

Understanding Combative Behavior in Someone with Alzheimer's Disease

There are many myths around combative behavior and Alzheimer's disease. Some of those myths are that 1) it has something to do with personality, 2) it is a late onset of a psychiatric illness like schizophrenia, 3) it is a rare occurrence in Alzheimer's disease. The reality is that it has nothing to do with personality and it is a common symptom of the illness, occurring in approximately a third of individuals during course of illness. In order to understand how to reduce the potential for combative behavior and to know how to respond, one first has to understand why this occurs.

As Alzheimer's progresses, the person has less and less tolerance for frustration which is a regular experience for the person with the disease. Alzheimer's disease eventually affects the part of the brain that controls inhibition. When that happens, frustration can quickly turn to resistance, verbal aggression or violence. There is not a protection between thoughts and action. Thoughts become live without the benefit of the part of the brain that tells one what is kind, would have consequences, or would hurt another.

Combative behavior can occur for many reasons. Some are internally provoked due to false beliefs that someone might be hurting them or trying to hurt them in some way. Paranoia, delusions and hallucinations are also common to the experience of Alzheimer's disease and may result in self-defending behaviors that come out in aggression. If the primary reason for combative behavior is paranoia, medication support may be indicated. Fear is the primary feeling in all combative behavior. It is also common for combative behavior to be provoked by things going on in the environment around them. Such things as changes to the schedule, rushing, fatigue and pain can all contribute to a combative response. It is important to consider what was going on before any combative occurrence to assist you in exploring patterns or things that might need alteration in order to avoid another episode. Following are possible reasons for such

behavior and therapeutic responses. All individuals are different and figuring out what works for the person is often trial and error.

Possible Reasons for Combative Behavior:

- **Boredom** — A lack of structure can lead to anxiety and uncertainty. Establishing a routine is often helpful. Day programs are one consideration for those to whom boredom is an issue.
- **Medications** — Drug interactions or negative side effects can add to restlessness and agitation. If new medications have been started, even over-the-counter medications, or there are questions about the person's medications, talk with your doctor.
- **Sadness/Depression** — Depression is a very common experience in Alzheimer's disease and can result in mood changes, hostile reactions and combative behavior. Depression often is revealed in nervousness and negativity. If this is a possibility, talk with your doctor.
- **Too much activity** — A busy day at home or a house full of visitors might create a combative episode. Even a noisy house can contribute to the problem. One can often see an increase in anxiety in Alzheimer's patients prior to a combative incident. Reduce the chances for an incident by limiting the noise level and paying close attention to the person's tolerance of visitors.
- **Pain** — As verbalization becomes more difficult, the person with the disease has less opportunity to share with others when and where they are in pain. Pain should always be a consideration when exploring possible reasons for agitation.

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continued

- **Other medical problems** — Acute illness, like urinary tract infections, often provoke combative behavior. When combative behavior occurs, medical evaluation for the possibility of such an infection should take place. Other common physical reasons for combative behavior are constipation and hydration issues.
- **Fatigue** — As the disease progresses, individuals are less able to respond to messages that tell them they are getting tired. Pay attention to the time of day behavior problems are occurring and consider short naps during the afternoon to limit possible problems. Sometimes individuals with the disease are up in the night and get little sleep during nighttime hours. If a person is not sleeping, medication support may be indicated.
- **Communication** — The way individuals are approached is a significant indicator of how they will respond back. If we are in a hurry, if we scold, criticize or approach in loud voices, chances of a combative reaction are much greater. Approach individuals with kindness, talk at a slower pace and recognize that hurrying someone with the disease will likely end up taking longer.
- **Protection from intrusion** — Bathing is often a time when behavior problems occur. Plan bath around the time of the day the individual is doing the best, use music to calm the mood, divert conversation into pleasant topics, be attentive to modesty issues, using towels as much as possible to avoid the feeling of overexposure and keep the

bathroom warm. Other intrusive requests, like taking medication, should likewise be timed as much as possible to avoid the person having to take large quantities at one time.

The use of nature, music, reading softly to the person, reminiscing with the person, using dolls and other diversional activities are also possible interventions when someone appears to be getting agitated. In those situations where the agitation is persistent and does not respond to above approaches, medication intervention may be necessary. Always keep your doctor aware of behavior issues. It is a good idea to make sure there are no guns and weapons in the house.

If the person with dementia becomes violent:

- Call 911 for assistance; protect yourself and the person with dementia.
- If possible, remove anything that might be used as a weapon and protect yourself until help arrives.

alzheimer's  association

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