Wandering and getting lost:
Preparing for and preventing it

Alzheimer’s disease causes people to lose their ability to recognize familiar places and faces. Six in 10 people with dementia will wander at least once. Although common, wandering can be dangerous — even life-threatening.

Who is at risk for wandering?
Everyone with Alzheimer’s disease or another dementia is at risk for wandering. The following information can help you prepare for and manage wandering behavior during any stage of the disease.

Mild (early) stage
People in the mild stage of Alzheimer’s can wander or become confused about their location. Some warning signs to look for in this stage of the disease include:

• Returning from a regular walk or drive later than usual.
• Forgetting how to get to familiar places.
• Increased anxiety in new or changed environments.

Moderate (middle) to severe (late) stage
As the disease progresses, some warning signs to look for include:

• Trying to fulfill former obligations, such as going to work.
• Trying to “go home” even when at home.
• Acting restless, pacing or making repetitive movements.
• Having difficulty locating familiar places like the bathroom, bedroom or dining room.
• Asking the whereabouts of current or past friends and family.
• Acting as if doing a hobby or chore, but nothing gets done.
• Appearing lost in a new or changed environment.

Tips to reduce the risk of wandering
Having a daily routine during any stage of the disease can provide structure for carrying out daily activities. The following strategies may also help lower the chances of wandering.

In the mild stage of the disease, the person with dementia has the ability to discuss strategies with their care partner that may help reduce the risk of wandering and provide peace of mind. Consider the following:

• Determine a set time of day to check-in with one another.
• Use a calendar to list scheduled appointments and activities. For example, sync calendars on your smart phones.
• Together, review scheduled activities and appointments for the next day.
• Identify alternative travel companions if the care partner is not available.
• Identify alternative transportation options, e.g., friend, car pool, if getting lost while driving becomes a concern.
Actions to consider as the disease progresses:

- Identify the most likely times of day that wandering may occur. Plan physical activities for those times — it may help reduce anxiety, agitation and restlessness.
- Offer reassurance if the person feels lost, abandoned or disoriented. Use communication focused on validation and refrain from correcting the person. For example, “I know you’re scared. We’re safe and I’ll be with you.”
- Ensure all basic needs are met (e.g., hunger, thirst, toileting).
- Avoid busy places that can cause disorientation (e.g., shopping malls, grocery stores).
- If wandering at night is a problem, make sure the person has gone to the bathroom before bed and consider reducing fluids two hours before bedtime.

Prepare your home

The following may be helpful in preventing wandering in the moderate to severe stages of the disease. Assess your individual situation to see which safety measures may work best.

- Use night lights throughout the home. This may also be helpful in the mild stage.
- Place locks out of the line of sight. Install slide bolts at the top or bottom of doors.
- Cover door knobs with cloth the same color as the door or use safety covers.
- Camouflage doors by painting them the same color as the walls. Cover them with removable curtains or screens.
- Use black tape or paint to create a two-foot black threshold in front of the door.
- Place warning bells above doors.
- Use monitoring devices that signal when a door is opened.
- Place a pressure-sensitive mat at the door or person’s bedside to alert you to movement.
- Put hedges or a fence around the patio, yard or other outside common areas.
- Use safety gates or brightly colored netting to bar access to stairs or the outdoors.
- Monitor noise levels to help reduce excessive stimulation.
- Create indoor and outdoor common areas that can be safely explored.
- Label all doors with signs or symbols to explain the purpose of each room.
- Secure items that may trigger a person to leave the home such as a coat, hat, pocketbook, keys and wallet.
- Avoid leaving a person with dementia alone in a car.

Planning ahead

- Enroll the person in MedicAlert® + Alzheimer’s Association Safe Return® and make sure you provide a recent photo and updated medical information.
- Ask neighbors, friends and family to call if they see the person wandering, lost or dressed inappropriately.
- Keep a recent, close-up photo on hand to give to police, should the need arise.
- Know your neighborhood. Pinpoint dangerous areas near the home, such as bodies of water, open stairwells, dense foliage, tunnels, bus stops and roads with heavy traffic.
- Keep a list of places the person may be talking about or wander to, such as past jobs, former homes or a church or restaurant.

If a person with dementia wanders

- Respond to the incident as an emergency – begin search efforts of immediately.
- Search the immediate vicinity – 94 percent of individuals are found within 1.5 miles of where they disappeared.
• Look around landscape trouble spots, like ponds, tree lines or fence lines – 29 percent are found within brush or briar.

• Use information from previous wandering episodes or other repetitive patterns to point to the most likely destinations; consider areas of the individual’s past jobs or homes.

• Is the individual right- or left-handed? Wandering generally follows the direction of the dominant hand.

• Call 911 to file a missing person’s report if unable to locate the person within a reasonable amount of time (e.g., 15 minutes). Inform them that the person has dementia.

• File a report with MedicAlert + Safe Return through the incident line at 800.625.3780.

Resources

• MedicAlert® + Alzheimer’s Association Safe Return® (877.572.8566 or alz.org/safety).

• Alzheimer’s Association Comfort Zone® (877.259.4850 or alz.org/comfortzone).