

Special Care Problems:

Aggressive and Violent Behavior

This pamphlet is part of a series on dementia-related diseases prepared by Kenneth Hepburn, Ph.D., Geriatric Research, Education and Clinical Center (GRECC) of the Department of Veterans Affairs Medical Center, Minneapolis, Minnesota.

Predicting how an illness like Alzheimer's disease will affect the way a patient behaves is not easy. Some old traits may grow stronger. Others may go away. Sometimes new traits appear. These may be very different from how the person was in the past.

Some of these behaviors or ways of acting may be only odd or annoying. Others may pose very great problems. For instance, sometimes people with dementing illness become hostile and violent. People who have not been violent before may become so for the first time. People who have a history of attacking others may begin to do so even more. Such aggression may take the form of angry shouting or accusing others of wrongdoing. Aggression may also involve physical violence such as breaking household objects or harming others.

Violent behavior is **not** a frequent symptom of these disorders. It may appear as a phase of the disease and most likely will not go on for the whole course of the disease. Still, phases can last for a long time, sometimes even for years.

Violence seems to be most common in the middle stage of the disease. As the disease progresses, violent outbursts become less frequent. During this middle stage the impaired person is still physically strong, but judgment and memory are failing. The person may be having a hard time doing daily activities, leading to frustration and anger. People with dementing illnesses are easily confused and may be suspicious. They may think that

others are trying to do them harm. Other causes of violence include delusions or hallucinations, reactions to drugs, and pain. The person may become violent as a defense against real discomfort (as from being too cold in a bath) or even real abuse (by a substitute caregiver, for instance).

No matter what the cause, outbursts of aggressive or violent behavior are frightening and may be dangerous. They need to be controlled to protect the impaired person and everyone else.

All cases of aggression and violence should be seen promptly by a doctor. Some causes of this behavior may respond to treatment, and the problem may be solved. Even if you learn that the behavior is simply one more part of the disease itself, your health care team may have ideas about how to cope with the problem.

As a caregiver, you play a key role in helping your health care team members learn the nature of this problem and treat or manage it. They rely on your detailed reports about the person in your care. They rely on you to carry out any treatment or care plan.

You are also the one who has to live with the problem. You will have to cope with the extra work, worry and perhaps embarrassment the problem creates for you. You will need to find ways to ensure the patient's comfort and safety as well as your own. You may even need to restrain him or her.

All these add up to a very hard task. You may need help. Don't be afraid or too shy to ask for it. The rest of this pamphlet offers ideas for finding the help you need and for dealing with the problems caused by aggressive or violent behavior.

Observation and diagnosis

If the person in your care begins to act out of line, the doctor will want to look at him or her promptly. This visit will be to make a tentative diagnosis. Then you may be asked to observe the problem for a period of time. (You should ask the doctor how, during this time, you can ensure your safety and the patient's safety.) The doctor will discuss with you what you should watch for as you observe the patient. You may need to look for signs of a pattern or signs of side effects from prescribed drugs. These facts will help the doctor to make a final diagnosis. The doctor can then plan the treatment routine with you.

As you care for the impaired person, try to observe the patient closely and answer the following questions. Your doctor may have other questions or comments pertaining to your case.

Questions:

- Can you see any pattern to the behavior? (For instance, does the behavior occur at any set time of day? Does it occur after the impaired person takes a certain drug? When he or she is hungry? When he or she is frustrated? Or does the behavior seem to come out only with a certain person?).
- When you first noticed the problem, did you notice any other changes in the way the person was acting at that time? (For instance, did the person show a persisting change in mood?).
- Were there any big changes in the home around that time? (Did you move? Did anyone move in or out? Did anyone in the family die or become ill? Did you make any changes in care arrangements?). Has the impaired person started any new drugs or changed drug dosage?
- Has the person suffered a recent injury?

NOTE: Be sure your doctor knows **all** the drugs the impaired person takes, even those bought over-the-counter.

Treatment and management

Once you have a diagnosis, your doctor can treat any symptoms that can be helped. If a good treatment exists, you may be asked

to carry it out at home Treatment may be as simple as setting up rest periods or quiet times or providing small snacks between meals. Or the person may need new drugs to treat a depression which might be causing the assaultive behavior. You may be asked to watch carefully for the person's responses.

The prescribed treatment may not work, or it may only solve part of the problem. There may be no good treatment for the problem. Outbursts of anger and violence may just be a part of the progressing Alzheimer's disease itself. Even in this case, you and your health care team should work to set up techniques to manage the care problems that remain.

At one level, violent behavior is a care problem like wandering or sleep disturbances. You are faced with a behavior you want to control or change. The behavior is caused by the disease. The person is not acting on purpose or out of spite.

But aggressive or violent behavior may trouble you in ways that other symptoms of the disease don't. In this case, you may find that the person's violent outbursts provoke strong feelings in you. You may feel angry yourself. You may feel guilty, as if you somehow failed or caused the impaired person's reaction. You may be shocked or embarrassed. You may also have to deal with the embarrassment and shock of other people.

Your goal is to ensure the safety...

of the impaired person as well as your own safety and peace of mind. A number of techniques are discussed in the next section of this pamphlet which may help you meet this goal. These do not involve restraining the impaired person, either with drugs or with physical restraints.

In some cases, these goals may only be achieved by resorting to careful use of drugs. Drugs may reduce aggression and violence, but there might be unwanted side effects from some of them. Drugs which calm the patient may also produce sleepiness or

increase confusion. Some have more physical side effects, like constipation or dizziness. Usually, doctors prescribe the lowest useful dose of appropriate drugs and attempt to minimize side effects. Discuss this subject with your doctor carefully.

Coping with the problem

Here are some general ideas for managing problems of aggression and violence without using drugs. Discuss these ideas with your doctor or nurse, and make a plan. Then see what works best. If a plan doesn't seem to be working, call the doctor or nurse back **right away** to discuss the problems you are having. You should also discuss any new ideas you may want to try. Support groups offer another valuable resource to you. Other members may have good ideas, based on their own experiences, for managing the problems you are facing.

Check the entire house....

and remove from reach any object the person might use as a weapon.

Review the person's daily habits:

Take advantage of any patterns or cues to prevent the problem from happening. Some outbursts may just happen, with no pattern or warning. Others may be the endpoint of a slow build-up of tension. Do you see a pattern? Do such behaviors occur at certain times or in reaction to certain events? You may feel more in control if you can predict when problems may occur and avoid things that might trigger the behavior.

Set up ways to distract the person

when you see a violent outburst coming. Keep a written list of things the person likes (such as going for a walk, listening to

music, having a snack) and offer these as diversions.

Seek help.

If you see that these behaviors come on during certain activities (like bathing or dressing), try to get others to help you at these times. Keep handy the phone numbers of neighbors or family members who can help you on short notice. Keeping a list of other emergency phone numbers (police, fire department, doctor, ambulance) by the phone is also a good idea. You may want to look into hiring help, either in-home help or a respite care facility.

If all else fails, protect yourself

Stand out of range and, if you feel that the person may injure you, leave the room.

Physical Restraints:

Experts do not agree about physically restraining an impaired person during a violent outburst. If you are strong enough to hold the person and restrain the violent outburst, you might try doing so. The danger is that you might frighten or further anger the person. This could make the situation worse. If the person struggles, there is the chance that one or both of you could be hurt. This matter is best treated case by case. Discuss the matter with your health care team.

Living with the problem

If the person in your care becomes aggressive or violent, your caregiving role has been enlarged. This is even more the case if the problem cannot be helped by treatment. You need to observe the patterns of the problem and to work with your doctor or nurse to plan techniques for coping. You need to figure out ways to predict and prevent the problem, if you can. Also, you need to protect your own safety and peace of mind and that of others.

Your role of caregiver does **not** include allowing yourself to be hurt by an impaired person who has become violent. You must be the one who plans, manages, and oversees all care arrangements. Still, your role does **not** require that you do **all** of the caregiving. As with other parts of your caregiving task, seek help.

Don't ignore your own needs.

As in all aspects of caregiving, don't ignore your own needs and feelings. Dealing with aggression or violence can frighten and exhaust you. You may feel any number of emotions ranging from anger to depression and guilt. Try to keep in mind that these problems are not happening because you are a poor caregiver. The problems are part of the disease itself. Other people have had these problems, so don't feel alone in this. And don't keep these problems and your reactions to yourself. Speak to a friend or family member, a counselor or member of the clergy. Or go to a support group. (The Alzheimer's Disease and Related Disorders Association) may be able to help you find a support group near you. Ask your health care team or a local hospital for a referral.) At times like this, sharing what you feel can be very helpful.