

# Managing Aggressive Behavior in FTD

## Help & Support



The effects of frontotemporal degeneration (FTD) vary significantly. Some people with FTD may never demonstrate anger or aggressive behavior. Enough do, however, that these symptoms can be worth planning for as possibilities.

The risk for aggressive behavior in FTD is heightened by **disinhibition** (a lack of restraint) and **impulsivity**. **Anosognosia**, a lack of insight or self-awareness that can be brought on by FTD, can also cause someone with FTD to become frustrated at requests that they do not understand. They may resist assistance, or even strike out at the caregiver.

A small percentage of people with FTD make violent actions or threats. Specifically, in one study, 6.4% of people with behavioral variant FTD and 3.6% of people with semantic variant PPA were found to exhibit such behavior, compared to 2% of people with Alzheimer's (Liljegen et al, 2015).

Aggression in FTD can be verbal, including shouting, name-calling, cursing, or making lewd comments. It can also reflect physical abuse actions: hitting, pushing, biting, pinching, scratching, grabbing, or disinhibited sexual behavior. What can be done to avoid these situations, manage them, and keep them from escalating?

### 1. Anticipate and prevent triggers whenever possible.

Pain, unfamiliar environments, encroachment on personal space, or confusing requests can be difficult for a person with FTD to process, potentially causing agitation or aggressive behavior. Some tactics can help:

- Maintain a routine (sleep, mealtime, exercise, etc.). If changes are necessary, make them gradually.
- Reduce overstimulation, such as excessive noise or crowds. Avoid unexpected physical contact or touch.
- Provide activities with simple steps matched to an individual's current abilities, and give ample time to complete them.
- Try to avoid unexpected physical contact or touch.
- Manage expectations and prioritize tasks. Expectations around bathing and cleaning may need to be adjusted. Stagger these activities according to their importance. Make requests one at a time.
- Assess and tend to pain or other illnesses, with help from medical professionals as appropriate.
- Notify your doctor at first sign of aggression. A new prescription or change in medication may take several weeks before effects can be seen.
- Keep a log of aggressive behaviors, including what happened just prior and the time of day.
- Evaluate benefits and side effects of medications (mood and behavioral) closely and continuously. Some medications may increase agitation. Always communicate behavioral changes with the prescribing doctor.
- Avoid confrontation. Look for signs of rising agitation, such as increased pacing or yelling, which may indicate the potential for more aggressive behavior.

Remember that aggressive behavior is a symptom of FTD and not a personal response to your own actions. You are navigating the symptoms of this disease as best and as safely as you can.

**The Association for Frontotemporal Degeneration**

[theaftd.org](http://theaftd.org) | HelpLine: 1.866.507.7222 | [info@theaftd.org](mailto:info@theaftd.org)

### 2. Use calm communication and redirection to defuse or prevent aggression.

- Offer constant encouragement. Maintain eye contact and a calm voice, and smile.
- Do not attempt reason or logic; instead, validate your loved one's emotions.
- Redirection to a preferred activity (a puzzle, a snack, a favorite TV show) can offer a distraction without punitive implications.
- Order or print AFTD's Awareness Cards to help navigate public interactions with people who are unaware of FTD and its impact. When in public, tell curious onlookers that your loved one has dementia and needs space, but is OK to monitor from a distance.

### 3. Develop a safety plan for yourself and others.

In limited cases, FTD can lead to physical aggression without the usual warning signs. Establishing a safety plan can help to prevent challenging situations from escalating.

- Inform local law enforcement that you have a loved one with dementia (a term that dispatchers can use quickly) so officers will be prepared if they need to get involved.
- If there is agitation or aggressive behavior, take a step back; try to provide five feet of space. If at home, you can go to another room, if possible with a cell phone in case you need to call for help. Before you return, call out to the person with FTD to assess their tone of voice and mood. Only return if they no longer sound agitated.
- If you are in public, use a calm but firm voice and simple phrases to direct the person to a quiet, contained area. Gently help them to engage in a positive activity (see redirection suggestions above).
- Make sure you have an exit route.
- Stand on the individual's least dominant side.
- Be alert for signs that aggression is increasing in frequency or severity. Use your "gut instinct" and share your situation with professionals or family/friends for support.
- Do not hesitate to call 911 if aggression or risk escalates. Tell the dispatcher your loved one has dementia.
- If you feel your safety remains at risk despite your best efforts, the individual may need to be removed from the home, and you may need to seek an Order of Protection, issued by a court of law.
- At the first signs of aggressive behavior, notify your doctor as soon as you can safely do so.

## ADDITIONAL RESOURCES FROM AFTD

A [2020 issue of AFTD's Partners in FTD Care](#) offers strategies for managing resistant behavior in the home, which may be of use for both health professionals and families. A [2014 issue of Partners in FTD Care](#) offers additional specific guidance on aggressive behavior.

Download [AFTD's Changes in Behavior Chart](#) for suggested interventions.

If you have any questions about aggression and the FTD journey, contact AFTD's HelpLine at [1-866-507-7222](tel:1-866-507-7222) or [info@theaftd.org](mailto:info@theaftd.org).