

BPSD · Dementia Care And Behavioral Symptoms

A plain-English guide for you and your family

WHAT IS HAPPENING

When someone has dementia, their brain loses the ability to say 'my stomach hurts' or 'I'm scared' in words. Instead, those feelings leak out as behavior — pacing, yelling, hitting, seeing things that are not there, refusing to eat, or sleeping all day. These behaviors are not random and they are not 'just the dementia getting worse.' Most of the time, something fixable is wrong. They might be in pain, have a bladder infection, be constipated, need to pee but cannot find the bathroom, be too hot or cold, hear loud strange noises, or be given a medicine that confuses them even more. The agitation or hallucination is the brain's emergency alarm — it is the only way left to say 'help, something is broken.' Your job as a caregiver or family member is to become a detective. Check for pain, infection, constipation, a full bladder, hunger, thirst, too much noise, a scary new place, or a new medicine. Fix the trigger and the behavior usually calms down. Medicine for behavior is the last step, not the first, because every drug brings new risks — falls, strokes, deeper confusion, and sometimes death. The safest, most effective treatment is often the simplest: a warm room, a familiar face, a quiet space, a gentle touch, and fixing the physical problem the person cannot tell you about in words.

What you might feel

- Agitation or aggression (hitting, yelling, pacing)
- Repeated questions or actions
- Wandering or trying to leave
- Resisting care (pushing away help with bathing, dressing, or eating)
- Sundowning (confusion and restlessness that gets worse in late afternoon or evening)
- Hallucinations or delusions (seeing things that are not there, or believing something false)
- Apathy or withdrawal (no interest in activities, eating, or talking)
- Sleep disturbances (awake at night, sleeping during the day)
- Screaming or vocal outbursts

- Inappropriate sexual behavior (undressing in public, touching others)

Call the doctor right away if...

- Sudden violent behavior that puts the person or others at immediate risk of serious harm (choking, using weapons, severe hitting)
- Refusal to eat or drink for more than twenty-four hours, which can quickly lead to dangerous dehydration, electrolyte imbalance, or malnutrition
- New confusion or behavior change that happens very quickly (within hours to one day)—may signal delirium from infection (urinary tract infection, pneumonia), stroke, medication toxicity, or metabolic crisis rather than dementia progression alone
- Wandering outside in extreme weather, into traffic, or into unsafe areas, risking hypothermia, heat stroke, injury, or death
- Complete refusal of all medications, including those for heart disease, diabetes, or seizures, creating immediate medical danger

What the care team will do

- Ensure immediate safety by removing objects that could be used as weapons, staying within arm's reach if the person is agitated, and calling for help if violence escalates.
- Assess for and treat pain using a pain scale for people who cannot speak (PAINAD tool: watch for facial grimacing, guarding, resisting movement, breathing changes, and consolability) and give acetaminophen as ordered.
- Check for full bladder by palpating (gently pressing) the lower abdomen for a firm round mass above the pubic bone, and measure urine output; if retention is found, notify the provider for catheter order.
- Review the last bowel movement and check for abdominal distension (swollen belly), firmness, and bowel sounds; administer stool softeners or suppositories per protocol if constipation is likely.
- Use validation and redirection instead of arguing: acknowledge the person's feelings with phrases like 'I see you are upset' or 'That must be hard,' then gently guide attention to a familiar comforting activity like folding towels or looking at photos.
- Identify and hold or reduce anticholinergic medications (diphenhydramine, oxybutynin, amitriptyline) and benzodiazepines (lorazepam, diazepam) by reviewing the medication list with the provider.
- Screen for infection by checking temperature, oxygen saturation, lung sounds, skin for redness or wounds, and sending urinalysis if urinary symptoms are present; report fever above one hundred point four degrees or oxygen below ninety-two percent immediately.

- Optimize the environment by increasing light in the late afternoon, reducing noise and clutter, keeping familiar objects visible, and maintaining a predictable routine for meals, toileting, and sleep.

Medicines you may be given — and why

Citalopram (Celexa) or Sertraline (Zoloft)

These medicines help the brain keep more serotonin (a chemical messenger that lifts mood and calms anxiety) in the space between nerve cells. When serotonin stays around longer, it can reduce crying, anxious pacing, and low mood that sometimes show up in dementia.

Donepezil (Aricept), Rivastigmine (Exelon), or Galantamine (Razadyne)

In dementia, brain cells that use acetylcholine (a messenger chemical important for memory, attention, and awareness) die off. These medicines slow the breakdown of acetylcholine so the chemical that is left can work longer. This can help with thinking and sometimes reduce agitation, wandering, and hallucinations.

Memantine (Namenda)

In dementia, too much glutamate (an excitatory brain chemical that turns cells on) can overstimulate nerve cells and damage them further. Memantine partially blocks the NMDA receptor (the docking site for glutamate) to prevent that overexcitement, which may protect the cells that are left and improve thinking, function, and behavior.

Risperidone (Risperdal) or Quetiapine (Seroquel)

These medicines block dopamine (a brain chemical that can cause hallucinations, delusions, and severe agitation when out of balance) and some serotonin receptors. They are used only for severe aggression, psychosis, or danger to self or others when all non-drug approaches have failed, and only for the shortest time possible.

Acetaminophen (Tylenol)

Pain is one of the most common—and most overlooked—triggers of agitation, yelling, hitting, and refusal of care in people with dementia who cannot tell you they hurt. Acetaminophen blocks the production of prostaglandins (chemicals that send pain signals) in the brain and body, reducing pain without the risks of opioids or NSAIDs like ibuprofen.

Dextromethorphan-Quinidine (Nuedexta)

This combination is approved for pseudobulbar affect (sudden, uncontrollable laughing or crying that does not match how the person feels inside), which can happen in some types of dementia. Dextromethorphan works on NMDA receptors and sigma-1 receptors in the brain to

calm emotional outbursts. Quinidine is added only to keep dextromethorphan in the body longer so it can work.

Where this information comes from

- American Geriatrics Society (AGS) Expert Panel on BPSD
- Alzheimer's Association
- American Psychiatric Association Practice Guideline for Alzheimer's Disease and Other Dementias
- Cochrane Dementia and Cognitive Improvement Group

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