

CAREGIVING BRIEF: BEHAVIORAL SYMPTOMS

“My wife keeps seeing people in the house that aren’t there, but it doesn’t seem to bother her. What should I do?”

“My husband doesn’t know who I am, and then asks for his wife. When I try to tell him that I am his wife he gets angry and depressed. Is there a better way to handle him?”

People with LBD may have changes in mood, or may behave in ways that seem out of character. A caregiver’s initial reaction may be to correct the person or try reason with him or her. This can backfire and result in greater confusion and distress. By understanding these behaviors and choosing how you respond to them may make a difference for both you and the person with LBD.

Behavioral Changes:

LBD may cause fully formed visual hallucinations such as seeing people, children, or animals that aren’t there. These visual images may occur repeatedly and can be quite detailed, solid in form and may appear very real to the person experiencing them. Some individuals also experience auditory hallucinations that do not typically involve voices, but are generally noises, such as buzzing, car sounds, music, party-sounds or people talking (though not necessarily to the person with LBD).

Visual misperceptions also frequently occur and involve mistaking an object or patterns for something else. (For example, mistaking a lamp for a person, or believing a design in the carpet is a water puddle or snakes.) These can sometimes be challenging to distinguish from visual hallucinations and both can occur in the same individual.

Delusions (firmly-held false beliefs) or suspiciousness (ranging from guardedness to paranoia) may also occur. One rather unique delusion common in LBD is called Capgras syndrome. This is the belief that a loved one has been replaced by an exact replica or imposter who looks and sounds exactly like his or her loved one. People with LBD may also exhibit changes in mood, such as depression, anxiety or apathy. Some individuals experience agitation or emotional outbursts

Suggestions:

- Keep in mind that the emotional well-being of the person with LBD is more important than who is right. When possible, agree, or at a minimum, do not argue or correct them.
- Your response to a situation can influence the mood or reaction of a person with LBD. If in turn they respond to you in greater distress that is your cue to change your approach.
- Try to focus on how the person with LBD feels. Is she frightened? Is she frustrated? Validate the feelings instead of trying to analyze their logic or reality.
- Avoid providing lengthy reasons why his or her experiences cannot be true. A person with LBD may not understand detailed explanations and your efforts may result in greater frustration and confusion.
- Apologize, apologize, apologize. This will often de-escalate a situation. A simple, “I am so sorry”, whether it is something you did or not, can help bring the emotions associated with a situation down.

- If the person with LBD does not recognize you, try leaving the room and re-entering while announcing yourself (e.g., “I hear you were looking for me, the wife who has always loved you”). Sometimes it helps to ask questions about yourself in third person (e.g., “Sounds like you really love your wife. She must be pretty special; tell me about her”).
- Establish a predictable daily routine. Provide safe opportunities for exercise several times a week, such as going for a walk.
- Slow down. Provide a sense of control even if it means reducing choices to two options, or even a yes/no choice.
- Look for environmental triggers of agitation or frustration. Improve the lighting, reduce clutter, turn off the television or remove the mirrors if needed.
- Make an effort to be at the same eye level when communicating (If they are sitting, be seated as well.) Sometimes it helps to say the person’s name and make eye contact, before speaking further.
- If the person with LBD is not being particularly cooperative with a task, acknowledge that you are honoring their wishes and then try again later.
- Consult a physician. Aggression in LBD may have a variety of physical causes, including infections (e.g., bladder infection), pain, dehydration, alcohol, constipation, sleep disturbance, or medication side effects. Consider a physical or medical reason for an abrupt change in mood, resistance or agitation.
- Irritability may also be secondary to stress, anxiety, fearfulness, frustration or feeling overwhelmed. If mood disturbance persists despite making changes to your interpersonal interactions, then consult with a physician regarding further evaluation of depression and consideration of treatment options.

LEARN MORE FROM LBDA:

- Understanding Behavioral Changes in Dementia: <http://www.lbda.org/content/understanding-behavioral-changes-dementia>
- Treatment of Behavioral Symptoms: When to Consider Antipsychotic Medications in LBD: <http://www.lbda.org/content/treatment-behavioral-symptoms-when-consider-antipsychotic-medications-lbd>
- Ask the Expert: What is the Role of the Geriatric Psychiatrist? <http://www.lbda.org/node/1322>

Family Caregiver Alliance

- Caregiver’s Guide to Understanding Dementia Behaviors: <https://www.caregiver.org/caregivers-guide-understanding-dementia-behaviors>

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