Emotional Changes and Dementia

Although not all people with dementia show changes in emotion, many do feel depressed, anxious, frustrated, fearful, helpless, angry, or suspicious. These feelings may be subtle and short-term. Or, they may be widespread and hard to manage. All of this may change as the illness changes.

Brain damage brought about by the illness often leads to loss of control of emotions. The person may not be able to express feelings in socially acceptable ways. This is not deliberate. Blame the illness, not the person.

If a sudden change in emotion occurs, the doctor need to be made aware. The doctor and medical team can look for any reversible causes such as an acute illness, injury, or side effects of medicines. Also, outside factors such as stress, fatigue, and change in routine or environment should be explored.

Depression

Depression is not a normal part of aging. It can occur in persons with Alzheimer’s disease or other types of dementia. Both dementia and depression can cause a decline in intellect. Depression can be treated. If the depression improves with treatment, the person will have a better quality of life and will be better able to cope with losses caused by the illness. Attempt to understand the cause of the reaction and not engage in logical discussion with the person, as this proves rarely effective.
The diagnosis of depression needs to be made by a medical doctor, advanced practice nurse, or a mental health expert such as a psychiatrist or psychologist. The symptoms of depression may include:

- Physical changes
  decreased energy
  change in appetite
  altered sleep habits
  aches and pains that do not respond to treatment
  troubles with voiding
  weight loss

- Mood changes
  constant sadness
  feeling empty
  poor self esteem
  loss of interest in activities
  thoughts of death or suicide
  bored
  hopeless
  anxiety
  loss of pleasure

- Behavior changes
  withdrawal
  irritability
  trouble remembering
  neglect of other duties
  poor hygiene
  being restless
  trouble staying focused
  neglect of appearance
  frequent crying

Anxiety

For persons living with a dementia, anxiety is often present. It can be seen in many ways such as fidgeting, pacing, not being able to sit still, repetitive questions, or frequent phone calls to family or police at all hours. Dealing with an anxious person is stressful for all involved.

Causes of anxiety that can be reversed need to be assessed. Because anxiety is often seen with a depressed mood, concerns about it should be discussed with the doctor. Sometimes medicines are helpful in easing or helping to control anxiety, although side effects such as increased risk of falling must be thought about.
To better cope with an anxious person, you may also:

- Reduce distractions or activities when the person is most tired.
- Channel the worry into more healthy options, such as going for a walk.
- Provide support.
- Provide greater structure for persons living alone. Hire aides, if needed. Participate in an adult day center program. Move to a place staffed 24 hours a day.
- Provide non-verbal forms of caring and security such as holding hands and giving hugs.
- Do not attempt to reason with a person who is anxious. It will almost always do more harm than good.

**Frustration and Anger**

As with other mood changes, the causes of frustration and anger need to be explored. Sometimes the link between activity and frustration is easy to see (i.e. anger about not being able to balance a checkbook). These emotions can appear without warning and may have no link to an event. These outbursts can be scary for families and can have other serious outcomes, such as discharge from an adult day center or home care program. Keep careful records of angry outbursts and discuss them with those who provide care. In some cases, medicines may be helpful.

Here are some ways to cope with frustration or anger.

- When possible, try to prevent the anger from building up. Try to stay calm.
- When frustration is frequent, look for ways to encourage tasks that will build self esteem.
- If possible, postpone events that cause the outbursts until the person is having a better day.
- Direct the focus elsewhere. The person may very quickly forget the cause of the problem.
- Call for help right away if the person becomes a danger to self or others.
- Do not argue as that may only increase the anger.
Suspicion

Distrust of others is frequent in persons living with a dementia. Often the suspicion takes the form of accusing someone else of stealing things that are misplaced, lost, or hidden. This is a result of the illness, not a deliberate attack.

Here are some ideas for managing distrust.

- Assess whether vision or hearing problems or too much stimulation could be causing the person to misinterpret events.
- Respond to the person’s fear and anxiety. Offer reassurance. Do not argue or confront.
- Discuss this behavior with the doctor. If the person becomes so suspicious that it causes problems with care, there may be medicines that can help.
- Join a support group. You will find that you are not alone, and you may come away with ways to cope that have worked for others.
- Shift the focus away from the problem.
- Have only a small number of caregivers.
- Ask a person close to the resident to come visit or speak over the phone.

The Alzheimer’s Association is a great source of information. You can contact them at 1-800-272-3900 or www.alz.org.

Alzheimer’s & Dementia Alliance of WI is another great resource. You can contact them at 1-888-308-6251 or www.alzwisc.org