



Gofal Cymdeithasol **Cymru**  
Social Care **Wales**

# Changes in people's behaviour - physical health

First published: 11 October 2018

Last updated: 26 September 2024

This document was downloaded from socialcare.wales and may not be the latest version.

Go to <https://socialcare.wales/resources-guidance/improving-care-and-support/people-with-dementia/changes-in-peoples-behaviour-physical-health> for the latest version.

If there is a sudden change in a person living with dementia's behaviour, there may be a physical reason for this.

## **Delirium and dementia**

Has the person got an infection? Have they got a temperature? Are they constipated? Has there been a change in their medication? Have they had an anaesthetic?

Any one of these could cause a delirium.

Delirium is more common in people with dementia, than in those without.

Delirium is a state of mental confusion that can occur when the person is medically unwell.

The person may become more agitated, more forgetful, more disorientated, experience hallucinations especially by night. Some people will become more withdrawn and lethargic.

Delirium is a medical emergency, we need to recognise it and treat the underlying cause.

[Prevent the risk of Delirium by adopting Delirium 10](#)

## **Is the person in pain?**

The experience of pain is different for all of us. It is personal to us.

Think about a time you have been in pain and reflect upon how it made you feel and how it changed your behaviour.

Research tells us that pain is often under-recognised and therefore under-treated in people with dementia.

Because of this, people with advanced dementia receive only a third of the level of pain relief of people with similar health who aren't living with dementia.  
(Horgas & Tsai 1998)

The assessment of pain is usually self-reported, i.e. we would describe our pain and may rate it using a scale of 1 to 10 for example.

Where self-reporting is not possible or unreliable, due to a person's dementia or communication difficulty, we can look to indicators to see if a person is in pain:

## **Physical changes**

Pallor, sweating, tachycardia, altered breathing, hypertension

## **Facial expression**

Grimacing, wincing, frowning, rapid blinking, brow raising or lowering, cheek raising, eyelid tightening, nose wrinkling, lip corner pulling, chin raising, lip puckering

## **Body movements**

Altered gait, pacing, rocking, hand wringing, repetitive movements, increased tone, guarding, bracing

## **Verbalisations / vocalisations**

Sighing, grunting, groaning, moaning, screaming, calling out, aggressive / offensive speech

## **Changes in behaviour**

Aggression, withdrawal, resistance

## **Changes in activity patterns**

‘Wandering’, altered sleep / rest patterns, changes in eating / change to level of interaction

## **Mental state changes**

Confusion, crying, distress, irritability, mood changes

There are many different types of observational pain assessment tools, but recommended for its ease is the [Abbey Pain Scale](#).

## **Sensory impairment and dementia**

Sensory impairment is common as we age.

Two million people will experience a degree of visual impairment, and almost half of over 70-year olds will have moderate to severe hearing loss.

As the majority of people with dementia are over the age of 65, there is a high probability that they will experience some degree of sensory loss which may

worsen the symptoms of dementia.

People should have regular vision and hearing tests.

Of note, some companies have staff with dementia awareness, so it is advisable to let them know the person's diagnosis at the time of booking.

In addition, as the dementia progresses, there will be changes to the visual field. This is due to the brain's interpretation of what the eyes are seeing.

Initially people will lose a sense of what is behind them as they lose peripheral vision, then they will lose the non-dominant side, i.e. a right-handed person will lose vision to their left but retain vision to their right.

There will be changes to a person's perception, the ability to recognise and distinguish the 3-d world.

[Changes to the home environment](#) can help with this.

## **Useful resources**

Find out more about changes in the behaviour of people with dementia.

[Dementia and Sensory Challenges: Dementia can be more than memory](#)

[Dementia and Sensory challenges film \(to accompany booklet above\)](#)

[A film about dementia and sensory loss](#)

[Able Label Clothing \("Beautiful clothes, designed to make dressing easier"\)](#)

## **We want your feedback**

Help us to improve the Dementia resource for care professionals by telling us what you think about it in our short [four question survey](#).