

Parkinson's, Dementia and Reactive Behaviour

What are Reactive Behaviours?

In the later stages of Parkinson's disease (PD) some people will develop cognitive changes that ultimately lead to dementia and some of those people can exhibit reactive behaviours, usually involving anxiety, anger and aggression. This can include verbal outbursts such as shouting, swearing, or name-calling. It can also involve physical contact such as scratching, pushing, kicking, or hitting.

Remember: Parkinson's disease related dementia does not develop in every person who has PD.

The purpose of this help sheet is to provide caregivers with information to help understand the behaviours, signs to watch for and tips for responding to aggressive behaviour. Cognitive changes may cause reactions and behaviours that take a special effort to manage. Aggressive behaviour can make communication extremely challenging for everyone involved but there are strategies that can help.

Determining the Cause

When communication skills have diminished substantially, **aggressive behaviour may be the person's only way of alerting you to problems** they are experiencing.

In many cases, behaviours have *meaning* – the challenge is to figure out the root cause of the behaviour so that it can be managed, decreased or diverted. Common causes of aggressive behaviour can include:

- increased fears regarding loss of control of one's life and environment
- medication side effects
- missed or incorrect dose of PD medications
- cognitive decline including memory loss
- depression, hallucinations or delusions
- physical discomfort and pain
- other health problems such as infections
- changes in routine
- busy, chaotic surroundings
- fear and discomfort with activities such as personal care
- fear of new people visiting or involved with care
- hunger
- fatigue

Warning Signs and Triggers of the Behaviour

One way of managing behaviours is to develop strategies for preventing the behaviour from happening in the first place. Behaviours are often associated with triggers, such as those noted above. If you can determine what the triggers are and control them, you may be able to avoid the behaviour. Keep a log of when the behaviour occurs and what you think may have been the trigger.

Learn early warning signs such as:

- onset of fear or frustration
- changes when medication is wearing off or if dosing has been changed
- specific times of the day when problems tend to arise
- specific activities that are troubling

Limit Demands and Choices

Follow a routine and give the person time to complete tasks. Also, keep choices to a minimum.

Reduce Distractions in the Environment

Turn off the TV or radio and avoid multi-tasking so you can focus on communicating. Also examine whether the room is too hot, too cold, or too noisy. Is it crowded or cluttered? These factors can cause distractions and confusion, making the person feel unsafe. At home, keep furniture in the same place to avoid confusion.

When Aggressive Behaviour Occurs

- Stay calm.
- Review the PD medication schedule: has a dose been missed? Taken incorrectly?
- Give the person space (about 5 feet) to cool down.
- Ask what is troubling the person so you can identify the cause of the emotion and behaviour: "I'm angry because I want to walk to the kitchen, but I can't".
- Listen to the person. Resist arguing with the person or being confrontational but provide reassurance: "I know it is really frustrating when you can't control what is happening."
- Speak slowly and in a clear, confident, and reassuring voice. Raising your voice might escalate the situation.
- Provide an explanation: "I noticed you took your medication a short while ago; maybe it hasn't kicked in yet. Can I sit with you while it does?"
- Re-direct the person to change the focus away from the issue causing aggression: "Let's go for a short walk together."
- If your safety is threatened, leave the situation and return in a few minutes.

Regardless of when or why aggressive behavior occurs, try to not take it personally. Gather the information you need and put a plan in place to help manage the behavior in the future. If the person you care about is in a facility, report the difficult behaviour to the staff. If they are at home, let your doctor know about the changes. In either case, ask for help.

For more information:

<http://www.alzheimer.ca/bc/~media/Files/bc/Advocacy-and-education/Other-files/Behaviour/2011-01-01%20Reactive%20Behaviour%20Handout.pdf>

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