Non-pharmacological Approaches to Challenging Behaviour in People with Dementia, a guide for GPs
Version 2

It is recommended that non-pharmacological approaches are used as a first line approach (Alzheimer’s Society, 2011). Pharmacological intervention should only be offered in the first instance if a person is severely distressed or there is an immediate risk of harm to the person or others (NICE, 2006).

What do we mean by ‘challenging behaviour’?

Active attempt by the person with dementia to meet or express a physical or psychological need

- For example, agitation may be communicating boredom, anxiety, embarrassment or be a response to pain or discomfort or an environmental challenge e.g. noise.

- Typical causes for distress and challenging behaviours are given in left column in the following pages. Use the right column to offer suggestions to care home staff.

- These suggestions are recommended for staff with basic dementia awareness

- Active involvement of relatives in a person’s care is linked to better outcomes

If the difficulties are not resolved with these suggestions, either for an individual or the home, please refer to your local mental health services for specialist assessment and interventions.

Further advice can be sought from:

Alzheimer’s Society website (fact sheets)

DementiaUK – helpline for professionals for advice re: individuals

SCIE website – fact sheets, online training, training videos

Links for these are available on a separate sheet. In the resource pack

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### Possible cause: physical health and medication side effects

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<tr>
<th>Challenging behaviour may result from:</th>
<th>Ideas for staff:</th>
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| **Pain** resulting from numerous causes e.g. joint, dental problems discomfort from skin problems, constipation.  
NB: people with dementia are often not able to identify or may deny pain due to their cognitive impairment / communication difficulties. Pain is hugely undiagnosed | • Use PAIN-AD to assess.  
• Observe pain response during personal care tasks and transfers |
| **Delirium**  
- People with dementia at higher risk  
- Requires medical diagnosis and treatment for underlying causes | |
| **Infections – UTI, thrush, chest, skin infections, cellulitis.** | |
| **Hunger, thirst and dehydration** | • Check access to food and fluids  
• Consider food and fluid chart  
• Are they able to eat and drink, e.g., denture pain / ulcers  
• Consider involving speech and language therapy / dentist / dietitian |
| **Sleep disturbance**  
- may be symptom of dementias (Alzheimer’s, Lewy Body and Parkinson’s-related dementia)  
- medication side effect | • Are they getting any exercise, sleeping too much during day, under stimulated?  
• Consider trying sleep hygiene, light therapy (seek advice from mental health staff). |
| **Physical limitations :**  
- for example - hearing, eyesight, bad feet/nails | • Are staff ensuring they are clear, loud enough, not too loud and talking into the good ear or speaking slowly enough or approaching from the side where eyesight is best? |
| **Medication side effects – GP review** | |

### Possible cause: environmental factors

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| **Under stimulation** | • Use activities that are personally relevant to interests or previous work  
• Provide 30 sec - plus spontaneous opportunities for conversations  
• Social areas to encourage interactions |
| Over stimulation | • May get agitated if too many people around, too noisy or after lunch if they are tired – consider quiet time, an afternoon nap, garden, sitting with calming music |
| Are the staff aware of triggers for behaviour? | • Identify, observe and document triggers and use consistent approach to prevent behaviour  
• Does challenging behaviour happen after relatives have visited?  
• Refer to specialist mental health services for functional analysis and behavioural interventions |
| Getting used to new place | • Get information from family and/or previous care facility of what has helped in the past  
• Personal belongings in room  
• Consistency of 2-3 key workers for most of personal care for first few weeks (check if prefers male/female) |
| Confusion linked to physical design of the home | • Enable good lighting, use of pictures and colours to find way around, clear signage to toilets, good access to personal objects, outside space, etc |
| Reactions to uncomfortable temperatures | • If very hot consider increasing fluids, use of fans and garden  
• If cold use of blankets, extra clothing |

**Possible cause: lack of awareness of person’s beliefs and life-style preferences**

| Challenging behaviour may result from: | Ideas for Staff: |
| Lack of knowledge about the person and their beliefs and preferences. | • Consider using life story templates e.g. ‘This is Me’ document to gather information.  
• Promote respect for religious or cultural rules and customs  
• Consider whether person thinks they are younger with work or care responsibilities, e.g., need to collect children from school or go to work  
Offer alternative meaningful activity which will be valued by person. Acknowledge where the person is at – don’t argue or attempt to change their viewpoint  
• Check attitudes towards physical touch  
• Consider beliefs about people of different age, gender, race/colour  
• Promote work with family members to inform care and better understand the resident |

**Possible cause: lack of understanding of how the person sees and interprets their world**

| Challenging behaviour may result from: | Ideas for Staff: |
| Person unable to communicate their needs or requests are being ignored. | • Be proactive with checking person’s needs at frequent intervals  
• Use short simple sentences or statements or non-verbal gestures to indicate walking to toilet, etc. |
| Hearing and visual difficulties. | • Check for sensory impairment  
• Check which is their ‘best’ ear, or if they have visual impairment on one side then approach from the other  
• Optician / audiology (home visits possible) |
| Difficulties in recognizing everyday objects | • Use alternative means to aid recognition, e.g. flushing toilet, holding the object, carer to demonstrate use of object |
| Repetitive behaviours | • Use distraction, reassurance, emotion-focused strategies |
| Disinhibition  
• Typically frontal lobe related | • Use distraction techniques and alternative means of meeting needs.  
• Observe for time of day and notice triggers. |
| Experiencing delusions and visual hallucinations symptoms of Frontal dementia, Lewy Body, vascular dementia and dementia linked with Parkinson’s | • Take personal care tasks slowly and give repeated reassurance about intentions.  
• Acknowledge the delusion / hallucination – don’t ignore or try to prove to the person they are wrong.  
• If they are not concerned or anxious about it then don’t dwell on it.  
• Ensure plenty of reassurance if person is worried and ensure there are alternative activities to be involved in.  
• Consider referral to specialist services for further assessment / treatment |

Possible cause: underlying emotional or mental health problems

| Challenging behaviour may result from: | Ideas for Staff: |
| Undiagnosed depression and anxiety  
• GP to use Cornell Depression Scale to assess  
• Depression is a common symptom of all dementias and is often undiagnosed and treated | • Ensure resident has access to activities and ACTIVELY encourage participation  
• Promote active involvement of relatives in care  
• Be aware of triggers for anxiety, e.g., confined places |
| The person may be searching for their loved ones. | • Try to provide the person with a sense of control and safety and ask them about their loved ones  
• Try using Life story information and photos to reinforce sense of identity and enhance memories  
• Enable safe expression of emotions using validation, rather than lying or confronting person with the reality of their loved one’s absence  
• Check with family what works  
• Enable usual coping behaviours, e.g., safe walking  
• Consider using dolls and pets |
| Experience of bereavement or effects of traumatic events in their life | • Try to make the most of the person’s strengths and remaining abilities |
| Disorientation and memory problems | |

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