

LONG TERM CARE COMMUNITY COALITION

Advancing Quality, Dignity & Justice

UNDERSTANDING AND RESPONDING TO DEMENTIA-RELATED “BEHAVIORS”

FACT SHEET FOR INDIVIDUALS LIVING AT HOME OR IN ASSISTED LIVING

When an individual living with dementia shows signs of upset, distress, or other behavioral changes, it can be difficult to know how to respond. These changes, commonly referred to as Behavioral and Psychological Symptoms of Dementia (BPSD), are common. While these symptoms can be distressing, they often have underlying causes and can usually be addressed without medication.

This fact sheet provides practical steps and gentle, effective strategies to help caregivers, families, and community-based care providers respond to these behaviors with compassion, patience, and understanding. For more resources, please visit our website, <https://nursinghome411.org/dementia-care-in-the-community>.

What are Behavioral & Psychological Symptoms of Dementia (BPSD)?

People living with dementia often experience changes in mood and behavior. These behaviors are not “just part of dementia” and can often be reduced by understanding and responding to the person’s needs. They may include:

- Aggression or agitation
- Hallucinations or delusions
- Anxiety, depression, or apathy
- Restlessness, pacing, or wandering
- Verbal outbursts or resistance to care

The Most Important Thing to Remember:

Behavior is
communication.

Behavior is *not* a disease.

Key Points to Know

- **Medications are rarely the first or best option.** Antipsychotic drugs should only be considered a risk when a person is at immediate risk of harming themselves or others. Even then, they should be used for a short time and closely monitored.
- **Not all symptoms need medication.** For example, hallucinations that don’t bother or upset the person often do not need to be treated at all.
- **Most behaviors have a cause.** These symptoms may be a sign that the person is in pain, confused, overwhelmed, or having an unmet emotional, social, or physical need.
- **Non-drug approaches usually work better.** These include changes in daily routine, communication style, environment, and meaningful activities. For more information, see [LTCCC’s fact sheet on non-pharmacologic approaches to dementia care](#).

Steps for Addressing BPSD

- **Obtain details about the person's behaviors** (nature, frequency, severity and duration) and risks of those behaviors, and discuss potential underlying causes with the care team and (to the extent possible) resident, family or representative;
- **Identify potentially remediable causes** of behaviors (such as medical, medication-related, physical, functional, psychosocial, emotional, environmental);
- **Implement non-pharmacological approaches** to care to understand and address behavior as a form of communication and modify the environment and daily routines to meet the person's needs;
- **Implement the care plan consistently** and communicate across shifts and among caregivers and with the resident or family/representative (to the extent possible); and
- **Assess the effects of the approaches**, identify benefits and complications in a timely fashion, involve the attending physician and medical director as appropriate, and adjust treatment accordingly.

Non-Pharmacologic Approaches to Address BPSD

Effective care for someone experiencing BPSD starts with understanding their unique needs, preferences, and routines. Following are some examples of approaches that might be taken, depending on the specific needs of the individual:

- **Clinical:** Check for any physical discomfort that could be contributing to behavioral changes. Pain, hunger, a need to use the bathroom, or reactions to medications are common causes that can often be resolved with simple care adjustments.
- **Environmental:** Too much noise, bright lights, or unfamiliar surroundings can be overwhelming. Creating a calm, home-like space—whether at home or in assisted living—can reduce confusion and stress.
- **Staff Training:** Make sure caregivers—whether family members or staff—receive training on dementia-friendly care such as:
 - Communication strategies and how to prevent or respond to resistance to care (like during bathing or dressing);
 - Person-centered approaches to care;
 - Understand how dementia affects behavior and how to respond with empathy and patience.
- **Activities:** People living with dementia—whether at home or in assisted living—benefit greatly from being involved in meaningful, engaging activities, regardless of their physical or cognitive abilities. Activities like music and art therapy, light exercise, and time with animals (including real pets or comforting stuffed animals) can help reduce anxiety, improve mood, and promote connection. The key is to choose activities that are tailored to the person's interests, preferences, and abilities.