



Indiana Dementia Training for Direct Care Providers

Agitation, Resistiveness to Care, and Aggression

Course Description: *This course is a self-paced learning activity. In clients with dementia, agitation, resistiveness to care, and aggression are often triggered by feelings of a loss of control, misperceiving situations or actions as threats, inability to communicate clearly, and frustration with tasks or interactions with others. How a caregiver approaches and communicates with a client with dementia can make a real difference in assisting the client and even in preventing upset in the future.*

Learning Objectives:

Upon completion of this educational activity, the participant should be able to:

- 1. Understand that agitation, resistiveness to care and aggression are coping mechanisms.*
- 2. List common triggers for agitation including physical or medical reasons, environmental influences, and cognitive changes which can lead to client upset.*
- 3. Understand some steps to take if you recognize that your client is becoming agitated.*
- 4. Understand some measures to take and questions to ask to help determine how to prevent future agitation.*

This activity contains a post-test. You must complete the entire learning activity and test and score an 80% or higher to obtain a certificate of completion. Partial credit will not be given.

Contact Hours: 1 hour, including the required quiz

People living with dementia often cling to control any of their remaining independent choices. Things like what to wear, what and when to eat or drink, when to bathe, where to go, and what to do with their free time are choices likely that will require assistance as dementia progresses. Many times, agitation or, in particular, a restiveness to accepting care are due to the loss of these personal choices. Sometimes, with dementia also comes a lack of awareness that help may even be required. Therefore, many people with dementia who have always done the personal care tasks themselves can see no reason why others are trying to say they can't. This mismatch of what they think or feel with the new reality often spurs restiveness to care, agitation, and/or even aggression.

Resistive or aggressive behaviors are coping mechanisms. It is normal for negative experiences to cause stress and upset, and the same occurs for those with dementia. Generally, people can control the extent to which they express their feelings. If you are furious with your boss, you may choose not to show your anger, but the person with dementia may lose this ability and cry or explode over even minor things. The area responsible for knowing what they are doing, their judgment, and control of impulses are often also damaged. Their reaction may also be greater because they may not be able to express or even understand what is wrong or what they need. So, they may instead respond with what we may consider an inappropriate or exaggerated reaction.

People with dementia who "resist care" often feel frightened, confused, or uncomfortable, and it is up to you, as the caregiver, to put them at ease. Agitation in clients can occur for many reasons. Whatever the cause, it's important to realize the potential for a client's agitation to become more serious. Understanding the source of agitation is necessary to help the client and yourself. A very agitated client



Indiana Dementia Training for Direct Care Providers

also has the potential to become violent, so easing the client's mood is beneficial to you and others around the client. You might not always be able to achieve this goal, but there are strategies to help prevent severe agitation.

An agitated client may be irritated, uncomfortable, upset, disorderly, rowdy, disruptive, or loud. They may make constant demands, have repetitive questions or phone calls, refuse to do something, pace, or rummage. Agitation, being one of the most commonly observed neuropsychiatric symptoms, is reported to be found in up to 70% of dementia patients. (Jacopo, 2017) An agitated client might become difficult to care for; may refuse to take medication, eat, or even listen to instructions. When trying to provide care tasks, it is necessary to try to find the source and solve or address it before moving on to personal care. If you don't address their feelings or if the client is extremely distraught, agitation can become aggressive.

Aggressiveness is by far the most challenging behavior to deal with. A person who is physically or verbally aggressive is a threat to themselves and others. An aggressive person is now in fight or flight mode. Physical aggression is dangerous to the caregiver when the person acts on these feelings by verbally or physically threatening another person or attacking objects. Aggression can also include self-injury, such as head banging or biting oneself.

Common Triggers or Finding the "Why" For the Upset

It is important to try to understand why a person with dementia behaves in a particular way. Changes in behavior are a clue that something is wrong, and they are a means of expressing an unmet need. When we observe behaviors in clients that seem disruptive or aggressive, a common response is to try to get the person with dementia to change their behavior. But this approach is nearly always ineffective. Instead, we should try to find out what is causing the upset. Many clients lack the physical, cognitive, and coping resources to change their behaviors. So it becomes the responsibility of us, the caregivers, to determine the cause and discover what can be altered to reduce or eliminate their agitation or frustration. Also, if you can determine what may be triggering a client's upset, it may be easier to figure out a way to prevent agitation from happening again. Usually, agitation or aggression occurs for several primary reasons. There may be unmet needs, perhaps physical, psychological, emotional, or social needs. They may also be relying on their faulty memory to try to function and when this doesn't work for them, they experience upset.

But the behaviors used by the person with dementia allow them to express their frustration, fear, upset, pain, boredom, or overstimulation. Three care tasks in which agitation or restiveness to care is most likely to occur revolve around toileting, bathing, and eating. And unfortunately, as a caregiver, these are the very tasks you are often there to help the client perform. These are also tasks that most adults have been doing their entire lives independently, and because of the loss of insight and faulty memory occurring with many types of dementia, a person may no longer understand why others are trying to help them do tasks they feel like they can do.



Indiana Dementia Training for Direct Care Providers

Common Triggers related to the Person with Dementia

Physical and Medical Problems

If a person with dementia has recently become agitated for the first time or has a change from their usual behavior, the first thing to look for is a medical or physical problem. Sudden illnesses may first affect the vulnerable, damaged brain, causing worsened agitation. The client may develop delirium that begins suddenly, generally because of an underlying infection, dehydration, poor nutrition, or a change in electrolytes. Delirium is a medical emergency and if a client has an abrupt behavior change, call your supervisor/nurse manager immediately.

Other possible reasons for agitation could be the worsening of a chronic disease such as diabetes, heart failure, or kidney disease. Those with dementia usually lose the ability to manage their disease processes, and exacerbations are more likely because they cannot notice the subtle changes in their condition nor can they be proactive in preventing flare-ups. An underlying depression or anxiety can also cause emotional outbursts and should be ruled out when there is a sudden behavior change.

Other things to observe would be side effects or reactions to medications. Drug reactions can cause confusion and sudden changes in a person's functioning.

Impaired hearing and vision can also affect a person's understanding of what is happening around them. They may misunderstand noises or become more confused because they cannot clearly see their surroundings. Disrupted sleep patterns also must be considered as fatigue can contribute to a client's agitation and resistiveness to care.

Another common cause of agitation is pain. A person with dementia may not interpret pain the same as a person who is cognitively intact might. They may be in tremendous pain from arthritis, a headache, or backache. And even with something such as a fracture that generally causes acute pain, they may not be able to communicate they are hurting and may even walk on the fracture. Often when there is a behavior change you will need to watch the person's face and movements to determine if there are any grimaces, slowed movements, or any other indications of unidentified pains.

In situations where a client's behavior and agitation have changed suddenly, you must consider an acute illness or worsening of chronic disease and contact your nurse manager/supervisor immediately.

Environment

People with dementia are often very sensitive to their surroundings and depend on their environment to help them know what they should do and to help them feel safe. The ideal environment for a person with dementia provides a clear, calm, comforting place that offers familiarity. Routine and consistency often become necessary to function at their highest level. Noisy, poorly lit, or improperly heated areas can cause increased agitation. Boredom, being ignored or left for long periods, or being overwhelmed by too much noise or people can also cause upset.

If a client seems upset in only certain areas, assess to see if the environment is too large and overwhelming. Can the person with dementia figure out what they are supposed to do in their space?



Indiana Dementia Training for Direct Care Providers

Also, observe to ensure that the space is not too visually cluttered. This can be literal clutter or even busy wallpaper or couches that are overly patterned. Because the brain must continually scan the environment to make sense of it and determine what things are, large patterns and clutter can make this harder for people with cognitive loss to interpret. Confusing sensory input, such as poor lighting that causes shadows, poor color contrast between floors and walls, and patterned floor tiles that look like holes, can contribute to agitation. Glare from direct sunlight or a highly polished floor can also affect a person's ability to navigate their surroundings confidently, which can cause frustration for the person with dementia.

Many clients, because of their cognitive or physical impairments, cannot screen out or filter environmental noise. They often become particularly sensitive to constant noise or sudden jarring noises. They also may lose the connection for what noises mean, and therefore they may be frightened by common everyday noises like the bathroom fan or voices from the television, etc.

If the client has problems with wayfinding, it will be important to ensure the bathroom is visible, either with signage or by keeping the door open. Many dementia clients get upset when they understand they need to go to the bathroom but can no longer find where they are supposed to go. The lack of color contrast in most bathrooms can also affect a client's ability to see the toilet, particularly if it is a white bathroom with a light-colored floor.

When a client is introduced to a new and unfamiliar environment, they are more likely to be confused because they must expend so much energy trying to interpret all that is happening around them. In these instances, it will be important for you to provide lots of reassurance and let the client know where they are and that they are safe.

Cognitive Changes

As dementia progresses, the cognitive changes that affect each individual will be different for each person. But in general, a person with dementia may get more easily overwhelmed with activities and tasks that they used to be able to do easily. Tasks such as dressing and bathing take multiple steps that must be done in a specific order, and many with dementia simply get overwhelmed and frustrated when they experience difficulty. Also, they may no longer be able to communicate their needs successfully, which further leads to upset. Add to that the memory loss that often occurs, and the person with dementia doesn't remember that they were told 15 minutes ago that they were supposed to get dressed for their doctor's visit, and when the caregiver asks them why they are not dressed, they explode.

Delusions experienced in many types of dementia can also contribute to agitation. Delusions are fixed false beliefs that are out of touch with reality. A common delusion is that a client may think that their purse, wallet, or other prized possession has been stolen. Delusions are held with total conviction and cannot be altered by the presentation of facts or by an appeal to logic or reason. Generally, if you are the only one with the client in the home, you will be the target of this accusation. Another delusion that can happen in dementia is the client may think their food is poisoned or that their spouse is cheating on them. In all these instances, it is a normal reaction to be agitated if you truly thought those things were happening to you. Think about the pit in the stomach that you get when you can't find your wallet or cell phone. Your heart begins to race and you start becoming very upset. This reaction is also



Indiana Dementia Training for Direct Care Providers

experienced by a person with dementia. So, the best response in these situations is to validate any part of the delusion that is real and reassure the client that you are there for them and will help them. For example, “Oh, your purse is missing, I’ll help you look for it” or “that food does taste off, why don’t you come in the kitchen and help me make a new plate and you can supervise”. Try not to take any accusations personally.

Hallucinations too can contribute to client upset. If the client sees or hears something that you do not, don’t argue or tell them it’s not real. Acknowledge whatever emotion the client seems to be feeling. If they seem frightened, tell them they are safe and try to distract them with something they enjoy.

When clients lack a sense of predictability or routine in their day, this can lead to fear, irritation, and distress. Therefore, it is important to look at their day to see if a lack of appropriate activities or purposeful ADLs can help meet their need for both routine and purpose. When you think about it, throughout our lifetimes, we all spend a significant portion of our days doing incidental tasks such as getting the mail, preparing meals, doing laundry, housekeeping, etc. It is important to provide a sense of routine and purpose in a client’s day to help them to continue to feel vital.

When we ask a person with dementia to do a task or activity that is too complicated or that they no longer are familiar with, the client may get unusually upset. They may feel a sense of failure. Dementia causes the brain to lose its normal ability to control these angry impulses, and it may take hours and hours for them to be able to be calm again. So, it will be important to continue encouraging the client to participate in tasks, but it will be necessary to break each task down step by step. For example, a client may be overwhelmed trying to pick their own clothes and dress for the day. However, if you allow them to choose what to wear from just a couple of choices and then lay out their clothes in the order they are to put them on, they may be able to dress independently.

What to do to Help

When a person gets upset, **stop whatever you are doing**. Remove whatever caused the reaction or remove the person from the problem or move them to a quiet space. Once a person starts to become upset with you or with a task, your presence may exacerbate the problem. They likely will see you as the cause of the problem, and your stress will be apparent to them no matter how hard you try to stay calm. Don’t invade their personal space or make the client feel trapped. Position yourself close to the exit but don’t turn your back on the client. Maintain a safe distance and maintain a neutral posture, meaning do not stare at the client or tower over them if they are sitting. Stand with open palms and arms at the side.

Remove other people in the room rather than try to remove the upset person. When possible, avoid arguing, explaining, or restraining, and don’t push, touch, or direct. At this point, the person’s ability to think and reason is gone, and these actions will only make things worse. Make sure the client knows you are there to help and not hurt. Explain calmly that you are on their side. Repeat often that you want to help them. Clients need to hear you want to help many times before sometimes they can understand.

It is important to really try to listen. Often, a client just needs to feel heard. Many times, to calm a client, you need to determine how to find something with which you can agree with them. Try to



Indiana Dementia Training for Direct Care Providers

acknowledge what they are upset about and their frustration and try to shift the focus to how to help them solve the problem. Try saying something like, “I’d probably feel the same way if I was in your shoes,”; or “you seem upset, is there anything I can do?”; or “How can I help?”

If the client is calming down, you may try to offer them a drink or some food or other pleasant distraction. Some clients respond to touch, and you can try to offer soft blankets, pillows, stuffed animals, or a weighted lap blanket that may calm the client. Many doctors, nurses, and occupational therapists who advocate weighted blanket use believe that deep pressure stimulation can stimulate serotonin and endorphin release in the brain, which elevates mood like when one receives a hug. Sometimes repetitive tactile stimulation (folding towels or placing beads in a container) can help calm clients.

Strategies to try for Agitation or Resistance to Care

If upset occurs while eating:

- Try to make the meal-time environment consistent and eliminate any utensils or other things on the table that could be distractions.
- Use a rubber placemat or other non-stick surface under the plate to make it easier for the person to get food on the utensil without the plate moving.
- Use cups with lids and straws if the client has problems with frequent spills.
- Try calming music during meals and eliminate distracting noises, such as the television.
- Offer pre-chopped food if cutting food is causing frustration.
- Offer finger foods, such as sandwiches when the client seems frustrated in using a utensil.
- If the client seems confused with what they are supposed to do, hand them the utensil or a drink, and many times their muscle memory will take over.
- If the client requires feeding assistance, make sure the meal is paced appropriately and you do not feed them too quickly. Give them plenty of time to swallow.

If upset occurs while bathing or personal care is provided:

- Make sure the water is at the proper temperature.
- Always approach the client from the front so they see you coming.
- If the word “bath” seems to trigger the client, use terms like “wash up”.
- Consider using blue food coloring in the tub water if the water in a white bathtub seems frightening to the client. Sometimes, cognitive changes affect a person’s ability to determine depth perception. The blue color will make the water easier to see more clearly.
- Use pleasant smells to make the bathing experience more appealing.
- Eliminate distracting noises that may echo in the bathroom and cause the client to be frightened, such as the fan or water dripping.
- Allow the client to take part in the bath as much as possible. If they are unable to help or seem stalled, allow them to participate by handing them one item at a time and offering simple step-by-step instructions about what to do. If this becomes too difficult, you can allow them to participate by letting them hold a washcloth and perhaps wash their face.
- If the water from the shower head seems to increase agitation, consider encouraging the client to touch or even hold the showerhead so they have more control.
- If the client seems upset about being unclothed in front of you, consider allowing them to wear a towel or robe and wash underneath while allowing them to stay covered.



Indiana Dementia Training for Direct Care Providers

- If the client has a time of day in which they seem most alert and happy, try moving the bath to this time and avoid a time when the client may be fatigued.
- If the client refuses a bath or shower, don't argue or try to use logic and reason. Instead, talk about pleasant activities you can do after the shower.
- Make the bathroom warm and comfortable. Warm towels in the dryer if possible.
- If they seem scared or resistant to bathing, try to get them to sit on the toilet and let you wash their feet. Then say, "while I am here, why don't I just wash your legs and arms..." If they won't get into a bath/shower, at least they can still get spot-cleaned.
- Make sure there are no surprises for them. Tell them what is going to happen next, and encourage and cue them so they can participate as much as possible.

If upset occurs with shaving or grooming:

- Remove any items that are not necessary or could be confused for something else. For example, a tube of hemorrhoid cream may be mistaken by the client for toothpaste.
- Use labels or try to make items better seen. For example, place the red toothbrush on a white washcloth next to the toothpaste so the client is cued to use them.
- Use simple statements to walk the client through tasks such as shaving, brushing teeth, or combing hair.

If upset occurs with toileting:

- If the client no longer recognizes the need to go to the bathroom early enough or cannot ambulate to the bathroom quickly enough to prevent an accident, consider trying a regular toileting schedule.
- Help the person to identify where the toilet is. A sign on the door, including both words and a picture, may help. It needs to be clearly visible, so place it within the person's line of sight and make sure the sign is bright so it's easy to see. You can also help the person to know when the toilet is vacant by leaving the toilet door open when it's not in use.
- Check the position of mirrors in the bathroom. The person with dementia may confuse their reflection for someone else already in the room, and not go because they think the toilet is occupied.
- The room and the route to the toilet should be well-lit, especially at night.
- Help the person to identify the toilet. A contrasting color (for example, a black seat on a white base) can make it easier to see.
- Make sure the person has privacy in the toilet, but check that they don't have difficulty managing locks. To avoid the person locking themselves in, encourage the family to disable the locks or check that you can open them quickly from the outside (for example with a key).
- Help the client choose clothing that will be easier for the person to undo when using the toilet. Pants with an elastic waist are often easier than zippers. Some people find specially made clothing with Velcro fastenings easier to use than zips or buttons.
- If the person is less mobile, handrails and a raised toilet seat may make it easier for them to use the toilet.
- If getting to the toilet becomes too difficult because of mobility problems, an aid such as a bedside commode may be useful. This will require the person to recognize the commode, know how to use it, and be willing to use it.
- Motion sensors for lights or night lights in the bathroom and hallways leading to the bathroom may assist the client at night.



Indiana Dementia Training for Direct Care Providers

How To Predict/Prevent Future Agitation/Aggression

When a client has become agitated or shows aggression, it is important that once the client is calm and safe, you try your best to determine what may have caused the upset. Try to find the client's unmet need so that you can help prevent future client outbursts and agitation.

Here are some general questions you can ask yourself to help determine the cause of the client's frustrations:

- Look at when the behavior occurred –Did it happen just once? What time of day?
- How would you describe the person's behavior? Are they restless, fidgeting, wandering, yelling, refusing activities, rummaging, etc?
- What seems to make it worse?
- Where did it occur?
- Who was present?
- What happened immediately before the upset?
- What happens after the behavior occurs?
- What seems to comfort the client?
- Does the client show signs of pain or discomfort?
- Is the client on any new medications?
- Does the behavior seem to be better or worse with rest, noise, pain, hunger, the need to go to the bathroom, or boredom?
- Are they more fatigued than normal?
- Were they trying to perform a task they found too complicated or challenging?
- Did they show any signs of distress before the event, such as pacing or repetitive vocalization?
- Was their routine changed from normal?
- Check the environment for lighting, shadowing, and anything that could be seen as frightening, such as mirrors or statues, etc.
- Does the client have glasses and hearing devices as needed?

While it is not possible to always predict when a client will become agitated or aggressive. It is important to try to understand what some common triggering events may be so that you can work towards determining what a client's unmet need may be at any given time. Each client will be different, and it is important to use strong observation skills to help identify the signs of upset before the client becomes too agitated. However, despite all your efforts, sometimes the client may still become agitated. Knowing how to react to the client will be key to being able to calm them and help them feel safe and heard, hopefully preventing a worsening catastrophic reaction.



Indiana Dementia Training for Direct Care Providers

Resources

Carrarini C, Russo M, Dono F, Barbone F, Rispoli MG, Ferri L, Di Pietro M, Digiovanni A, Ajdinaj P, Speranza R, Granzotto A, Frazzini V, Thomas A, Pilotto A, Padovani A, Onofri M, Sensi SL, Bonanni L. Agitation and Dementia: Prevention and Treatment Strategies in Acute and Chronic Conditions. *Front Neurol.* 2021 Apr 16;12:644317. doi: 10.3389/fneur.2021.644317. PMID: 33935943; PMCID: PMC8085397.

Jacopo EO. Dementia-related agitation: a review of non-pharmacological interventions and analysis of risks and benefits of pharmacotherapy. *Transl Psychiatry.* 2017 Oct 31;7(10):e1250. DOI: 10.1038/tp.2017.199. PMID: 29087372; PMCID: PMC5682601.

Raveesh BN, Munoli RN, Gowda GS. Assessment and Management of Agitation in Consultation-Liaison Psychiatry. *Indian J Psychiatry.* 2022 Mar;64(Suppl 2): S484-S498. DOI: 10.4103/Indian psychiatry.indianjpsychiatry_22_22. Epub 2022 Mar 23. PMID: 35602364; PMCID: PMC9122159.