driving.**

Visuospatial difficulties, sight and hearing problems and increased reaction time are risk factors for car accidents.

Driving is something patients don't want to quit even though it might be dangerous for them. Their vision abilities don't work properly so they don't have a clear idea of apostasies, their reflexes as well so in that case they might get easily disoriented.

The caregiver should mention the danger that comes from driving and give them alternatives, like proposing to drive them somewhere. The worst-case scenario is to damage the car.

Thank you!