

Mġibiet Mibdula

MALTESE | ENGLISH

Dan il-Fuljett ta' Għajnuna jħares lejn ftit mit-tibdil komuni fl-imġiba li jista' jsir meta persuna jkollha d-dimensja. Ikunu diskussi r-raġunijiet għat-tibdil u xi linji gwida generali biex inkampaw magħhom.

It-tibdiliet fl-imġiba ta' persuna bid-dimensja huma komuni ħafna. Dan jista' jagħfas ħafna fuq il-familji u dawk li jduru b'ħaddieħor. Dan jista' jqanqal ħafna taħwid meta x'ħadd li qabel kien ġentili u ħanin jibda jgib ruħu b'mod stramb u aggressiv.

Għaliex tinbidel l-imġiba?

Hemm ħafna raġunijiet għaliex tkun qed tinbidel l-imġiba ta' persuna. Id-dimensja hija r-riżultat ta' tibdil li jsir fil-moħħ u li jaffettwa l-memorja, l-buri u l-imġiba tal-persuna. Kultant l-imġiba tista' tkun marbuta ma' dan it-tibdil li jkun qed isir fil-moħħ. Drabi oħra, jista' jkun qed isir xi tibdil fl-ambjent tal-persuni, f'saħħithom jew fil-kura li jikkawża din l-imġiba. Forsi attivita', bħal li jieħdu l-banju, hija diffiċli wisq, jew ma jkunux iħossuhom fiżikament f'tagħhom. Id-dimensja taffettwa lin-nies b'modi differenti u tnaqqas il-kapaċità tal-persuni biex jikkomunikaw il-ħtiġijiet tagħhom u jimmaniġġjaw l-istressijiet ambjentali. Meta tifhem għaliex xi wħud ikunu qegħdin iġibu ruħhom b'mod partikulari, jistgħu jiġuk ideat dwar kif tkun tista' tkampa.

Minn fejn tibda?

Dejjem iddiskutu t-tħassib dwar it-tibdil fl-imġiba mat-tabib, li jkun kapaċi jiċċekkja jekk ikunx hemm preżenti xi marda jew kundizzjoni fiżika u jagħti xi parir. It-tabib ikun jista' jagħti parir jekk ikunx hemm xi marda psikjatrika u jiċċekkja il-mediċini tal-persuna.

Kif timmaniġġja

Li timmaniġġja t-tibdil fl-imġiba jista' jkun diffiċli ħafna, u bosta drabi titgħallem bl-iżbalji. Dejjem ftakar li l-imġiba mhijiex deliberata. L-għadab u l-agressjoni ħafna drabi jkunu diretti lejn il-membri tal-familja u lejn dawk li jduru b'ħaddieħor għax dawn ikunu l-eqreb. L-imġiba ma tkunx fil-kontroll tal-persuni u jistgħu jkunu mbeżżgħin minnha. Ikunu jridu l-wens, ukoll jekk ma jkunx jidher hekk.

X'għandek tipprova

- Li tipprovdi ambjent kalm, mingħajr pressjoni li fih il-persuna bid-dimensja tkun tista' timxi ma' rutina familjari jista' jgħin biex ikunu skansati imġibiet diffiċli.
- Żomm l-ambjent familjari. Il-persuni bid-dimensja jistgħu jithabbu jekk isibu ruħhom f'sitwazzjoni stramba jew

fost grupp ta' nies li ma jkunux familjari magħhom fejn jitħawdu u ma jkunux kapaċi jkampaw. Il-frustrazzjoni kkwawzata mill-inkapaċità li jaslu għal dak li jkun mistenni minnhom mill-oħrajn tista' tkun biżżejjed biex tqanqal bidla fl-imġiba.

- Jekk imġiba ssir diffiċli jkun l-aħjar li toqgħod lura milli tagħmel xi forma ta' kuntatt fiżiku bħal ngħidu aħna tirrestringihom, teħodhom 'l barra jew tersaq lejhom minn wara. Jista' jkun aħjar li thallihom waħedhom sakemm jiġu f'tagħhom jew issejjaħ xi ħabib/a jew ġar/a bħala support.
- Skarta l-kastig, il-persuna aktarx ma tiftakarx xi jkun ġara u allura ma tkunx kapaċi titgħallem minn dan
- Tkellem bil-mod, b'lehen kalm, kwiet u rassiguranti.
- Ibqa' kwiet/a jew newtrali jekk il-persuna tgħidlek xi haġa li tkun żbaljata jew mħawda

Aggressjoni

Din tista' tkun fiżika, bħal daqqiet, jew bil-kliem bħal meta jużaw kliem li jwegga'. Imġiba aggressiva s-soltu tkun espressjoni ta' għadab, biża' jew frustrazzjoni.

X'għandek tipprova

- L-aggressjoni tista' tkun minħabba l-frustrazzjoni. Li ssakkar il-bieb jista' jiffranka l-ġiri l' hawn u l' hinn, iżda jista' jżid il-frustrazzjoni
- L-attivita' u l-eżerċizzju jistgħu jipprevenu xi episodji aggressivi
- Li tersaq lejn il-persuna bil-mod u minn fejn tidher sewwa jista' jgħin. Spjega xi jkun ser jiġri b'sentenzi qosra u ċari bħal ngħidu aħna "Ser ngħinek tneħħi l-kowt". Dan jista' jneħħi l-ħsieb li jkunu qegħdin jiġu attakkati u li jsiru aggressivi biex jiddefendu ruħhom
- Iċċekkja jekk l-agressjoni tkunx dwar il-ksib ta' dak li l-persuna tkun trid. F'dan il-kas jista' jgħin jekk tipprova tantiċipa l-ħtiġijiet tal-persuna

Reazzjonijiet żejda

Xi wħud li jkollhom id-dimensja jirreaġixxu żżejjed għal xi haġa żgħira jew kritika żgħira. Dan jista' jinfexx fi twerziq, għajjat, akkużi bla raġuni, aġitazzjoni kbira jew twebbis ir-ras, jew biki jew daħk bla kontroll u barra minn postu. Jew

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1 MĠIBIET MIBDULA U D-DIMENSJA

inkella l-persuna tista' tingħalaq fiha nnifisha. Din ix-xejra ta' reazzjoni żejda hija parti mill-marda u tissejjaħ reazzjoni katastrofika.

Xi minn daqqiet reazzjoni katastrofika tkun l-ewwel indikazzjoni tad-dimensja. Tista' tkun fazi li tgħaddi, tisparixxi hekk kif il-kundizzjoni timxi 'l quddiem jew tista' tibqa' sejra għal xi ftit taż-żmien.

Imġiba katastrofika tista' tkun ir-riżultat ta:

- Pressjoni kawżata mill-ħtiġijiet eċċessivi tas-sitwazzjoni
- Frustrazzjoni kawżata minn interpretazzjoni ħażina tal-messaġġi
- Xi marda oħra moħbjija

Din l-imġiba tista' tidher malajr ħafna u tista' tbeżża' lil tal-familja u lil dawk li jduru b' ħaddieħor. Madankollu, meta tipprova ssib xi jġib l-imġiba katastrofika jista' kultant ikun ifisser li tkun tista' tiġi evitata. Iż-żamma ta' djarju tista' tgħin tidentifika ċ-ċirkustanzi li jġru fihom. Jekk dan ma jkunx possibbli, tista' ssib modi kif titratta din l-imġiba malajr u b'mod effettiv billi tuża xi ftit mil-linji gwida li tniżżlu f' lista iktar qabel.

Trekkin

Nies bid-dimensja jistgħu ta' sikwit jidhru li moħħhom ikun biex ifittxu xi ħaġa li jaħsbu li tkun intilfet u biex ireknu l-affarijiet f' post sigur.

L-imġibiet tat-trekkin jistgħu jkunu kawżati minn:

- Iżolament. Meta persuna bid-dimensja titħalla waħeda jew tħossha mwarrba, tista' tiffoka għal kollox fuqha nnifisha. Il-ħtieġa tat-trekkin hija twegiba komuni.
- Tifkirit tal-imġhoddi. Ġrajiet tal-preżent jistgħu jqanqlu tifkirit tal-imġhoddi, bħal ngħidu aħna li joqogħdu ma' ħuthom, bniet u subien, li kienu jeħdulhom l-affarijiet tagħhom jew li kienu jgħixu matul id-dipressjoni jew fi gwerra b'familja żagħżuġha biex jitimgħu
- Telf. In-nies bid-dimensja jtilfu kontinwament partijiet minn ħajjithom. It-telfien ta' ħbieb, familja, sehem siewi fil-ħajja, dħul ta' flus, u ta' memorja li jistgħu jafdaw jista' jżid il-ħtieġa tal-persuna biex trekken
- Biża'. Biża' li jistgħu jisirquhom hija esperjenza komuni oħra. Il-persuna tista' taħbi xi oġġet prezjuż, tinsa fejn tkun ħbietu u mbagħad twaħħal f'xi ħadd li jkun seraqulha

X'għandek tipprova

- Tkixxef il-postijiet li l-persuna soltu taħbi fihom u ċċekkjahom mill-ewwel meta jonqsu xi affarijiet

- Agħti lill-persuna xi kexxun mimli b'oġġetti mgerfxin biex tirrangahom billi dan jista' jserviha ħalli tissodisfa l-bżonn li tkun okkupata
- Żgura ruħek li l-persuna tkun taf il-post għax jekk ma tagħrafx l-ambjent tizdied il-problema tat-trekkin

Imġiba ripetittiva

Nies bid-dimensja jistgħu jgħidu jew jistaqsu l-istess affarijiet ripetutament. Jistgħu jinkarmu ħafna miegħek u jimxu wrajk ukoll meta tmur it-tojlit. Dawn l-imġibiet jistgħu jdejqu u jittikaww ħafna. L-imġibiet ripetittivi jistgħu jkunu kawżati prinċipalment billi l-persuna ma tkunx kapaċi tiftakar dak li tkun qalet jew għamlet.

X'għandek tipprova

- Jekk spjega ma tgħinx, distrazzjoni kultant taħdem. Xi mixja, ikla jew attività favorita jistgħu jgħinu
- Jista' jkun ta' għajjnuna jekk tagħti kas ta' dak li jkunu qegħdin iħossu. Ngħidu aħna "X' ser nagħmel illum?" tista' tfisser li l-persuna qegħda tħossha mitlufa u incerta. Twegiba għal dak li tkun qegħda tħoss tista' tgħin
- Wieġeb għall-mistoqsijiet ripetuti daqs li kieku jkunu qegħdin isiru l-ewwel darba.
- Il-movimenti ripetuti jistgħu jitnaqqsu billi l-persuna tingħata xi ħaġa oħra x'tagħmel b' idejha bħal ballun artab biex tagħfsu jew xi ħwejjeġ biex titwi

Bażat fuq 'Understanding and dealing with challenging behaviour'- Alzheimer Scotland – Action on dementia.

Iddiskuti mat-tabib it-tħassib tiegħek dwar it-tibdillet fl-imġiba u l-impatt tagħhom fuqek.

Is-Servizz tal-Pariri dwar l-Immaniġġjar tal-Imġiba fid-Dimensja (Dementia Behaviour Management Advisory Service – DBMAS) huwa servizz nazzjonali tal-pariri bit-telefon għall-familji, dawk li jduru b' ħaddieħor u l-impjegati fil-qasam tal-kura li jkunu mħassbin dwar l-imġibiet tan-nies bid-dimensja. Is-servizz jagħti pariri konfidenzjali, assessjar, intervenzjoni, edukazzjoni u sapport speċjalizzat 24 siegħa kuljum, 7 ijiem fil-ġimgħa u jista' jkun ikkuntattjat fuq

1800 699 799.

IKTAR TAGHRIF

Dementia Australia toffri sapport, tagħrif, edukazzjoni u pariri. Ikkuntattja l-Linja Nazzjonali ta' Għajjnuna fid-Dimensja fuq **1800 100 500** jew żur il-websajt tagħna **dementia.org.au**



Interpreter

Għal għajjnuna lingwistika ċempel is-Servizz Telefoniku tat-Traduzzjoni u l-Interpretar fuq **131 450**

Changed behaviours

This Help Sheet looks at some of the common behaviour changes that may occur when a person has dementia. Reasons for the changes and some general guidelines for coping with them are discussed.

Changes in the behaviour of a person with dementia are very common. This may place enormous stress on families and carers. It can be particularly upsetting when someone previously gentle and loving behaves in a strange or aggressive way.

Why does behaviour change?

There are many reasons why a person's behaviour may be changing. Dementia is a result of changes that take place in the brain and affects the person's memory, mood and behaviour. Sometimes the behaviour may be related to these changes taking place in the brain. In other instances, there may be changes occurring in the person's environment, their health or medication that trigger the behaviour. Perhaps an activity, such as taking a bath, is too difficult. Or the person may not be feeling physically well. Dementia affects people in different ways and reduces a person's capacity to communicate their needs and manage environmental stressors. Understanding why someone is behaving in a particular way may help you with some ideas about how to cope.

Where to begin

Always discuss concerns about behaviour changes with the doctor, who will be able to check whether there is a physical illness or discomfort present and provide some advice. The doctor will be able to advise if there is an underlying psychiatric illness and check the person's medications.

Managing

Managing changed behaviours can be very difficult, and is often a matter of trial and error. Always remember that the behaviour is not deliberate. Anger and aggression are often directed against family members and carers because they are closest. The behaviour is out of the person's control and they may be quite frightened by it. They need reassurance, even though it may not appear that way.

What to try

- Providing a calm, unstressed environment in which the person with dementia follows a familiar routine can help to avoid some difficult behaviours

- Keep the environment familiar. People with dementia can become upset if they find themselves in a strange situation or among a group of unfamiliar people where they feel confused and unable to cope. The frustration caused by being unable to meet other people's expectations may be enough to trigger a change in behaviour
- If a behaviour becomes difficult, it is best to refrain from any form of physical contact such as restraining, leading them away or approaching from behind. It may be better to leave them alone until they have recovered, or call a friend or neighbour for support
- Avoid punishment. The person may not remember the event and is therefore not able to learn from it
- Speak slowly, in a calm, quiet and reassuring voice
- Remain quiet or neutral if the person tells you something that seems wrong or mixed up

Aggression

This can be physical, such as hitting out, or verbal such as using abusive language. Aggressive behaviour is usually an expression of anger, fear or frustration.

What to try

- The aggression may be due to frustration. For example, locking the door may prevent wandering but may result in increased frustration
- Activity and exercise may help prevent some outbursts
- Approaching the person slowly and in full view may help. Explain what is going to happen in short, clear statements such as "I'm going to help you take your coat off". This may avoid the feeling of being attacked and becoming aggressive as a self-defence response
- Check whether the aggressive behaviour is about getting what the person wants. If so, trying to anticipate their needs may help

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Over-reaction

Some people with dementia over-react to a trivial setback or a minor criticism. This might involve them screaming, shouting, making unreasonable accusations, becoming very agitated or stubborn, or crying or laughing uncontrollably or inappropriately. Alternatively, the person might become withdrawn. This tendency to over-react is part of the disease and is called a catastrophic reaction.

Sometimes a catastrophic reaction is the first indication of the dementia. It may be a passing phase, disappearing as the condition progresses, or it may go on for some time.

Catastrophic behaviour may be a result of:

- Stress caused by excessive demands of a situation
- Frustration caused by misinterpreted messages
- Another underlying illness

This behaviour can appear very quickly and can make family and carers feel frightened. However, trying to figure out what triggers catastrophic behaviour can sometimes mean that it can be avoided. Keeping a diary may help to identify the circumstances under which they occur. If this isn't possible, you can find ways of dealing with the behaviour quickly and effectively using some of the guidelines listed earlier.

Hoarding

People with dementia may often appear driven to search for something that they believe is missing, and to hoard things for safekeeping.

Hoarding behaviours may be caused by:

- Isolation. When a person with dementia is left alone or feels neglected, they may focus completely on themselves. The need to hoard is a common response
- Memories of the past. Events in the present can trigger memories of the past, such as living with brothers and sisters who took their things, or living through the depression or a war with a young family to feed
- Loss. People with dementia continually lose parts of their lives. Losing friends, family, a meaningful role in life, an income and a reliable memory can increase a person's need to hoard
- Fear. A fear of being robbed is another common experience. The person may hide something precious, forget where it has been hidden, and then blame someone for stealing it

What to try

- Learn the person's usual hiding places and check there first for missing items
- Provide a drawer full of odds and ends for the person to sort out as this can satisfy the need to be busy
- Make sure the person can find their way about, as an inability to recognise the environment may be adding to the problem of hoarding

Repetitive behaviour

People with dementia may say or ask things over and over. They may also become very clinging and shadow you, even following you to the toilet. These behaviours can be very upsetting and irritating. Repetitive behaviours may be mainly caused by the person's inability to remember what they have said and done.

What to try

- If an explanation doesn't help, distraction sometimes works. A walk, food or favourite activity might help
- It may help to acknowledge the feeling expressed. For example "What am I doing today?" may mean that the person is feeling lost and uncertain. A response to this feeling might help
- Answer repeated questions as if they were being asked for the first time
- Repetitive movements may be reduced by giving the person something else to do with their hands, such as a soft ball to squeeze or clothes to fold

Based on 'Understanding and dealing with challenging behaviour', Alzheimer Scotland – Action on Dementia

Discuss with the doctor your concerns about behaviour changes, and their impact on you.

The Dementia Behaviour Management Advisory Service (DBMAS) is a national telephone advisory service for families, carers and care workers who are concerned about the behaviours of people with dementia. The service provides confidential advice, assessment, intervention, education and specialised support 24 hours a day, 7 days a week and can be contacted on **1800 699 799**.

FURTHER INFORMATION

Dementia Australia offers support, information, education and counselling. Contact the National Dementia Helpline on **1800 100 500**, or visit our website at **dementia.org.au**



For language assistance phone the Translating and Interpreting Service on **131 450**