

Behavioral Problems in Community-Dwelling People with Dementia

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Increasing evidence shows that behavioral problems place a significant burden on home caregivers of those with dementia (Hamel et al., 1990; Swearer, Drachman, O'Donnell, & Mitchell, 1988; Teri, Borson, Kiyak, & Yamagishi, 1989). The purpose of our small study was to describe the incidence of burdensome behaviors using a newly developed classification scheme.

Currently no widely accepted typology for behavioral problems that occur with dementia exists (Taft & Cronin-Stubbs, 1995). After a review of the literature, particularly work by Cohen-Mansfield, Werner, and Marx (1989), behavioral problems were classified as verbally agitated, physically agitated, verbally aggressive, and physically aggressive as shown in the Table. Verbally agitated behaviors are inappropriate vocalizations that disturb self or others. Physical agitation is inappropriate motor activity that disturbs self or others. Forceful vocalizations that are potentially harmful to self or others are classified as verbally aggressive. Physically aggressive behaviors are forceful motor activities that are potentially harmful to self or others. Behaviors were considered problematic only if they were observed by the caregiver and required supervision or intervention.

Data were collected from a retrospective review of records for the years 1992-1996 conducted in the northeastern United States. Subjects were persons with dementia who had been evaluated at a community-based clinic for the diagnosis of dementia. Data were obtained from records of extensive medical, nursing, and social work interviews and evaluations performed in the home and the clinic by staff specialized in gerontology. The form for data collection included information about behavioral problems, past and present medical conditions, and the results of standardized cognitive and psychological tests. Clinical records based on caregiver interviews and patient evaluations were reviewed to determine the presence of any problematic behaviors. Behavioral categories were dichotomously scored as present or absent, depending on whether any of the typifying behaviors were exhibited.

Twenty-three of the original 81 records did not meet inclusion criteria because of incomplete data or diagnoses other than dementia; 58 subjects with confirmed diagnoses of dementia were studied. Dementia subjects ranged in age from 52 to 93 years (mean = 78), and were predominately Caucasians (>90%), women (65%), and married (57%); 19% lived alone.

Table. Classification Scheme for Behavioral Problems of Dementia

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|-----------------------------------|
| Verbally agitated |
| Requests for attention |
| Negative comments |
| Repetitive questions/statements |
| Inappropriate laughing |
| Verbal outbursts |
| Screaming—not directed at anyone |
| Argumentative |
| Verbally resisting routines |
| Verbally aggressive |
| Cursing |
| Name calling |
| Angry objections |
| Threats |
| Yelling |
| Physically agitated |
| Pacing |
| Repetitious movements |
| Picking |
| Inappropriate handling of objects |
| Trying to leave |
| Hiding |
| Hoarding |
| Physically resisting routines |
| Wandering |
| Physically aggressive |
| Hitting |
| Biting |
| Spitting |
| Banging |
| Grabbing |
| Throwing things |

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Symptom progression followed a classic pattern for dementia with a slow steady worsening of symptoms (78%), notable loss of recent memory (95%) and past memory (69%), and a limited ability to express ideas verbally (72%) or in writing (66%). Overall, moderate dementia was indicated by the subjects' Mini-Mental Status Exam (MMSE) scores averaging 16 (subject range 0-27; instrument range 0-30), and the Clock Drawing Test averaging 10 (subject and instrument range 0-20).

Subjects who exhibited any behavior in a category were scored as having that behavioral problem. If no behaviors were reported, the subject was scored a zero for that category. Eighty-six percent of the 58 subjects exhibited one or more of the categorized disruptive behaviors. Subjects exhibited behaviors in the verbally agitated category most frequently (86%, $n = 50$). The most frequent behaviors exhibited in this category were repetitive questions or statements ($n=43$), verbally resisting routine activities ($n = 32$), and being argumentative ($n = 9$). Physical agitation was reported for 55% ($n = 32$) of the sample, with wandering ($n = 20$) and physically resisting routine activities ($n = 19$) the most common behaviors. Thirty-three percent exhibited verbal aggression, such as angry objections ($n = 6$), yelling ($n = 4$), and cursing ($n = 3$). Physical aggression occurred in 21%, with hitting and pushing the most commonly reported behaviors. Of these behaviors, caregivers reported the most difficulty with repetitive questions and verbally resisting routine activities.

Pearson's r was used to evaluate relationships between the categories. Verbal and physical agitation were moderately correlated ($r = 0.31$, $p = .03$). Physical agitation was strongly correlated with verbal aggression ($r = 0.68$, $p = .000$) and moderately with physical aggression ($r = 0.49$, $p = .001$). Although verbal agitation was not associated with aggression, the physically agitated exhibited more aggressive behaviors. Physical and verbal aggression were strongly correlated ($r=0.60$, $p = .000$). Of the 11 subjects displaying physically aggressive behaviors, only one did not exhibit verbal aggression.

The categories of verbal agitation and physical agitation, as well as verbal aggression, were inversely correlated with MMSE time scores ($r = -0.35$, $p = .01$; $r = -0.31$, $p = .04$; $r=0.34$, $p = .02$, respectively) indicating that as time orientation worsened, agitation and verbal aggression increased. No other MMSE subscales, nor the total MMSE score, were significantly correlated with the agitation or aggression categories. Low scores on the clock test were significantly correlated with increasing physical aggression ($r = -0.32$, $p = .04$) but not with any other behavioral categories. None of the demographic variables was significantly related to the behavioral categories.

Although aggressive behaviors are extremely challenging, caregivers in this study reported significantly more difficulty in dealing with verbally agitated behaviors such as repetitive questions and verbally resisting routine activities. Interventions that assist in managing verbally agitated and verbally aggressive behaviors may be the most

helpful in facilitating the home care of people with dementia. [JNS](#)

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