



# DISINHIBITION

Disinhibition is a lack of restraint, seen as disregard for social conventions and/or impulsive or risky behaviour. Disinhibition is usually caused by cognitive decline affecting the frontal lobes of the brain otherwise known as dementia. (This can be any type of dementia, not just the frontotemporal dementias (Information Sheet #10)). When people become disinhibited they may behave in a way that is uncharacteristic, embarrassing, challenging, and sometimes even dangerous. The person with dementia is usually unaware of the distress they are causing or, the risk they are taking. The behaviour might be triggered by a stimulus within the person, provocation by others, or the environment.

## Some examples of disinhibited behaviour are:

- Loud, tactless comments about someone's appearance;
- Loss of the social norms of conversation e.g. waiting one's turn or disclosing intimate information;
- Poor table manners;
- Taking off clothes in public resulting in unacceptable exposure of body parts;
- Swearing or being offensive in a way that is out of character. E.g. telling off-colour jokes;
- Making unwanted sexual advances, masturbating publicly;
- Spending excessively;
- Stealing – taking goods that belong to others;
- Driving recklessly.

## Common causes of disinhibited behaviour include:

- Disorientation to the surrounding environment – e.g. urinate in the corridor rather than look for the bathroom;
- Disorientation to time - revert to an era when racist or sexist remarks were more acceptable;
- Misidentification – mistake a caregiver for a spouse;
- Discomfort - a urinary tract infection or genital irritation could cause the person to hold or rub their genital area;

- Loss of understanding of the need for discretion e.g. the person forgets that they should only masturbate in private;
- Excessive expectations - If the person is tired, ill, or frustrated undue expectations might result in an angry outburst.
- Frustration

## Managing disinhibited behaviours

It is important to handle the situation sensitively in order to uphold the dignity of the person with dementia and to prevent harm to him / her and/ or other people. Informing others that the person is cognitively impaired and did not mean to be offensive can be helpful. Dementia NZ can provide an INSIGHT CARD to give or show others to subtly explain the person has a brain condition that makes him/her less socially aware.

Look for triggers to the behaviour, for example, someone might remove clothes because they are too hot. Once the trigger is identified, family members and/or support people will be more aware and might be able to devise ways to avert the behaviour in future. If the person has a tendency to react aggressively, ensure there is a plan to keep everyone safe. Work on identifying triggers to try and pre-empt unusual behaviour.

## Other approaches:

- Read Information Sheet # 5 (Changed behaviour);
- Remain calm and patient. Do not blame the person for behaviours that are caused by dementia;
- Ask yourself - Does the behaviour really matter? Whenever possible, react with humour and an explanation, provided the person is safe and nothing else needs to be done;

- Ask yourself why the person is behaving in a particular way and use insights gained to decide how best to respond;
- Do not argue or reprimand the person. Instead try to distract them by doing something else;
- Do not tolerate a situation that is dangerous for the person with dementia and/ or others. Discuss this with your Dementia NZ support-worker or your GP. In emergency call the police.

This publication provides a general summary only of the subject matter covered. People should seek professional advice about their specific case.

**Dementia New Zealand offers support, information and education.  
Ring 0800 4 DEMENTIA or  
0800 433 636.  
Or visit our website at [www.dementia.nz](http://www.dementia.nz)**