

DISINHIBITED BEHAVIOURS

This Help Sheet describes disinhibited behaviours, the causes, and strategies for carers and family members.

What are disinhibited behaviours?

A person with dementia may appear to lose their inhibitions and behave in ways that are completely out of character. These behaviours can be embarrassing, awkward and distressing for others.

Some examples are:

- Making tactless or rude remarks.
- Sharing personal information with strangers.
- Using offensive language that they would never have used before.
- Undressing in public.
- Sexual disinhibition (e.g. touching their genitals in public or making sexual suggestions to others)

The person with dementia will not understand that what they are doing is inappropriate, and the situation needs to be handled with sensitivity. It is important that our approach upholds the person's dignity and prevents unnecessary distress.

It may help to explain to other people that the person with dementia has a condition that causes confusion, and that the person does not intend to be offensive. A simple "explanation card" obtainable from Dementia New Zealand can subtly explain the situation. Any response from us should involve trying to see things from the person's perspective.

What causes these behaviours?

There are many reasons why behaviours change. Every person with dementia is an individual who will react to circumstances in their own way. Their lack of judgement and disinhibition is essentially due to changes taking place in the brain. However, events or factors in the environment may trigger the behaviour. If family members and carers can determine what might be a trigger, it may be possible to figure out ways to stop the behaviour happening again.

Frequent causes of disinhibited behaviours

Disorientation in time or space

The person may be confused about the time of day, so that they think they should be taking their clothes off ready for bed. Or they may have reverted to an era many years ago, when they were more free to say what they thought, perhaps making racist or sexist remarks. Alternately they may believe that they are in a different location e.g. the bathroom instead of a communal lounge and urinate in an unsuitable place.

Confusion

The person with dementia may confuse the identity of someone. For example, they may believe that a care worker, or their daughter, is actually their wife and hence become overly affectionate.

Discomfort

Some of these behaviours may be the result of discomfort. For instance, feeling too hot or cold, or that clothes are too tight might mean the person removes their clothes. A person touching the genital area might be indicating a need to go to the toilet.

Discretion

Sometimes these behaviours occur because the person no longer understands the need to be discreet such as a person masturbating in a public area.

Unrealistic expectations

In some instances a task they are attempting may be too complex, or the person may be unwell or extremely tired, resulting in an angry outburst.

Embarrassing Situations: Tips For Carers

- Try to react calmly and remember the person is not behaving in this way on purpose.
- Look for a reason behind the behaviour. Understanding why someone is behaving in a particular way will help you respond to it.
- React with patience and gentleness. Try not to over-react, even though the behaviour is embarrassing. Remember it is due to the dementia.
- Rather than arguing, reprimanding, or trying to correct the behaviour, try to distract them gently and get them focusing their attention on something else.
- Be aware of potential triggers - if you know what these are you may be able to prevent the behaviour from happening in the first place.
- Talk to your Dementia Advisor about what is happening and brainstorm ways to understand and deal with it.
- In some situations, it may help to think about whether the behaviour really matters – often a sense of humour will resolve the situation.

This publication provides a general summary only of the subject matter covered. People should seek professional advice about their specific case. The content was adapted from Alzheimer's Australia who have generously consented to their work being used. Written and peer reviewed: 2017 by Dr Chris Perkins and Dr Richard Worrall, Psychiatrists of Old Age. Reviewed by Dr Tina Crownshaw, Psychiatrist of Old Age 2023.

Dementia New Zealand offers support, information and education.

Dementia Helpline: 0800 433 636

Email: info@dementia.nz

Website: www.dementia.nz

© Dementia New Zealand 2023, all rights reserved. Revised May 2023