

行为变化

本须知介绍了人们患上痴呆症时可能出现的一些常见行为变化，并且讨论了发生变化的原因以及一些应付变化的一般指导原则。

痴呆症病人发生行为变化非常普遍。这可能给家人和照顾者带来巨大压力。以前温和可爱的人现在却变得举止异常或暴躁好斗，这尤其令人感到不安。

为什么会发生行为变化？

病人行为发生变化有多种原因。痴呆症是因为病人大脑发生变化并影响病人的记忆力、情绪和行为而造成的。这些行为有时可能与大脑中发生的这些变化有关。其他情况可能是因为病人所处环境、健康或药物发生变化而触发了这些行为。可能是沐浴之类的活动过于困难。也可能是病人感到身体不适。痴呆症对病人的影响各不相同，并且会降低病人表达自己需要及控制环境紧张因素的能力。了解病人为什么会出现某种特定的行为，可能有助于您获得一些如何应对的主意。

从哪里开始

一定要找医生谈谈您对行为变化的担心。医生能够检查是否出现疾病或不适，并能提供一些建议。医生能够说出是否存在潜在的精神疾病，并且检查病人的药物。

应对

应对行为变化可能非常困难，经常需要不断尝试和出错。请务必记住，这种行为不是刻意的。怒气和暴躁通常都发泄在家人和照顾者身上，因为他们是病人最亲近的人。病人控制不住这种行为，自己也可能对此十分害怕。他们需要安慰，但表面看起来却并非如此。

尝试做些什么

- 提供一个安静、轻松的环境，让痴呆症病人保持熟悉的日常习惯，可以帮助避免一些困难行为。
- 保持熟悉的环境。痴呆症病人如果发现自己处于一个陌生的环境或置身于一群陌生人中间，

就会觉得糊里糊涂，不知所措，而感到局促不安。由于无法达到他人的期望，就会产生挫折感，可能就足以触发行为变化。

- 如果某种行为变得难以应付，最好不要尝试任何形式的身体接触，如限制、把他们带走或从后面靠近。在他们恢复前，最好让他们独自呆着，或者叫朋友或邻居帮忙。
- 不要惩罚。病人可能不记得发生的事情，因此也无法从中吸取教训。
- 慢慢说话，细声细语，语气平静、安慰。
- 如果病人给你说错误或混淆的事情，保持安静，不露声色。

侵犯行为

这可能表现为乱打一气等身体侵犯行为，也可能表现为使用脏话等口头侵犯行为。侵犯行为通常是愤怒、恐惧或失望的表现。

尝试做些什么

- 侵犯行为可能是由失望引起的。例如，把门锁上可能防止漫游行为，但可能让病人更加沮丧。
- 活动和锻炼可能有助于防止某些感情冲动。
- 慢慢走近对方，让对方完全看见自己，这可能会有所帮助。使用简短明确的语句来解释要做的事情，如：“我要帮你把大衣脱下来”。这可以让对方不会感觉受到攻击，做出自我保护的反应而变得暴躁好斗。
- 检查侵犯行为是不是因为病人想得到自己想要的东西。如果是这种情况，试着预先想到病人的需要，这样可能会有所帮助。

反应过度

一些痴呆症病人会对细小的挫折或轻微的批评产生过激反应。他们可能尖叫、大喊、无理指责、

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变得非常激怒或固执，或者无法控制、不合时宜地大哭或大笑。病人也可能变得孤僻。这种过激反应的倾向是痴呆症的一部分，称为灾难性反应。

有时候，灾难性反应是表明出现痴呆症的第一征兆。这可能是个短暂的阶段，随着病情发展逐渐消失，也可能会持续一段时间。

灾难性反应可能由以下原因引起：

- 某种情况的过度要求造成压力
- 误解信息造成沮丧情绪
- 另一种潜在的疾病

这种行为可能迅速出现，让家人和照顾者感到惊恐。但是，试着弄清楚是什么触发了灾难行为，有时候就可以避免这种行为。记日记可能有助于了解这种反应是在什么情况下出现的。如果这不可能做到，就可以采用先前列出的一些指导原则，找到迅速有效地应对这种方法。

藏匿物品

痴呆症病人可能看起来总是急于寻找自己认为丢了的东西，并且藏匿物品来妥善保管。

藏匿物品的行为可能由以下原因引起：

- 孤立。如果痴呆症病人没有人陪或者觉得受到忽视，就可能将注意力全部集中在自己身上。藏匿物品的需要是常见的反应。
- 对往事的回忆。现在发生的事情可能会触发对往事的回忆，比如与兄弟姐妹住在一起时，兄弟姐妹总是拿他们的东西，或者有在经济萧条或战争时期养育幼小子女的经历。
- 丧失。痴呆症病人不断失去自己生活的部分。失去朋友、家人、生活中富有意义的角色、收入以及可靠的记忆力，都可能加剧病人藏匿物品的需要。
- 担心。担心被人盗窃是另一种常见情况。病人可能会把贵重物品藏起来，然后又忘记藏在什么地方，然后责怪他人偷走了贵重物品。

尝试做些什么

- 了解病人通常藏东西的地方，首先检查这个地方是否有丢失的物品。

- 准备一个装满零星物件的抽屉让病人来整理，这样可以满足病人不能闲着的需要。
- 确保病人熟悉自己周围的环境，无法辨认环境可能会加剧藏匿物品的问题。

重复性的行为

痴呆症病人可能会反复诉说或询问一些事情。他们还可能变得非常缠人，总是跟着你，甚至跟你到洗手间。这些行为可能令人感到非常不安和生气。重复性的行为可能主要是因为病人无法记住自己说过和做过什么事情所造成的。

尝试做些什么

- 如果解释没有用，分散注意力有时候会起作用。散步、食物或喜爱的活动可能有所帮助。
- 认可所表达的感觉可能有所帮助。例如，“我今天做什么？”可能表示病人感到不知所措，心中无数。对这种感觉作出回应可能会有所帮助。
- 回答重复的问题，就当是第一次问一样。
- 给病人拿些其他东西，让他们的手不闲着，如可以挤捏的软球或需要折叠的衣服，可能会减少重复性的动作。

根据《了解及应对挑战性行为》，苏格兰阿耳兹海默氏病协会－痴呆症行动

请与医生讨论您对行为变化的担心及其对您造成的影响。

痴呆症行为管理咨询服务(DBMAS)是一项全国性的电话咨询服务，为担心痴呆症病人行为的家人、照顾者和护理人员提供服务。这项服务每周7天、每天24小时提供保密的建议、评估、干预、教育和专业帮助，联系电话：**1800 699 799**。

详情

澳大利亚阿耳兹海默氏病协会提供支持、信息、教育和心理辅导。请联络全国痴呆症帮助热线：**1800 100 500**，或浏览我们的网站：fightdementia.org.au。



若需要语言方面的帮助，请致电口笔译服务处电话：**131 450**。

CHANGED BEHAVIOURS

This Help Sheet looks at some of the common behaviour changes that may occur when a person has dementia. Reasons for the changes and some general guidelines for coping with them are discussed.

Changes in the behaviour of a person with dementia are very common. This may place enormous stress on families and carers. It can be particularly upsetting when someone previously gentle and loving behaves in a strange or aggressive way.

Why does behaviour change?

There are many reasons why a person's behaviour may be changing. Dementia is a result of changes that take place in the brain and affects the person's memory, mood and behaviour. Sometimes the behaviour may be related to these changes taking place in the brain. In other instances, there may be changes occurring in the person's environment, their health or medication that trigger the behaviour. Perhaps an activity, such as taking a bath, is too difficult. Or the person may not be feeling physically well. Dementia affects people in different ways and reduces a person's capacity to communicate their needs and manage environmental stressors. Understanding why someone is behaving in a particular way may help you with some ideas about how to cope.

Where to begin

Always discuss concerns about behaviour changes with the doctor, who will be able to check whether there is a physical illness or discomfort present and provide some advice. The doctor will be able to advise if there is an underlying psychiatric illness and check the person's medications..

Managing

Managing changed behaviours can be very difficult, and is often a matter of trial and error. Always remember that the behaviour is not deliberate. Anger and aggression are often directed against family members and carers because they are closest. The behaviour is out of the person's control and they may be quite frightened by it. They need reassurance, even though it may not appear that way.

What to try

- Providing a calm, unstressed environment in which the person with dementia follows a familiar routine can help to avoid some difficult behaviours

- Keep the environment familiar. People with dementia can become upset if they find themselves in a strange situation or among a group of unfamiliar people where they feel confused and unable to cope. The frustration caused by being unable to meet other people's expectations may be enough to trigger a change in behaviour
- If a behaviour becomes difficult, it is best to refrain from any form of physical contact such as restraining, leading them away or approaching from behind. It may be better to leave them alone until they have recovered, or call a friend or neighbour for support
- Avoid punishment. The person may not remember the event and is therefore not able to learn from it
- Speak slowly, in a calm, quiet and reassuring voice
- Remain quiet or neutral if the person tells you something that seems wrong or mixed up

Aggression

This can be physical, such as hitting out, or verbal such as using abusive language. Aggressive behaviour is usually an expression of anger, fear or frustration.

What to try

- The aggression may be due to frustration. For example, locking the door may prevent wandering but may result in increased frustration
- Activity and exercise may help prevent some outbursts
- Approaching the person slowly and in full view may help. Explain what is going to happen in short, clear statements such as "I'm going to help you take your coat off". This may avoid the feeling of being attacked and becoming aggressive as a self-defence response
- Check whether the aggressive behaviour is about getting what the person wants. If so, trying to anticipate their needs may help

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Over-reaction

Some people with dementia over-react to a trivial setback or a minor criticism. This might involve them screaming, shouting, making unreasonable accusations, becoming very agitated or stubborn, or crying or laughing uncontrollably or inappropriately. Alternatively, the person might become withdrawn. This tendency to over-react is part of the disease and is called a catastrophic reaction.

Sometimes a catastrophic reaction is the first indication of the dementia. It may be a passing phase, disappearing as the condition progresses, or it may go on for some time.

Catastrophic behaviour may be a result of:

- Stress caused by excessive demands of a situation
- Frustration caused by misinterpreted messages
- Another underlying illness

This behaviour can appear very quickly and can make family and carers feel frightened. However, trying to figure out what triggers catastrophic behaviour can sometimes mean that it can be avoided. Keeping a diary may help to identify the circumstances under which they occur. If this isn't possible, you can find ways of dealing with the behaviour quickly and effectively using some of the guidelines listed earlier.

Hoarding

People with dementia may often appear driven to search for something that they believe is missing, and to hoard things for safekeeping.

Hoarding behaviours may be caused by:

- Isolation. When a person with dementia is left alone or feels neglected, they may focus completely on themselves. The need to hoard is a common response
- Memories of the past. Events in the present can trigger memories of the past, such as living with brothers and sisters who took their things, or living through the depression or a war with a young family to feed
- Loss. People with dementia continually lose parts of their lives. Losing friends, family, a meaningful role in life, an income and a reliable memory can increase a person's need to hoard
- Fear. A fear of being robbed is another common experience. The person may hide something precious, forget where it has been hidden, and then blame someone for stealing it

What to try

- Learn the person's usual hiding places and check there first for missing items
- Provide a drawer full of odds and ends for the person to sort out as this can satisfy the need to be busy
- Make sure the person can find their way about, as an inability to recognise the environment may be adding to the problem of hoarding

Repetitive behaviour

People with dementia may say or ask things over and over. They may also become very clinging and shadow you, even following you to the toilet. These behaviours can be very upsetting and irritating. Repetitive behaviours may be mainly caused by the person's inability to remember what they have said and done.

What to try

- If an explanation doesn't help, distraction sometimes works. A walk, food or favourite activity might help
- It may help to acknowledge the feeling expressed. For example "What am I doing today?" may mean that the person is feeling lost and uncertain. A response to this feeling might help
- Answer repeated questions as if they were being asked for the first time
- Repetitive movements may be reduced by giving the person something else to do with their hands, such as a soft ball to squeeze or clothes to fold

Based on 'Understanding and dealing with challenging behaviour', Alzheimer Scotland – Action on Dementia

Discuss with the doctor your concerns about behaviour changes, and their impact on you.

The Dementia Behaviour Management Advisory Service (DBMAS) is a national telephone advisory service for families, carers and care workers who are concerned about the behaviours of people with dementia. The service provides confidential advice, assessment, intervention, education and specialised support 24 hours a day, 7 days a week and can be contacted on **1800 699 799**.

FURTHER INFORMATION

Alzheimer's Australia offers support, information, education and counselling. Contact the National Dementia Helpline on **1800 100 500**, or visit our website at fightdementia.org.au



For language assistance phone the Translating and Interpreting Service on **131 450**