

Parkinson's, Dementia and Aggressive Behaviour

Cognitive changes may cause emotional reactions and behaviours that take a special effort to manage. A person with dementia may portray aggressive behaviour such as pushing, hitting or yelling. Aggressive behaviour can make communication extremely challenging for a carepartner, but there are strategies that can help.

Determining the Cause

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. Causes of aggressive behaviour can include medication side effects, cognitive changes, depression, and hallucinations or delusions. It is important to determine the cause. As a carepartner, you can help by documenting the person's symptoms and discussing your observations with the person's primary physician.

Warning Signs/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. If you can determine what the triggers are and control them, you may be able to avoid the behaviour. Learn early warning signs, such as fear or frustration and the source of these emotions. Does the behaviour occur at a specific time, for example, when Parkinson's medications are wearing off? Keep a log of when the behaviour occurs and what you think may have triggered it.

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.

What to Do When Aggressive Behaviour Occurs

- Stay calm.
- 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 feeling angry because I want to walk to the kitchen, but I am frozen here in the living room"*.
- Listen to the person. Resist arguing with the person or being confrontational but provide reassurance: *"I know it can be really frustrating when your body doesn't do the things you want it to."*
- Speak slowly and in a clear, loud, 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....shall I help you?"*
- Re-direct the person to change the focus away from the issue causing aggression.

- If your safety is threatened, leave the situation and return in a few minutes.

Remember that behaviours are usually triggered by something. Perhaps it is the disease, perhaps it is some unmet need, or perhaps it is something in the environment; do not take the behaviour personally. Gather the information you need and put a plan in place to help manage the behaviour.

For information on how to communicate with someone with cognitive changes, see our Help Sheet: Parkinson's, Cognitive Changes and Communication.

Parkinson Society Southwestern Ontario gratefully acknowledges Parkinson Society British Columbia for sharing their resources and information.

Sources:

Alzheimer Society British Columbia, Reactive Behaviours page, www.alzheimerbc.org
Managing Challenging Behaviours; www.baycrest.org