

# Anxiety and Agitation

A person with Alzheimer's may feel anxious or agitated. He or she may become restless, causing a need to move around or pace, or become upset in certain places or when focused on specific details.



## Possible causes of agitation

Anxiety and agitation may be caused by a number of different medical conditions, medication interactions or by any circumstances that worsen the person's ability to think. Ultimately, the person with dementia is biologically experiencing a profound loss of their ability to negotiate new information and stimulus. It is a direct result of the disease.

Situations that may lead to agitation include:

- Moving to a new residence or nursing home
- Changes in environment, such as travel, hospitalization or the presence of houseguests
- Changes in caregiver arrangements
- Misperceived threats
- Fear and fatigue resulting from trying to make sense out of a confusing world

## Treating Behavioral Symptoms

Anyone experiencing behavioral symptoms should receive a thorough medical checkup, especially when symptoms appear suddenly. Treatment depends on a careful diagnosis, determining possible causes and the types of behavior the person is experiencing. With proper treatment and intervention, symptoms of agitation can be reduced.

## Tips to help prevent agitation

To prevent or reduce agitation:

- **Create a calm environment.**  
Remove stressors. This may involve moving the person to a safer or quieter place, or offering a security object, rest or privacy. Try soothing rituals and limiting caffeine use.
- **Avoid environmental triggers.**  
Noise, glare and background distraction (such as having the television on) can act as triggers.
- **Monitor personal comfort.**  
Check for pain, hunger, thirst, constipation, full bladder, fatigue, infections and skin irritation. Make sure the room is at a comfortable temperature. Be sensitive to fears, misperceived threats and frustration with expressing what is wanted.
- **Simplify tasks and routines.**
- **Provide an opportunity for exercise.**  
Go for a walk. Garden together. Put on music and dance.

## How to respond

**Do:** Back off and ask permission; use calm, positive statements; reassure; slow down; add light; offer guided choices between two options; focus on pleasant events; offer simple exercise options, try to limit stimulation.

**Say:** May I help you? Do you have time to help me? You're safe here. Everything is under control. I apologize. I'm sorry that you are upset. I know it's hard. I will stay with you until you feel better.

- **Listen to the frustration.**  
Find out what may be causing the agitation, and try to understand.
- **Provide reassurance.**  
Use calming phrases such as: "You're safe here;" "I'm sorry that you are upset;" and "I will stay until you feel better." Let the person know you are there.
- **Involve the person in activities.**  
Try using art, music or other activities to help engage the person and divert attention away from the anxiety.
- **Modify the environment.**  
Decrease noise and distractions, or relocate.
- **Find outlets for the person's energy.**  
The person may be looking for something to do. Take a walk or go for a car ride.

- **Check yourself.**  
Do not raise your voice, show alarm or offense, or corner, crowd, restrain, criticize, ignore or argue with the person. Take care not to make sudden movements out of the person's view.
- **See the doctor.**  
See the person with dementia's primary care physician to rule out any physical causes or medication-related side effects.

# Sleep Issues and Sundowning

People with Alzheimer's and dementia may have problems sleeping or increases in behavioral problems that begin at dusk and last into the night (known as sundowning).



## Causes

Nighttime restlessness doesn't last forever. It typically peaks in the middle stages, and then diminishes as the disease progresses.

Scientists don't completely understand why sleep disturbances occur with Alzheimer's disease and dementia. As with changes in memory and behavior, sleep changes somehow result from the [impact of Alzheimer's on the brain](#).

Some studies indicate as many as 20 percent of persons with Alzheimer's will experience increased confusion, anxiety and agitation beginning late in the day. Others may experience changes in their sleep schedule and restlessness during the night. This disruption in the body's sleep-wake cycle can lead to more behavioral problems.

Factors that may contribute to sundowning and sleep disturbances include:

- End-of-day exhaustion (both mental and physical)
- An upset in the "internal body clock," causing a biological mix-up between day and night
- Reduced lighting and increased shadows causing people with Alzheimer's to misinterpret what they see, and become confused and afraid
- Reactions to nonverbal cues of frustration from caregivers who are exhausted from their day
- Disorientation due to the inability to separate dreams from reality when sleeping
- Less need for sleep, which is common among older adults

## Talk to a Doctor

Discuss sleep disturbances with the doctor to help identify causes and possible solutions. Physical ailments, such as urinary tract infections or incontinence problems, restless leg syndrome or sleep apnea (an abnormal breathing pattern in which people briefly stop breathing many times a night) can cause or worsen sleep problems. For sleep issues due primarily to Alzheimer's disease, most experts encourage the use of non-drug measures, rather than medication. In some cases when non-drug approaches fail, medication may be prescribed for agitation during the late afternoon and evening hours. Work with the doctor to learn both the risks and benefits of medication before making a decision.

## Coping strategies for sleep issues and sundowning

### If the person is awake and upset:

- Approach him or her in a calm manner.
- Find out if there is something he or she needs.
- Gently remind him or her of the time.
- Avoid arguing.
- Offer reassurance that everything is all right.
- Don't use physical restraint. If the person needs to pace, allow this to continue under your supervision.
  
- **Keep the home well lit in the evening.**  
Adequate lighting may reduce the agitation that occurs when surroundings are dark or unfamiliar.
  
- **Make a comfortable and safe sleep environment.**  
The person's sleeping area should be at a comfortable temperature. Provide nightlights and other ways to keep the person safe, such as appropriate door and window locks. Door sensors and motion detectors can be used to alert family members when a person is wandering.
  
- **Maintain a schedule.**  
As much as possible, encourage the person with dementia to adhere to a regular routine of meals, waking up and going to bed. This will allow for more restful sleep at night.
  
- **Avoid stimulants and big dinners.**  
Avoid nicotine and alcohol, and restrict sweets and caffeine consumption to the morning hours. Have a large meal at lunch and keep the evening meal simple.
  
- **Plan more active days.**  
A person who rests most of the day is likely to be awake at night. Discourage afternoon napping and plan more challenging activities such as doctor appointments, trips and bathing in the morning or early afternoon. Encourage regular daily exercise, but no later than four hours before bedtime
  
- **Try to identify triggers.**  
Limit environmental distractions particularly during the evening hours (TV, children arriving, chores, loud music, etc.).
  
- **Be mindful of your own mental and physical exhaustion.**  
If you are feeling stressed by the late afternoon, the person may pick up on it and become agitated or confused. Try to get plenty of rest at night so you have more energy during the day.

# Hallucinations and Alzheimer's

When a person with Alzheimer's or other dementia hallucinates, he or she may see, hear, smell, taste or feel something that isn't there. Some hallucinations may be frightening, while others may involve ordinary visions of people, situations or objects from the past.



## Understanding hallucinations

Hallucinations are false perceptions of objects or events involving the senses. These false perceptions are caused by [changes within the brain that result from Alzheimer's](#), usually in the later stages of the disease. The person may see the face of a former friend in a curtain or may see insects crawling on his or her hand. In other cases, a person may hear someone talking and may even engage in conversation with the imagined person.

Alzheimer's and other dementias are not the only cause of hallucinations. Other causes include:

Hallucinations caused by progressive dementia usually occur during the later stages of the disease.

- Schizophrenia
- Physical problems, such as kidney or bladder infections, dehydration, intense pain, or alcohol or drug abuse
- Eyesight or hearing problems
- Medications

## See the Doctor

If a person with Alzheimer's begins hallucinating, it's important to have a medical evaluation to rule out other possible causes and to determine if medication is needed. The first line of treatment for the behavioral symptoms of Alzheimer's is [non-drug approaches](#), but if these strategies fail and symptoms are severe, medications may be appropriate. While antipsychotic medications can be effective in some situations, they are associated with an increased risk of stroke and death in older adults with dementia and must be used carefully. Work with the doctor to learn both the risks and benefits of medication before making a decision.

## Coping strategies

When responding to hallucinations, be cautious. First, assess the situation and determine whether the hallucination is a problem for the person or for you. Is the hallucination upsetting? Is it leading the person to do something dangerous? Is the sight of an unfamiliar face causing the person to become frightened? If so, react calmly and quickly with reassuring words and a comforting touch. Do not argue with the person about what he or she sees or hears. If the behavior is not dangerous, there may not be a need to intervene. For more coping strategies, join [ALZConnected](#), our online support community where caregivers like you share tips on what has worked for them. You can also [sign up for our e-newsletter](#) to receive tips on a variety of caregiving topics.

## Offer reassurance

- Respond in a calm, supportive manner. You may want to respond with, "Don't worry. I'm here. I'll protect you. I'll take care of you."
- Gentle patting may turn the person's attention toward you and reduce the hallucination.
- Acknowledge the feelings behind the hallucination and try to find out what the hallucination means to the individual. You might want to say, "It sounds as if you're worried" or "I know this is frightening for you."

## Use distractions

- Suggest a walk or move to another room. Frightening hallucinations often subside in well-lit areas where other people are present.
- Try to turn the person's attention to music, conversation or activities you enjoy together.

## Modify the environment

- Check for sounds that might be misinterpreted, such as noise from a television or an air conditioner.
- Look for lighting that casts shadows, reflections or distortions on the surfaces of floors, walls and furniture. Turn on lights to reduce shadows.
- Cover mirrors with a cloth or remove them if the person thinks that he or she is looking at a stranger.

# Repetition and Alzheimer's

A person with Alzheimer's may do or say something over and over — like repeating a word, question or activity — or undo something that has just been finished. In most cases, he or she is probably looking for comfort, security and familiarity.



## Causes

### Repetitive actions are rarely harmful.

But repetition can be stressful for the caregiver. Remember that it is the disease causing the behavior, not the person.

The main cause of behavioral symptoms in Alzheimer's and other progressive dementias is the [deterioration of brain cells](#) which causes a decline in the individual's ability to make sense of the world. In the case of repetition, the person may not remember that she or he has just asked a question or completed a task.

Environmental influences also can cause symptoms or make them worse. People with dementia who ask questions repeatedly may be trying to express a specific concern, ask for help, or cope with frustration, anxiety or insecurity.

Because people with Alzheimer's gradually lose the ability to communicate, it's important to regularly monitor their comfort and anticipate their needs.

- **Look for a reason behind the repetition.**  
Does the repetition occur around certain people or surroundings, or at a certain time of day? Is the person trying to communicate something?
- **Focus on the emotion, not the behavior.**  
Rather than reacting to what the person is doing, think about how he or she is feeling.
- **Turn the action or behavior into an activity.**  
If the person is rubbing his or her hand across the table, provide a cloth and ask for help with dusting.

- **Stay calm, and be patient.**  
Reassure the person with a calm voice and gentle touch. Don't argue or try to use logic; Alzheimer's affects memory, and the person may not remember he/she asked the question already.
- **Provide an answer.**  
Give the person the answer that he or she is looking for, even if you have to repeat it several times. If the person with dementia is still able to read and comprehend, it may help to write it down and post it in a prominent location.
- **Engage the person in an activity.**  
The individual may simply be bored and need something to do. Provide structure and engage the person in a pleasant activity.
- **Use memory aids.**  
If the person asks the same questions over and over again, offer reminders by using notes, clocks, calendars or photographs, if these items are still meaningful.
- **Accept the behavior, and work with it.**  
If it isn't harmful, don't worry about it. Find ways to work with it.