

Identifying possible causes of distress for people living with dementia



Changes in behaviour or 'distress' in people with dementia is usually communication of an unmet need. It is important not to assume that distress is a symptom of the dementia. Signs of distress include: shouting, crying, moaning, using offensive language, asking to go home, aggression, agitation, and becoming withdrawn or uncommunicative.

Have you considered the possible causes of any distressed behaviours?
Have you commenced a behaviour support plan?

Some things to consider:



Does the person have difficulties communicating – do they need to wear glasses?
Is English their first language – do they need a translator?



Can they hear you properly?
Do they wear a hearing aid?
Have the batteries been changed?
Do they need a hearing test?



Are they frustrated? Could they be trying to find the toilet for example?



Does the person's behaviour change when they see a certain person



Could they be dis-orientated, anxious or depressed?
Are they missing family and friends? Are they bored, or overstimulated by a noisy environment?



Is the person in pain? Have you considered using a pain assessment tool, such as the Abbey Pain Tool?

- In some instances, a health professional may consider it necessary to prescribe anti-psychotic medication. **These are only recommended for short term use** (NICE Guideline NG97) when all other options have been exhausted in a situation when a person is severely distressed or if there is an immediate risk of harm to them or others.
- If the person lacks mental capacity, any prescribing of antipsychotics must be considered within the context of a **best interest decision** and, where appropriate, the person's next of kin or Lasting Power of Attorney or other relevant should be involved in discussions or decision-making
- **Please put any prescribing guidance for post-discharge in your discharge letter.**
- The person should be reviewed at least every six weeks and if the antipsychotic medication is not helping or is no longer needed it should be stopped.

For more advice on antipsychotic prescribing and de-prescribing for dementia, please see the full toolkit: <https://www.england.nhs.uk/london/wp-content/uploads/sites/8/2022/10/Antipsychotic-Prescribing-Toolkit-for-Dementia.pdf>

Could this be a symptom of delirium?

P I N C H M E

Causes of delirium:

- P**AIN – Could the person be in pain? – Do they have known painful conditions, has their mobility changed? Have you considered using the Abbey Pain Tool?
- I**NFECTION – Could the person have developed an infection? Consider all routes of infection not just urinary tract infections e.g., Chest infection, cellulitis
- N**UTRITION – Could the person be hungry? Do they have any swallowing difficulties? Has their taste changed? Are they missing meals? Are there dental issues (including pain)?
- C**ONSTIPATION – Could the person be constipated?
- H**YDRATION – Is the person thirsty? Do they have issues with continence?
- M**EDICATION – Could the person be experiencing side effects from prescribed medication? Is the person at end of life? Do they need anticipatory medication?
- E**NVIRONMENT – Is the environment too noisy or too hot?

Delirium can present in a similar way to dementia. Find out from family what is 'normal' for the person.

Complete a 4AT delirium screening tool if you suspect delirium.
www.the4at.com