

# Managing Agitation and Aggression in Dementia





The Geriatric Medicine service provides inpatient and outpatient specialist care to older persons aged 75 years and above. Specialist assessment and individualised holistic management are offered to elderly with bladder and bowel-control problems, memory, mood and behavioural problems and multiple falls or difficulty walking. Patients are cared for by a multi-disciplinary team comprising doctors, nurses, physiotherapists, occupational therapists, speech therapists, dietitians, pharmacists, podiatrists and medical social workers, where necessary.

# What is Agitation and Aggression?

It is defined as inappropriate verbal, vocal or motor activity that arises directly from the needs or confusion of a person with dementia.

There are 4 types of agitation:

Physically non-aggressive	Verbally non-aggressive
<ul style="list-style-type: none"><li>• Restless, pacing, resisting care, throwing things</li></ul> 	<ul style="list-style-type: none"><li>• Attention-seeking, verbal bossiness, irrelevant interruptions, complaining or whining repeatedly</li></ul> 
Physically aggressive	Verbally aggressive
<ul style="list-style-type: none"><li>• Attempt at hurting others, hitting, pushing, scratching, grabbing things or people, throwing things, kicking or biting</li></ul> 	<ul style="list-style-type: none"><li>• Screaming, shouting, temper outbursts, threats or cursing</li></ul> 

# What causes Agitation and Aggression?

- Physical discomfort such as pain and illness or unmet needs, e.g. cannot find the way to the toilet
- Psychological factors such as loneliness or boredom
- Over-stimulation from the environment, e.g. clutter, TV or radio, reflections from mirrors or dark windows
- Adverse drug reaction
- Fatigue from lack of sleep
- Defensive behaviour when independence and freedom are restricted
- Unable to cope with daily tasks which leads to frustration
- Perceived threat by people or surroundings, e.g. the person cannot recognise familiar faces/places due to progression of dementia

## Managing Agitation and Aggression

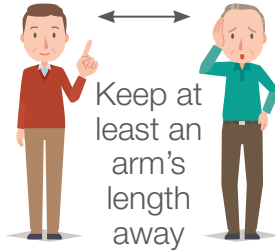
### 1. Identify early

This helps you to distract or redirect the person with dementia to appropriate activities before an outburst.

## 2. When faced with verbal or physical aggression, please protect yourself and others first.



Stop the task



Increase personal space between the person with dementia and yourself



Move slowly and steadily to avoid surprising them



Be aware of your surroundings; keep dangerous objects (especially sharp ones) away; leave yourself an escape route



Avoid restraining or restricting the person unless he/she is causing harm to self or others



Call for help if needed

### 3. **Improve and de-escalate** the situation with these techniques:

- Keep your cool and avoid getting angry
- Avoid showing negative body language like glaring. Turn slightly to one side and keep your hands where they can be seen. Keep palms up and open
- Respond calmly and speak normally
- Do not confront, argue; avoid being sarcastic or defensive. Use advice to rationalise with him/her
- Show assurance to acknowledge that you understand his/her feelings or unmet needs
- Give direction or instruction and remember to keep it short and simple e.g. 'I am sorry if I have upset you'; 'How can I help you to be more comfortable?'; 'Let's go to your room'
- If agitation or aggression occurs while you are caring for him/her, give them some time before returning to try again gently

*I am here to help you.  
You are safe with me.*



#### **4. When agitation is detected, or after de-escalation of aggression:**

- Distract or redirect with activity or food/drinks
- Reduce or eliminate things that lead to behaviour problems, e.g. unmet needs
- Remove or disguise misleading things that cause confusion or stress
- Adapt or change the environment, e.g. signs, cues, pictures to help with way finding
- Consult a doctor to review the person's medical condition or medication
- Maintain consistency in daily routines by simplifying and adopting a sequence. Based on the person's long-standing history and preference, provide choices that will appeal to him/her
- Tailor exercises and meaningful social and leisure activities to the individual's needs



## For more information

### Ng Teng Fong General Hospital and Jurong Community Hospital

1 Jurong East St 21, Singapore 609606

[www.ntfgh.com.sg](http://www.ntfgh.com.sg) | [www.jch.com.sg](http://www.jch.com.sg)

### Clinic opening hours

Monday – Friday: 8.30am – 5.30pm

Saturday: 8.30am – 12.30pm (Selected clinics only\*)

Dental Clinic: Monday – Thursday: 8.00am – 5.30pm, Friday: 8.00am – 5.00pm

\*Please refer to our websites for more details.

### General enquiries & appointments

General enquiries line: 6908 2222 (24-hr)

Fax: 6716 5500 | Email: [contactus@nuhs.edu.sg](mailto:contactus@nuhs.edu.sg)

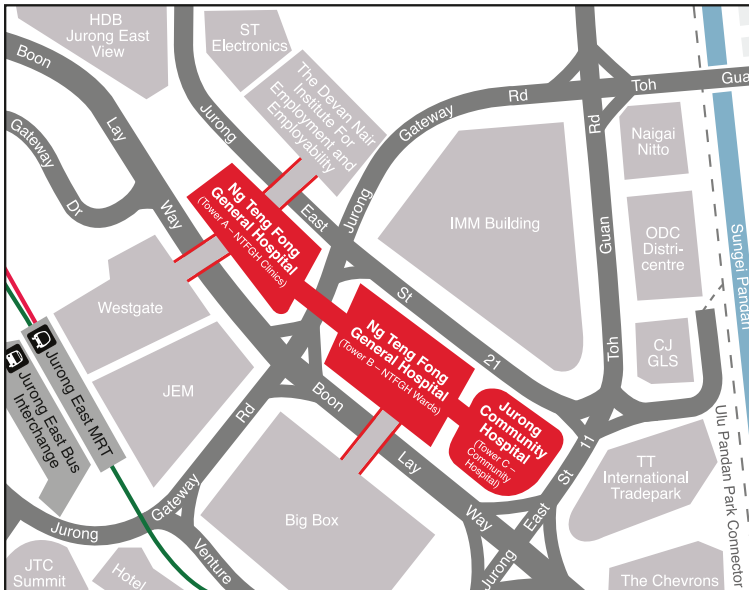
Appointment line: 6908 2222 (Monday – Friday: 8.00am – 5.30pm, Saturday: 8.00am – 12.30pm)

Fax: 6716 2200 | Email: [appointment@nuhs.edu.sg](mailto:appointment@nuhs.edu.sg)

Dental appointment line: 6716 2233 (Monday – Friday: 8.00am – 5.30pm)

Fax: 6716 2200 | Email: [JHCampus\\_Dental@nuhs.edu.sg](mailto:JHCampus_Dental@nuhs.edu.sg)

## Getting there



### By train

Alight at Jurong East MRT Station

### By bus

#### Jurong East Bus Interchange

41, 49, 51, 52, 66, 66B, 78, 78A, 79, 79A, 97, 97E, 98, 98M, 105, 143, 143M, 160, 160A, 160M, 183, 183B, 197, 333, 334, 335, 506

#### Along Boon Lay Way

49, 99, 333, Private bus service 625, 990

### Disclaimer:

The information in this brochure is meant for educational purposes and should not be used as a substitute for medical diagnosis or treatment. Please seek your doctor's advice before starting any treatment or if you have any questions related to your health, physical fitness or medical condition. Information is accurate at the time of printing.