



# MAJOR NEUROCOGNITIVE DISORDER: DEMENTIA

Programme régional ambulatoire de gériatrie (PRAG)

## THE AGGRESSIVE CRISIS/OUTBURST



### WHAT IS AN AGGRESSIVE CRISIS?

Your loved one may be very agitated and suddenly become aggressive towards you or someone else in the environment. During a crisis, your loved one is anxious, frightened and distressed. They may no longer understand the situation or be in control. They may show aggressive or violent behaviors.

Your loved one may display the following behaviors:

- ❖ **Verbal agitation with aggression** (shouting, hostile language, profanity, threats, accusatory language, etc.)
- ❖ **Physical agitation with aggression** (hitting, biting, pushing, throwing objects, etc.)

Your loved one's safety and that of others may be at risk.



## WHAT ARE THE POSSIBLE CAUSES?

A person with a neurocognitive disorder may have an aggressive outburst when experiencing significant frustration. This emotional reaction may occur:

- ❖ When the person is confused or confronted with a situation.
- ❖ When we try to reason with them.
- ❖ When the person experiences significant confusion, anxiety and feels unsafe.
- ❖ When the environment presents too much stimulation.
- ❖ If the person has always had an explosive personality.
- ❖ If they have acute health problem (pain, cough, constipation, infection, etc.)  
consult a doctor or nurse.
- ❖ When they are experiencing a delirium (sudden and unusual change in behaviour), seek emergency medical attention.

## HOW TO INTERVENE?

**Please take a moment and consult the following document  
« The Adapted Approach »**

- ❖ Stay calm and make sure the environment is safe (remove dangerous objects from reach).
- ❖ Avoid intervening if you feel angry, to avoid escalation.
- ❖ If necessary, leave the room to ensure that your loved one is safe.
- ❖ Stay close to the door so you can get out quickly if necessary.
- ❖ Give clear instructions, one at a time.
- ❖ Put words to your loved one's emotions (You seem angry to me). If they are becoming aggressive, do not argue or confront them, this will help avoid an escalation.
- ❖ Approach your loved one slowly to avoid making them feel attacked.
- ❖ Avoid punishing and blaming him/her. Reassure him/her and tell them that you want to help.
- ❖ Develop an emergency plan to ensure your safety in dangerous situations:
  - Identify a closed room with a latch/locked door to maintain your safety.
  - Have a phone handy (preferably in the safe or emergency room).
  - Establish a list of emergency contacts (family, social emergency, police).

## **IMPORTANT!**

**Having a neurocognitive disorder does not make violent behavior acceptable. If feel your safety is compromised, contact 911.**

**In the event that your loved one exhibits behaviors that concern you, do not hesitate to contact:**

- **Info-Santé/Info-Social 811**
- **Your assigned worker at the CLSC**
- **Discussion with the health care team**
- **A doctor**

**The proposed strategies are suggestions for possible solutions to explore.**

**Be creative and adapt them to your loved one,  
because you know your loved one the best!**

Conception par Guillaume Lajoie et Natacha Aubé, psychoéducateurs PRAG Traduit par Kelly Raymond, infirmière clinicienne PRAG  
En collaboration avec l'équipe professionnelle PRAG et une proche aidante.

Inspiré de :

Gouvernement du Québec (2012). *Agitation dans les démences* (2<sup>e</sup> édition). Repéré à [https://www.cisss-at.gouv.qc.ca/partage/AAPA/Fiche\\_Agitation-dans-les-demences.pdf](https://www.cisss-at.gouv.qc.ca/partage/AAPA/Fiche_Agitation-dans-les-demences.pdf)

Phaneuf, M. (2007). *Le vieillissement perturbé : La maladie d'Alzheimer* (2<sup>e</sup> édition). Montréal, Canada : Chenelière Éducation.

**Centre intégré  
de santé  
et de services sociaux  
de Laval**

**Québec** 