



Behavior & Communication – Non-Pharmacological Approaches to Dementia Related Behavior

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Disclosures

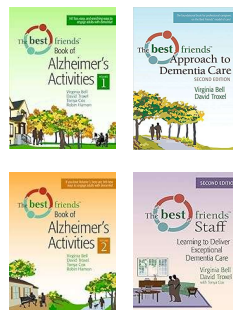
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David Troxel, MPH

- Co-creator of the Best Friends™ Approach to Dementia Care
- Member, Global Review Panel of Alzheimer's Disease International and the Thought Leader's Council of the Institute on Aging.
- Published October 2024, ***The Best Friends Staff: Learning to Deliver Exceptional Dementia Care***
- Currently a dementia care program consultant, writer & educator.
- *Previous family care partner to my mother and mother-in-law with dementia*



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- Share some recent reflections about where we are today in the field of care
- Discuss non-pharmacological approaches to dementia related behavior.
- Discuss specific communication strategies and person-centered approaches which can improve quality of life for the PWD and their care partners.
- Discuss ways to educate and empower families and staff who work with PWD.

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“It was the best
of times . . .
it was the worst
of times.”

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Where We Are Today

Challenges

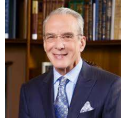
- Cost of care
- Limited medicines/medical approaches
- Research funding/NIA Cuts
- Staff training & education

Good News

- Stigma has fallen
- Services have increased
- We understand the dos and don'ts of caregiving
- Creating a therapeutic, healing environment, supports excellent dementia care.
- Lifestyle factors are neuroprotective.

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**Dr Jeff Cummings Annual Review –
Increasing Optimism in the Drug Discovery Pipeline**
Published June 3, 2025



- The 2025 Alzheimer's disease drug development pipeline has more trials and more drugs than the 2024 pipeline.
- Biomarkers play an important role in current trials to determine trial eligibility and as outcomes of trials.
- 182 trials studies underway of 138 novel drugs.
- Repurposed agents comprise approximately one-third of the agents and trials in the 2025 Alzheimer's disease drug development pipeline
- 50,000 volunteers enrolled in research studies; 67% in Phase 3

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**People with Dementia Will be Diagnosed
Younger and Earlier**



- *Dementia Advocacy and Support Network International, known as DASN*



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Their Voices

As devastating as this diagnosis was, it has also opened my eyes, as I now need to create a new life based on new dreams and new hopes for the future.

— William "Bill" Yeates, diagnosed with younger onset Alzheimer's at age 59

I want to be seen as a person, not as a disease.

— Brian LeBlanc, diagnosed with early-onset Alzheimer's, advocate and speaker

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US Pointer Study Results, July 2025

- **What Is the U.S. POINTER Study?**
- A major U.S. research project
- Goal: Test if lifestyle changes can protect brain health in older adults
- Over 2,000 participants, aged 60–79.
- Ran for nearly 2 years across 5 U.S. locations

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What's Good for the Heart is Good for The Head



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Results

- **What Happened?**
- Both groups improved memory and thinking
- The **structured group** showed even greater gains
- Their brain function was like someone **1–2 years younger**
- Benefits were seen across all backgrounds—regardless of sex, ethnicity, or genetics



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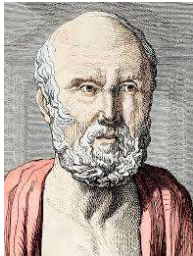
POINTER Study Recommendations

Start Today with These Brain-Healthy Habits:

-  Move daily—walk, dance, stretch
-  Eat a balanced diet—focus on whole foods (Mind Diet)
-  Challenge your mind—puzzles, reading, learning
-  Stay socially connected—family, friends, community
-  Monitor heart health—blood pressure, cholesterol

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Hippocrates



“If you are feeling bad,
take a walk. . . If you are
still feeling bad, take
another walk.”

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Conceptual Shift Underway in our Field

*We are shifting from trying to fix the brain to
supporting brain health and enriching what
remains*



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We know how to help people with dementia live their best lives.

- Keep the person as physically healthy as you can.
- Provide caregivers with education and support & encourage early use of services.
- Create a purposeful day filled with music, art, exercise, conversation, good food, and outdoor time.
- Help the person feel safe, secure & valued.

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Alzheimer's Doesn't Travel Alone

Alzheimer's Disease often comes with other challenges, that left untreated, worsen impairment

Michael McCloud, M.D.
UC Davis Alzheimer's Center



Inappropriate Medications
Alcohol
Stroke
Depression
Pain
Malnutrition
Hormone Deficiency
Blood Sugar/Diabetes
Hearing/Visual Impairment
Vitamin Deficiency (B12, D)
Sleep issues
UTIs
Loneliness, Isolation

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So how do we manage difficult situations?



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Empathy is the Key

Empathy is one of the core principles of Best Friends

- We all have good and bad days. People with dementia do too.
- People with dementia have the same feelings as the rest of us, but often cannot express themselves like we can.
- Persons with dementia can also be less resilient, and not as able to cope with illness, anxiety, pain, and emotional upset.

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Be a Detective: What is the Trigger?



Most behaviors have a *trigger*, or some event, situation, or feeling that caused the behavior to happen. Keep an eye out for clues

- Is the behavior new or long-standing?
- When does it usually happen?
(Time of day, days of the week, certain situations, around certain people, etc.)
- If it's new, what changes have happened recently?
(New injury, change in room or accommodations, change in staff, change in schedule, new activity, etc.)

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There is an old saying in dementia care that
"behavior communicates a message."

Spend some time trying to determine that message.

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Be a Detective: What is the Trigger?

Stop, look, and listen for a trigger:

- Medical causes
- Medication issues
- Unmet needs
- Environment

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Medical Triggers

Keep an eye out for sudden changes

- Sudden changes in behavior may be a sign of illness or injury
- Pain is a common culprit behind behavior
- Depression should be addressed with added activity and medication

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**WHY PSYCHOTROPIC MEDICATIONS
AREN'T THE ANSWER**

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The Problem with Psychotropic Medications

Medications may help in cases where the person has dangerous paranoia, aggression, or antisocial behaviors. However, medications:

- Often ineffective
- Can have negative side effects
- Increase risk of falls
- May mask or fail to address the underlying cause of the behaviors (loneliness, fear or anxiety, pain, or a physical ailment)

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Unmet Needs as Triggers

- Physical needs (hunger)
- Emotional needs (loneliness, sadness, anxiety)
- Need for engagement and meaningful engagement
- Need for self-esteem and positive self-image

Remember, behavior is the person's way of communicating something is wrong!

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Environmental Triggers



Noise

Is the environment noisy, making the person uncomfortable, overstimulated, or unable to hear others?



Light

Is the environment too dimly lit for the person to see where they're going, raising risks of falls? Is there glare from windows?



Contrast

Are the floors and walls easy to differentiate from each other? Are signs printed in easy-to-read, high contrast colors (bold, black letters on white background)?

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Environmental Triggers in In-Home Care



Progression of dementia calls for appropriate changes to the environment even with the familiarity of home

- A dark, cluttered home paired with increasingly poor vision may turn a person's familiar home into a confusing and scary place
- Reconsider the home just as you would analyze a care community.

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Step 2



**Use the Life Story
for Insight and Inspiration**

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Encourage the Creation of a Top 10 List of the Person's History, Preferences, Rituals and Talents

- Interests
- Occupation
- Achievements & Awards
- Favorite foods
- Musical interests
- Travels
- Family
- Morning Rituals



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Dorothy Troxel



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Step 3



**Communicate with
Your Best Friends Team**

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Work as a Team



**Behavior will be addressed more effectively when
team members work together!**

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Get everyone on the Same Page



If the care team brainstorms and coordinates its approach, and develops some common language or script, the whole team can respond to the situation more artfully.



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Have a Three New Ideas Meeting



When the team is struggling, meet as a small group to brainstorm three new ideas. Make sure the whole team agrees on three new approaches or ideas.

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Case Story: Patricia

- Patricia loved being at the Best Friends Day Center
- Late into her dementia, she began to lose her language skills and would suddenly vocalize noise and words very loudly
- Other day center participants were very upset by this



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Case Story: Hotel General Manager Moves Into Dementia Care

- Younger onset (age 55)
- Physically robust
- Exit seeking & agitated



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The Best Friends Approach

- Empathy and understanding
- Affection/warmth
- Knowing and using Life Story
- Working on communication
- **Best Friends Do Things Together**
- This model of care used around the world focuses on developing “caregiving knack,” the art of doing difficult things with ease or clever strategies for success.”



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Best Friends Communication

- | | |
|--|--|
| ➤ Listen carefully—
with ears <i>and</i> eyes | ➤ Keep language simple |
| ➤ Don't argue,
confront, or correct | ➤ Try to turn the “no” into a “yes” |
| ➤ Take the blame and
apologize | ➤ Don't take anything for granted |
| ➤ Be sincere | ➤ Don't talk down to a person |
| ➤ Don't take negative
comments personally | ➤ Enjoy the person in every way
possible! |
| ➤ Rely on humor | |

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Activities & Engagement as Therapeutic Interventions

Creative activities

Conversation

Spirituality

Purposeful chores

Learning & growth

Using the Life Story

Children

Exercise

Laughter

Music

Animals

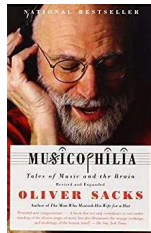
Being outside

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Music and Dementia Care

"Music can lift us out of depression or move us to tears. . . but for many of my neurological patients, music is even more - it can provide access, even when no medication can, to movement, to speech, to life. For them, music is not a luxury, but a necessity."

Oliver Sacks, MD



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Arts

- Collage
- Adult drawing "coloring"
- Watercolors
- Flower arranging



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Final reflections

Great dementia care is all about "informed love"

-Dr. Nori Graham

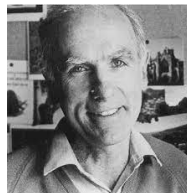


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Final reflections

"Caregivers are physicians of the human spirit."

Dr. Tom Kitwood



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Thank You!

Contact Information and Resources

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