

Aggressive behaviour

Factsheet 509LP
June 2021



As a person's dementia progresses, they may sometimes behave in ways that are physically or verbally aggressive. This can be very distressing for the person and for those around them. This behaviour may happen when the person is feeling confused or distressed and trying to make sense of what is happening, or when they are trying to communicate that they need something. Looking at what causes this behaviour and being aware of the person's needs can help to reduce this behaviour or make it easier to manage.

If you're caring for or supporting a person with dementia, this factsheet is for you. It suggests reasons why a person might behave aggressively. It gives practical tips about responding in the moment and ways to reduce and manage aggressive behaviour. It also looks at support that is available.

Contents

- Dementia and aggressive behaviour
 - What causes aggressive behaviour?
- Preventing and reducing the impact of aggressive behaviour
 - Managing the person's wellbeing
 - Responding to aggressive behaviour
 - Steps for managing aggressive behaviour
- Looking after yourself
- Other useful organisations

Aggressive behaviour

Dementia and aggressive behaviour

Aggressive behaviour may be:

- verbal – for example, swearing, screaming, shouting or making threats
- physical – for example, hitting, pinching, scratching, hair-pulling, biting or throwing things.

A person with dementia may be more likely to behave in ways that seem aggressive as their condition progresses. This can be very difficult to manage. Understanding how the person's dementia is affecting them may help.

Some people assume that aggressive behaviour is a symptom of dementia itself. This can be true, but it's more likely that there is another cause. It's important to see beyond the behaviour and think about what may be causing it. Reasons for the person's behaviour could include:

- difficulties to do with dementia – for example, memory loss, language or orientation problems
- their mental and physical health – for example, they may have pain or discomfort that they are unable to communicate
- the amount and type of contact they have with another person or other people
- their physical surroundings – for example, if the room is too dark the person may become confused and distressed because they can't work out where they are
- a sense of being out of control, frustration with the way others are behaving, or a feeling that they're not being listened to or understood
- frustration and confusion at not being able to do things, or at not being able to make sense of what is happening around them.

Aggression may be linked to the person's personality and behaviour before they developed dementia. However, people who have never been aggressive before may also develop this type of behaviour. Dementia can affect a person's personality and habits.

Knowing the person – how they react to and deal with things, their preferences, routines and history – can help when it comes to supporting them. For example, if the person has always been impatient or anxious, they may be even more so now that they have dementia. It's important to think of the person's point of view – see 'Preventing and reducing the impact of aggressive behaviour' on page 7.

Aggression is one of a number of behaviours – often called 'behaviours that challenge' – that can result from dementia. These behaviours can be just as challenging for the person as for those supporting them. Others include agitation, restlessness, walking about, and being sexually inappropriate. For more information about these types of behaviour see factsheets 525, **Changes in behaviour** and 501, **Walking about**.

What causes aggressive behaviour?

As human beings, we all have the same basic needs. These include physical, psychological and social needs. We do things consciously and unconsciously to meet these needs. The symptoms of dementia can make it more difficult for someone to do this.

For example, people with dementia can find it hard to understand what's going on around them. This can be confusing and frightening for them. It is likely that they are trying to stop feeling distressed and to feel calmer again. For example, if someone they do not know well or who they no longer recognise is trying to help them undress, they may feel threatened and try to push the person away.

Aggressive behaviour may be:

- caused by the person feeling agitated because of a need that isn't being met
- the person's attempt to meet a need (for example, they may remove clothing because they are too hot, and get angry if they are told to stop)
- the person's attempt to communicate a specific need to others (for example, they may shout out because they need the toilet).

See below to page 6 for examples of how different types of needs may cause a person with dementia to act aggressively.

Physical needs

- The person may be in pain or discomfort. For example, they may be thirsty or need the toilet. They could have an infection, constipation, toothache or have been in one position for too long. This can lead to agitation or anger.
- The person may experience side effects from medication, such as drowsiness or confusion, which can cause frustration or make it harder for them to communicate their needs.
- The environment may not be comfortable for the person or appropriate for what they want to do. For example, it could be too noisy for them to be able to have a conversation, or too hot. Make changes to their surroundings if necessary. For example, this could mean reducing background noise, improving the lighting or adjusting the temperature.
- The person may be disorientated or forget the layout of their home, which can cause frustration. For example, they may forget where the toilet is. Or they may forget where certain items are kept. For more information see factsheet 526, **Supporting a person with memory loss**.
- The person may have a condition such as sight loss or hearing loss. This can mean that they mistake something they see, hear, smell or touch for something else. This can cause confusion and frustration. The person should have their eyesight and hearing tested. Make sure they wear glasses and a hearing aid that are clean and working properly, if they need them.

- The person may be having delusions (strongly believing things that aren't true), or hallucinations (seeing things that aren't there). This can be confusing and frightening, so the person with dementia may respond in an aggressive way.
- The person may be sexually frustrated and become agitated as a result. For more information see factsheet 5 14, **Sex, intimacy and dementia**.
- The person's dementia may have affected their judgement and self-control. They may have lost their inhibitions or be less aware of what kind of behaviour is appropriate in a given situation.

Psychological needs

- The person may be frustrated by their situation – for example, not being able to do the things they used to. They may also be frustrated if other people assume they can't do things for themselves and take over. Being left out of decisions may make the person feel angry or upset.
- The person may be depressed or have another mental health condition.
- The person may feel threatened or unsettled by an environment that appears strange or unfamiliar. They may think that they are in the wrong place, or that there are strangers in their home, and they need to protect themselves.
- The person may seem to experience reality differently to you. For example, they may believe they have to go to pick up children from school even though their children are adults. They may become aggressive if they are stopped from doing so.
- The person may misunderstand the intentions of the person caring for them. For example, they may see personal care as threatening or an invasion of their personal space.

Consider whether they may benefit from psychological therapies with professionals, such as cognitive stimulation therapy or counselling.

Social needs

- The person may be feeling lonely or isolated. They might not spend much time with others, or they may not feel included. They may lose confidence and social skills because of this.
- They may be bored or not have much to stimulate their senses, which may cause irritation or anger.
- If the person has different visitors, such as care workers, they may all have their own different approaches and routines. This can be confusing for the person. The person may also not like a particular care professional or their approach.
- The person may be trying to hide their condition from others and become angry if it is mentioned.
- The person may not be aware of the difficulties they're having and become irritated if these are mentioned.

The person's aggressive behaviour may be their response to feeling they're not able to contribute or are not valued by others. Try to encourage the person to have a daily routine and to do as much as they can for themselves. Support them to be as independent as they are able to be.

Staying connected can help someone feel comforted and stimulated. Help the person to stay in touch with other people. For example, help to arrange visits, or phone or video calls. Social media and messaging apps on tablets or smartphones can also be useful. However, it's important to ensure the person is safe online and does not share personal details.

Support the person to do things they enjoy or find useful. This can relieve boredom, increase their mood, and keep them engaged and stimulated. For example, they may enjoy activities such as making music or exercising, or activities that engage their senses. For more information see 'Managing the person's wellbeing' on page 7 and booklet 77AC, **The activities handbook**.

Preventing and reducing the impact of aggressive behaviour

Finding ways to prevent and reduce the impact of aggressive behaviour in the future will help both you and the person with dementia. It will also make your caring role easier. Working out what might be triggering the behaviour may make it easier to prevent it. Looking at ways to deal with aggression can help minimise its impact on the person with dementia and others.

Always try to see things from the person's perspective. Think about the situations where they've become aggressive, and to try to find what has triggered this response.

Think about what you know about the person and their life. Be aware of their beliefs and thoughts and try not to argue with them. For example, if the person has always valued their privacy and independence, then being helped with eating or washing might cause them to become angry.

You may find it helpful to follow 'Steps for managing aggressive behaviour' on page 13.

Managing the person's wellbeing

Thinking of what you know about the person will help you find what works best for them. Tips for managing the person's wellbeing include the following:

- Spend time with the person. This could be having a cup of tea and a chat with them. You could do an activity like gardening or preparing food together, or keep close to the person when you have tasks to carry out. For example, you could be ironing while the person listens to the radio. Even if you're not able to be with the person physically, a phone or video call can help them feel reassured and comforted.
- Think about how the person has dealt with situations in the past. This can help you find ways to support them now. For example, a person who has always been anxious may become more anxious about things now that they have dementia. This may cause them to panic and become aggressive. Being mindful of this can help you reassure and support them.

- If the person enjoys music, help them to listen or take part in making music. This could be supporting them to listen to a favourite piece or types of music using a radio, virtual assistant or other device. They might enjoy being involved in music in groups (singing, playing instruments) or music therapy (with a trained professional). If there is a certain time of day when the person tends to seem agitated or become aggressive, it may help to put on some music that you know they enjoy at that time. If a particular activity, such as bathing, can lead to them behaving aggressively, put on some music before you begin.
- Try to ensure that the person is getting enough sleep. Tiredness can lead to feeling overwhelmed and frustrated, making aggressive behaviour more likely.
- Create a calm environment. This could include soft blankets or cushions and pictures that the person finds comforting. Ensure the person is comfortable. Soft music or nature sounds, and fragrances such as lavender, can also help.
- Support the person to keep physically active and exercise. This can help them to reduce agitation and aggression, as well as improve their sleep. It can help to use up spare energy and act as a distraction. It also provides opportunities for social interaction with others and can provide you with a break. For more information see factsheet 529, **Physical activity and exercise**.

Other methods that may help include:

- stimulating the senses – for example, with hand massage, aromatherapy or familiar, repetitive actions such as folding clothes or sorting buttons
- animal-assisted therapy
- doll or toy therapy
- arts therapy – including dance, drama, singing, drawing or painting
- light therapy or bright light therapy – this involves a person sitting in front of a light box for a set amount of time each day

- cognitive stimulation – this involves activities and exercises that are designed to improve memory and communication skills. Activities are based on day-to-day interests, reminiscence and information relating to the current time and place
- Looking for signs of pain or discomfort from the person. These are often linked to aggressive behaviour in people with dementia. However, they are often not recognised, even in formal care settings like care homes. Signs may include:
 - rubbing or pulling at a particular body part
 - facial expressions – wincing, looking scared or clenching their teeth
 - body language – huddled, rocking, or sitting awkwardly
 - a change in appetite
 - being more restless or never seeming comfortable
 - new swellings or inflammations
 - a high temperature.

It's always a good idea to visit the person's GP. They can rule out any physical problems such as an infection, pain or constipation. Ask the doctor to review all the person's medication, including any medication that has been bought over the counter. (See 'Physical needs' on page 4 for more on how this can affect a person's behaviour).

Mental health conditions such as depression may also contribute to changes in behaviour. These can often be managed with medication or with non-drug approaches.

If the GP has checked for any health problems and the person continues to behave in ways that challenge, they may refer the person to a specialist.

For more information about visiting the GP see factsheet 425, **How the GP can support a person with dementia.**

Antipsychotic drugs

Antipsychotic drugs often used to be prescribed for people with aggressive behaviour. They can reduce or prevent aggressive behaviour but do not address the cause of it. This can mean the behaviour continues once the drugs are stopped. These drugs may also cause serious side effects. The risks and benefits of taking an antipsychotic should always be discussed with the person with dementia, where possible, and any carer.

Antipsychotic drugs should only be prescribed by a doctor as a last resort if non-drug treatments have been tried and didn't work. Even then, they should be used alongside non-drug approaches based on the person's needs. If antipsychotics are used, the person should be monitored closely. Treatments should be reviewed after six or 12 weeks, or both. For more information see factsheet 408, **Antipsychotic drugs and other approaches in dementia care**.

Responding to aggressive behaviour

It can be difficult to know how to react when a person is behaving aggressively. Try to take a moment to think about their needs and why they might be behaving in this way. They are not likely to be doing it on purpose. As a person's dementia progresses, they will have more difficulty understanding logic and persuasion, so trying to reason or argue with them is not likely to help. It may cause frustration and distress for you both.

The tips on page 11 may help you. They are things you can do, and avoid doing, while the person is behaving aggressively and afterwards.

It is very important to seek support if the person you are caring for is acting aggressively, and to keep yourself safe. This may mean calling the police if you feel you are at immediate risk.

At the time

- Before you react, take a deep breath, step back to give the person space and take some time. If appropriate, it may help to leave the room until you're both feeling calmer.
- Although it can be difficult, try to stay calm. Like anyone, the person is likely to respond to your own behaviour and the way you communicate with them. An angry or irritated response may make the situation worse.
- Make sure you are safe. This may mean speaking to the GP, social services or other family members, or calling the police if you are at immediate risk.
- Give the person plenty of space and time. Unless it's absolutely necessary, avoid moving too close or trying to restrain someone, as this can make things worse.
- Try not to shout or initiate physical contact – the person may see this as threatening behaviour.
- Reassure the person and acknowledge their feelings. Think about how they are feeling, what they are trying to express, and how you can support them emotionally. For example, if the person is angry because they are being stopped from picking up their children from school, acknowledge that they want to look after their children and reassure them that they are safe. For more information on managing situations like this see factsheet 527, **Changes in perception**.
- Listen to what they are saying. Try to keep your body language open (for example by not crossing your arms) and stay calm. It can also help if your body language is similar to the person's. For example, if they are sitting down with their arms on their lap, you may want to mirror this. This shows that you are not against them and that you want to help.
- Keep eye contact and try to explain calmly why you are there. Gently encourage the person to communicate with you.
- If you are trying to support the person with an activity or task, think about whether it needs to be done at that moment. If you are able to, give them space, come back later and try again.
- Try to distract the person's attention if they continue to be angry.
- If the person is physically violent, walk away from the situation and seek help.

When the behaviour has passed

Try not to blame or punish the person for the behaviour. They may have forgotten what happened, and may become confused or distressed if you treat them as though they've done something wrong.

Focus on the person, not the behaviour. They may still feel upset and distressed after the behaviour has passed, even if they have forgotten what happened or what they were responding to. Try to be as reassuring as possible.

Take some time to talk through your feelings with others. For example, talk to your GP, friends or family, a counsellor or a dementia support worker. It's important to look after yourself. See 'Looking after yourself' on page 16 for more information.

For more information about communicating with a person with dementia see factsheet 500, **Communicating**.

Steps for managing aggressive behaviour

Supporting a person with dementia who is aggressive is hard and we can't know how it feels for the person. Putting everything you know about the person, the circumstances, environment and your feelings into a wider context might help you cope and support them. You might find the following steps and questions useful as a checklist to work through. You can follow them by yourself or ask a professional such as a dementia support worker to help you.

1 Identify the problem

- Is it the behaviour of the person that is causing the problem?
- Is the problem the reaction or attitudes of other people?
- Is the person's living situation or environment causing a problem?
- What are the other factors? Is the person trying to communicate a need, for example that they are in pain, bored or thirsty?

2 Look at the situation

It can be helpful to keep a diary of the behaviour and the circumstances around it:

- When and where does the person become aggressive?
- Does the person always behave in the same way in the same place?
- Does it always happen with the same person or in similar circumstances?
- Who are the other people involved? For example, they may be visitors, a family member, or a friend.
- Look for patterns in the behaviour. It may be helpful to make a diary of when aggressive behaviour occurs, noting down everything that was going on at that time that could have triggered the behaviour. Recognising triggers may help you prevent the behaviour from happening again.

3 Look at how the person is feeling when they behave aggressively

Respond to the emotions the person with dementia is showing.

Do they seem to be:

- tired, getting too much stimulation, scared, anxious or frustrated?
- embarrassed, ignored, misunderstood, feeling patronised?
- depressed or having delusions or hallucinations?
- bored, under-stimulated, lacking in social contact?
- in an environment that makes them feel uncomfortable – for example, is it too hot or cold?

4 Identify anything the person could be reacting to

Use what you know about the person to think about whether they could be reacting to:

- their awareness that they can no longer do something they used to enjoy
- something unpleasant happening
- something they dislike or are scared of
- change, for example a new carer or living environment
- a memory
- being provoked, or a conflict with someone's personality.

5 Develop a strategy

Talk to the person with dementia and the people they spend time with to come up with a plan.

Start to make some changes and see whether they make a difference to the person's behaviour. You may need to try different things and find what works. For example, you could change the way you talk to the person when you're providing personal care or helping them do something. Also consider making changes to the environment. Focus on what is in the person's best interests, and what particularly helps to support them as an individual.

It's important to be consistent. If possible, make sure that everybody supporting the person uses the same strategy, especially in care homes and hospital settings where the person may be supported by different carers at different times.

6 Keep a record

The changes you make might not work every time. Try not to be disheartened if this happens. Sometimes an approach needs to be tried several times to see whether it is helpful, and if not, another approach can be considered.

It can be useful to keep a record of what works, even if it doesn't work every time. You can then share this with others who might look after the person, such as family members or friends, or health or social care professionals. It can be added to the person's care notes.

Looking after yourself

Dealing with aggression can be challenging, frustrating and distressing. The person's behaviour may leave you feeling shocked or upset. Over time, this can be very tiring. Some carers try to hide the person's aggressive behaviour from their family and friends and become reluctant to seek help. This can lead them to feel isolated and lose their social life, and some carers may become depressed.

It is very important to get support if the person you are caring for is acting aggressively. You might feel guilty about this and think you should be able to cope on your own, but every carer will need help as a person's dementia progresses. It's important to keep yourself and others safe. If the person behaves aggressively less often it will lead to a better relationship between you and them and a better quality of life for you both.

Everyone is different and finding your own ways to cope will be unique to you. Use the 'Steps for managing behaviour' on page 13.

These suggestions may also help:

- Try to remember that the person is probably not being aggressive on purpose. They may be experiencing a different reality to you, and be responding to their own needs. It's important not to take it personally, even if the behaviour seems to be aimed at you. The fact that the person is being aggressive doesn't mean that their feelings for you have changed.
- Try not to let yourself build up resentment towards the person. If you do lose your temper, try not to feel guilty – it is a highly stressful situation that you are dealing with.
- Talk to someone about the situation and how you are feeling. This might be a friend, professional or another carer. Online discussion forums can be a good way of sharing your feelings and getting practical suggestions. For example, try Talking Point – go to **alzheimers.org.uk/talkingpoint**
- Take time to help yourself recover, both immediately after any aggressive behaviour and over a longer period.

- It's important that you're able to have a break from time to time. For example, you could ask friends or family members to spend some time with the person. You may also want to find out about options such as local day centres, clubs or professional care. For more information see factsheet 462, **Replacement care (respite care) in England**, W462, **Respite care in Wales** or NI462, **Respite care in Northern Ireland**.
- It may help to explain to other people why the person is behaving aggressively. They may be more understanding if they know why something happens and they may have some suggestions to help find solutions. It may also be useful for the person to carry one of our Helpcards to show people. For more information go to **alzheimers.org.uk/helpcards**

For more information see factsheet 523, **Carers – looking after yourself**.

Other useful organisations

The British Psychological Society (BPS)

0116 254 9568

info@bps.org.uk

www.bps.org.uk

The BPS provides access to a list of clinical and counselling psychologists offering private therapy services.

Carers Direct

0300 123 1053 (helpline, 9am–8pm Monday–Friday, 11am–4pm Saturday and Sunday)

carersdirectenquiry.serco.com/newcareremail (contact form)

Carers Direct provides advice for people who need help with their caring role and want to know what options are available to them.

Carers Trust

0300 772 9600

info@carers.org

www.carers.org

Carers Trust works to improve support, services and recognition for anyone caring for a family member or friend who is ill, frail, disabled or has mental health or addiction problems.

Carers UK

0808 808 7777 (helpline, 9am–6pm Monday–Friday)

advice@carersuk.org

www.carersuk.org

Carers UK provides information and advice about caring alongside practical and emotional support for carers.

Counselling Directory

0333 325 2500 (10am–4pm Monday–Friday)

www.counselling-directory.org.uk

The Counselling Directory website includes a searchable database of counsellors and psychotherapists. It also has information about how talking therapies may help.

Dementia UK

0800 888 6678 (helpline, 9am–9pm Monday–Friday, 9am–5pm Saturday and Sunday)

helpline@dementiauk.org

www.dementiauk.org

Dementia UK provides specialist dementia support for families through its Admiral Nurse service.

Refuge

0808 2000 247 (helpline, 24-hour)

helpline@refuge.org.uk

www.refuge.org.uk

www.nationaldahelpline.org.uk/en/contact-us (contact form)

Refuge is a charity that supports victims of violence and abuse, including sexual violence.

Relate (in England and Wales)

03000 030 396 (Telephone Counselling booking line, 8am–8pm Monday–Thursday, 8am–6pm Friday, 9am–1pm Saturday)

www.relate.org.uk

Relate NI (in Northern Ireland)

028 9032 3454 (appointment telephone line, 9am–5pm Monday–Friday)
office@relateni.org
www.relateni.org

Relate offers relationship counselling for individuals, couples and families. It provides advice and support by phone, face-to-face and through its website.

Samaritans

116 123 (helpline, 24-hour)
www.samaritans.org

Samaritans provides a 24-hour helpline listening service for people to talk with a trained volunteer about any problems they are having.

This publication contains information and general advice. It should not be used as a substitute for personalised advice from a qualified professional. Alzheimer's Society does not accept any liability arising from its use. We strive to ensure that the content is accurate and up to date, but information can change over time. Please refer to our website for the latest version and for full terms and conditions.

© Alzheimer's Society, 2022. All rights reserved. Except for personal use, no part of this work may be distributed, reproduced, downloaded, transmitted or stored in any form without the written permission of Alzheimer's Society.

Factsheet 509LP

Last reviewed: June 2021

Next review due: June 2024

Our information is based on evidence and need, and is regularly updated using quality-controlled processes. It is reviewed by experts in health and social care and people affected by dementia.

Reviewed by: Linda Nazarko, Nurse Consultant Physical Health Care at West London Mental Health NHS Trust

This factsheet has also been reviewed by people affected by dementia.

To give feedback on this factsheet, or for a list of sources, please email publications@alzheimers.org.uk

People affected by dementia need our support more than ever. With your help we can continue to provide the vital services, information and advice they need.

To make a single or monthly donation, please call us on **0330 333 0804** or go to alzheimers.org.uk/donate

We are Alzheimer's Society. We are a vital source of support and a powerful force for change for everyone affected by dementia. We provide help and hope.

For support and advice, call us on **0333 150 3456** or visit alzheimers.org.uk



Alzheimer's Society operates in England, Wales and Northern Ireland.
Registered charity number 296645.

