

# Anxiety

# Why does it happen?

## **Always Consider First:**

Does the person have an unmet need that they are trying to communicate to you?

## **How the Person's Health Could Contribute to Anxiety**

- Physical changes in the person's brain could result in the parts of their brain that should regulate their levels of anxiety deteriorating or no longer functioning.
- Most people experience anxiety at some point in their life, but this may be more acute for a person with a learning disability or autism who then develops dementia. If a person has a history of being anxious or of living with a condition - particularly conditions like OCD (Obsessive Compulsive Disorder), phobias or panic disorders - that makes them anxious, developing dementia may then make that worse.
- The person's communication skills may have diminished due to their dementia, leaving them frustrated at being unable to express themselves and anxious about the consequences of this.
- The person may have an undiagnosed health condition (physical or mental) that is causing them anxiety, particularly if they are unable to explain what is causing them discomfort or pain.
- If the person is aware they are unwell, they may become anxious about this and fearful of becoming very ill, needing to go into hospital, or dying.
- The person may not be able to explain that they are experiencing the side-effect(s) of medicine(s), which may lead to anxiety around taking medicines.

### **How the Person's Feelings and Emotions Could Contribute to Anxiety**

- If the person has had a traumatic or upsetting experience, or been bereaved, the effects of these life events can last for a long time. In a person who develops dementia and begins to live in an earlier part of their life, they may be reliving feelings associated with such events
- The person may be feeling insecure and vulnerable as a result of confusion or other dementia related symptoms that the person cannot make sense of
- The person may be worrying about something, whether that something is actually going to happen or not, and may be needing reassurance
- The person may be feeling anxious about their deteriorating cognition – many people with dementia have some insight into their deteriorating cognition, and may be anxious about how they are going to do something that is important to them, anxious about losing friends, or anxious about being able to continue with activities that they enjoy, like going to work

### **How the Person's Feelings and Emotions Could Contribute to Anxiety Continued...**

- The person's anxiety may be because they are feeling frightened or threatened, either in this present moment or because of something that they fear will happen to them imminently. This expression of being frightened or threatened may also come from hallucinations that the person is having
- The person may be feeling embarrassed or stressed – For example, this may be the case if the person is particularly anxious before personal care
- The person may be feeling they no longer have control over themselves and/or their life, and may feel they are not being listened to or understood, which could then lead to anxiety about how they might address this
- The combination of the person's learning disability and their dementia may be causing them additional stress or uncontrollable emotions that they can only express through the physical symptoms of anxiety

### **How the Person's Daily Life Could Contribute to Anxiety**

- The person's environment, even if it was previously familiar to them, may now feel hostile due to the person's dementia – For example, the person may not recognise where they are, or they may be experiencing sensory overload if there is a lot happening around them. The person may be feeling on edge in a particular place (their home, their work or somewhere that represents what they perceive as a threat, like a GP surgery or hospital).
- The company of a particular individual or individuals, even someone they were once happy to share their time and space with, may now cause anxiety for the person due to their dementia affecting their perceptions of that individual.
- The person may no longer be comfortable with their routine – For example, the person may not want to go to a certain place, or see a particular individual, and the thought of doing so is making them anxious.



# Ways to Support the Person

## Staff Approach

- Respond with gentleness, kindness and compassion, comforting the person and using touch if appropriate for that individual.
- Give the person time - if you try to rush to make the person feel better, you may only succeed in airbrushing over how they are feeling, rather than genuinely alleviating their anxiety.
- Be sympathetic and reassuring as you try to discover what might be causing the person you support to feel anxious. You may find you revisit the same themes or conversations many times, and you will need to remain patient.
- Be aware that anxiety can often have a snowballing effect, becoming worse if inappropriate interventions are made. Observation and reflection are therefore key skills staff need to have when supporting a person with anxiety to ensure that the support provided doesn't exacerbate the person's anxiety.
- If you are anxious yourself, the person you are supporting may pick up on this, therefore you need to ensure that you can manage your own symptoms effectively or speak to your line manager if you are having difficulties with this

# Think about Unmet Needs

- How comfortable is the person? For example, are they happy in their clothing and with their personal appearance, not hungry, thirsty, in need of their medicines, tired, constipated or otherwise unwell?
- If the person is experiencing a loss of appetite through their anxiety, try to alleviate this by offering the person favourite foods, involving the person in the preparation of food (if possible), and giving them the opportunity to eat at times when they are least anxious, even if those times are not regular mealtimes.
- If the person is less mobile, be mindful that if the person has been sitting for too long they may have become uncomfortable, frustrated, bored or distressed because they need the toilet or feel they need to be somewhere.
- Does the person have free access to occupation and activity – For example, is the person being supported to engage in their hobbies and interests when they want to, or access new meaningful activities that engage them physically and/or mentally to prevent boredom? Also think about how the person maintains social contact that is important to them to prevent them becoming isolated and lonely.

## Think about Unmet Needs

- Equally, does the person have access to relaxation and, if they want to, the opportunity to access the outside world and nature, which may be a calming experience for them?
- Review how well you are supporting the person with their choice and control – do they have every opportunity they could have to exercise their choice and control, or are they feeling like they are having to fight for everything? Losing choice and control can lead to feelings of anxiety and increased dependence that then become a vicious circle.
- Think about the emotional support that the person has, or might need - is there something missing that could lead the person to feel insecure and anxious? Consider if the person needs an emotional prop, something like a favourite item, cushion or blanket - anything that the person responds positively to that they can cuddle, interact with and that calms them.





# Understanding the Person's Health Needs

- Rule out any undiagnosed physical or mental health conditions or undiagnosed pain. Be aware that anxiety can be related to numerous health conditions. The person's GP can offer further advice, tests or medicines if appropriate.
- Ensure that the person's eyesight and hearing is checked regularly.
- Review medicines regularly.
- Review the *Treatments* module in the Wellbeing for Life toolkit for ideas of non-pharmacological interventions that may help to support the person - many non-medicine therapies have a strong emphasis on creating a calm and relaxing experience for the person that may help to ease their anxiety.

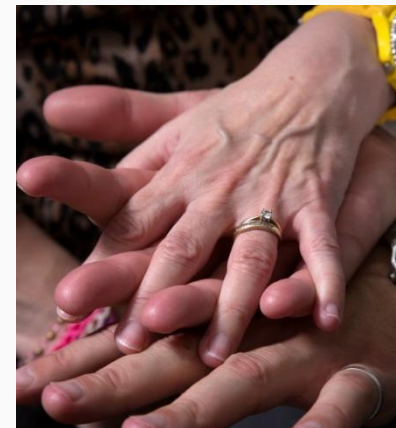


## Changing Daily Life

- Think about the environment that you are in with the person when they are most anxious - is it hostile for the person? For example, is the person's environment too busy, or is the space the person is in quite small, which may feel claustrophobic.
- Also be aware of how the time of the day can affect the person - many people become more anxious in the evenings and nighttime, which can then lead to insomnia. Ensure the person's bedroom environment and nighttime routine is optimal to relieve their anxiety and be aware that the person may need more intensive, one-to-one support at these times. *For more information on supporting a person with changed behaviour at night times, see the factsheet 'Wakefulness and Disturbed Sleeping.'*
- Think about interpersonal relationships - is the person's anxiety associated with a particular member of staff or one of their peers? If you believe it could be, think about supporting the person in a way that minimises the contact that they have with someone who they have a negative association with.
- Conversely, are the times when the person isn't anxious associated with being in a particular place or with a particular individual or group? If you believe this is the case, explore what is making that environment/that individual/group comforting for the person, and ways you might be able to replicate those positive circumstances to help minimise future episodes of anxiety.
- Consider if the person's routine is still meeting their needs, or whether it might actually be contributing to their anxiety, perhaps because they are anticipating something happening. If you identify triggers, consider modifying the person's routine to create as little anxious anticipation as possible.

### **Finding Patterns and Problem Solving**

- Think about the circumstances that lead up to the person's anxiety - is there something that you can change in the support you, or colleagues, are providing that could prevent future episodes of anxiety?
- Understand the person and their history, by researching their life story, you may find clues to explain and/or alleviate their anxiety.
- Think about every aspect of the person's communication, not just their anxiety - there may be hints as to any unmet needs the person has from their verbal communication, body language or gestures.





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