

Reasoning with Your Patient

“But We Are At Home”

My dad asks, “*Why don't the buses run by here anymore?*” or “*How far is it to the river?*” When I told him it was 3,000 miles to the river, he got mad and told me I was a damned fool. He thinks he is in Cleveland, but he hasn't lived there for nearly 50 years.

We have a hard time letting go of the old habit of reasoning with our spouse, parent, or friend who now has been moved beyond reason by dementing illness. It is important to keep in mind that real deterioration of brain tissue is the cause of apparently irrational behavior. The victim is not behaving this way to annoy or irritate. In fact, they are probably unable to consider the impact of their actions on others. It is seldom going to work to teach the woman not to hide things in the wastebasket. Instead we must teach the caregiver to accept this behavior as harmless and to check the wastebaskets before emptying them.

The woman whose husband wanted to go home learned that she only frustrated both of them when she tried to “*explain*” that they were at home. Rather what worked was to go outside, walk to the corner and back. Upon entering the house a few minutes later, the husband was content. Now, his short-term memory was poor, and he would ask the same question again later, but there is an important lesson here; there is no reason why the patient's reality must conform to ours. We must not let our discomfort with our patient's condition lead us. If Dad thinks he is in Cleveland, what is the harm in that?

If the Alzheimer's patient expresses a request that is obviously impossible, we may be tempted to respond with a “*reasonable*” explanation of why it cannot be done. A caregiver told me of the time her husband woke at one in the morning and wanted to go to San Francisco. Rather than explaining to him all the reasons why this wasn't a good idea, she said, “*All right, but we'll have to get dressed first.*” And ten minutes into this process she suggested having some ice cream, and then watching television, and then going to bed. His poor short-term memory allowed her to re-direct him. No one underestimates the stress of being awakened at 1 a.m. and kept up for 40 minutes, but it could only have been worse if the patient had become agitated in an argument about the appropriateness of a visit to the city.

It sometimes helps to become a co-conspirator. Perhaps you have hidden the keys to the car, and Dad wants them. Or you've come to visit Mom and she accuses you of taking the checkbook she has mislaid. Instead of responding to the “*real*” situation, i.e., why he can't drive or Mom's history of losing things and the hurt of the accusation, we might agree that the items are lost and offer to help look for them. After looking for a bit, suggest that “*Well, we'll find them, but let's sort these clothes right now. We really need to get this done.*” Wait for an opportunity to re-direct, and always talk positively about the future – “*it's going to be all right.*” Remember, you never win an argument with an Alzheimer's patient.

Of course, all of this is easier said than done. We take a great deal of baggage into these interactions with family members. Perhaps you thought he was manipulative when he was well, and now you think he “*really knows.*” It takes time to internalize our knowledge about dementia and it is stressful. Support groups can help. These issues are a common theme and you can discuss your feelings and coping skills in an accepting atmosphere.