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Alzheimer's Patients And Verbal Abuse: How To Deal With It

By William Hammond, J.D.

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Abuse of any kind is difficult to deal with. Types of verbal abuse can include the following: Does your loved one ignore your feelings? Is he disrespectful? Does he withhold approval, appreciation or affection? Does he walk away without answering you? Does he criticize you, call you names or yell at you? Does he humiliate you in public or in the privacy of your home? Does he tell you that you are too sensitive? Does he destroy furniture or punch holes in the walls?

These are some of the signs, but there are many more that may be observed. Abuse is difficult to deal with if the abuser has Alzheimer's disease since the abuser can't really control it.

If a person with Alzheimer's becomes verbally abusive, it may be because he is suffering from depression or aggressive behavior caused by the disease. In this case you might want to involve your doctor and let him know the situation. He may be able to prescribe an anti-depressive medication or simply change the current medication. You may want to take a break from your loved one, as sometimes caring all the time for the same person can be exhausting. Or you can try to place your loved one in an adult day care, or hire some professional help. Make sure that substitute caregivers are knowledgeable about Alzheimer's disease and know how to handle patients with dementia.

One way to deal with the situation before it becomes a big problem is to try humor. You cannot control how your loved one is acting but you can decrease the feelings of frustration by controlling how you respond. Try to validate your loved one's feelings; it will definitely help him. Many times, people with Alzheimer's are so frustrated that they act it out through verbal abuse and aggression. Put yourself in his place. It is very frustrating!

The most important thing you have to remember is not to talk "down" to your loved one because he is still a person with an entire life history of success and independence. If you see that what you are trying to do or say to him is not working, just let it go for a while, step out of the room and come back later. Let your loved one calm down and relax. You may want to try music. Studies have shown that

Alzheimer's patients often find music relaxing.

Finally, if you still feel overwhelmed, join a support group that specifically deals with verbal abuse and learn how to cope with it. Many times other people in the group will have experienced the same ordeal with their loved ones. Group members may be able to counsel you on how they coped or dealt with this kind of behavior.

This group will also help you to deal with your emotions and frustrations. They will tell you how to control them, and once you are able to deal with your own feelings, then you will be more effective coping with your loved one's behavior.

William G. Hammond, JD is a nationally known elder law attorney and founder of The Alzheimer's Resource Center. He is a frequent guest on radio and television and has developed innovative solutions to guide families who have a loved one suffering from Alzheimer's. For more information you can visit his website at

Behavioral Manifestations of Alzheimer's Dementia

By Michael G. Rayel, MD

Alzheimer's Dementia has a combination of cognitive and behavioral manifestations. Cognitive impairment is the core problem which includes memory deficits and at least one of the following: aphasia or language problem, agnosia or problems with recognition, apraxia or motor activity problem, and impairment in executive functioning (e.g. planning, abstract reasoning, and organizing).

As the disease advances, the cognitive decline becomes associated with behavioral manifestations. What are these behavioral manifestations of dementia?

Behavioral syndromes in Alzheimer's can be grouped into two categories: psychological and behavioral. Major psychological syndromes consist of depression, anxiety, delusions, and hallucinations.

Depression in dementia is very common. Up to about 87% of patients develop some form of depression. It is characterized by tearfulness or crying episodes, feelings of sadness, and neurovegetative signs and symptoms such as inability to sleep, lack of appetite, poor energy, and thoughts of death. Irritability is also common. Depression can occur even in the early or mild phase of the illness.

About 50% of demented patients show delusions or false fixed beliefs. Such delusions include beliefs that a relative is stealing, that a spouse is just an impostor or is having an affair with a neighbor, or that friends and relatives are conspiring to cause trouble.

Moreover, many patients with dementia may experience hallucinations. Most of these hallucinations are visual — seeing strangers in the house, an animal or insects in the living room, people in the bedroom or on top of the TV set. Occasionally, auditory hallucinations may be experienced — hearing footsteps or knocking on the door or even people singing church hymns.

Regarding major behavioral syndromes associated with dementia, these problems include agitation, verbal outbursts, repetitive behavior, wandering, and aggression or even violence. Agitation can be manifested by pacing back and forth, restlessness, and inability to sit still.

Verbal outbursts consist of day-long screaming or occasional yelling at someone. Repetitive behavior is manifested by closing and opening a closet or a purse or a drawer. Asking questions repetitively for instance about a relative's visit is very common.

Wandering can happen especially at the late stages of the illness. If doors are left unlock, some patients wander away from the house. Hence, safety level becomes an issue.

Aggression likewise may occur. Hitting the caregiver or throwing things are some complaints. Destroying things although rare can also ensue. A gentleman for example hit the wall with a cane and broke the window by smashing a chair.

Although difficult to deal with, most of these behavioral consequences of dementia can be treated especially if recognized and addressed early.

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