

# Thinking Changes and Dementia

**A broad spectrum of potential thinking and memory changes can occur in people with Parkinson's disease, including slowed thought processes, forgetfulness, confusion about routine tasks, lack of judgment, compulsive behaviors, paranoia, anxiety and personality changes.**

Some people with advanced Parkinson's disease experience more profound changes in thinking (dementia). It is important to acknowledge and adapt to these changes even though they can be frustrating and frightening for both the person with Parkinson's and the family. Promptly report any new or sudden changes in thinking or behavior to the healthcare team.

## General Tips

- » **A smile and pleasant manner** can invite cooperation.
- » **Speak at eye level and maintain eye contact.**
- » **Use the same cues each time to provide instructions.**  
Teach these cues to anyone who provides care.
- » **Do not leave someone with thinking changes or dementia alone.**  
Lack of judgment and/or impulsive behaviors can create a dangerous situation.
- » **Try using humor to diffuse a stressful situation, but avoid using negative humor or sarcastic remarks,** which may be misinterpreted.



WATCH THE VIDEOS

## Thinking Changes, Parts 1 and 2

Online at [Parkinson.org/videos](https://www.parkinson.org/videos) in the "CareMAP How-to Videos" playlist

### Slowed Thinking

- » **Ask one question at a time.**
- » **Give the person with Parkinson's time to respond to a question before making an assumption that he or she does not care to answer.**  
Try counting to 10 before asking the question again.
- » **Ask either/or questions instead of open-ended questions.**  
For example, instead of asking, "What do you want to wear today?" ask, "Do you want to wear the red shirt or the blue shirt?"
- » **Try giving a one or two word hint** if the person with Parkinson's has difficulty finding a word or loses his or her train of thought.
- » **Use short, simple phrases to provide cues.** Avoid using too many words when providing direction.

### Forgetfulness and Confusion

- » **Cross days off on the calendar.**
- » **Keep frequently needed items in a consistent place.**
- » **Note the daily schedule or special event for the day on a chalk or white board.** Place a clock near the board as a reference for the written schedule.
- » **Use simple remote controls or cover unnecessary buttons** with tape to decrease confusion.
- » **Limit distractions as you try to accomplish the daily routine.**  
For example, turn off the TV and radio during dressing and eating.

*For more information, order your free copy of our book Cognition: A Mind Guide to Parkinson's by calling our Helpline at 1-800-4PD-INFO (473-4636).*

**I think it is so important, with both Parkinson's and Parkinson's with dementia, to try to relive those moments when things were good, things that might put a smile on their face.**

**– KAREN, CARED FOR FATHER, JOSEPH**



## Hallucinations

Hallucinations may occur with disease progression or as a side effect of Parkinson's medications. The term "hallucination" means that someone sees, hears or feels something that is not physically present. It is not a dream or nightmare, but occurs when the person is awake at any time of the day or night. Hallucinations can be bothersome or frightening and should be reported to the medical team.

- » **Acknowledge your loved one's experience.** It is ok to say you understand they see something, but you do not see it.
- » **Try not to argue** with the person with Parkinson's.
- » **Make sure that any medication prescribed for hallucinations is an "atypical antipsychotic"** (does not block dopamine). Check the *Aware in Care* kit for specific information. (Order your free kit and download the resources online at [Parkinson.org/awareincare](http://Parkinson.org/awareincare)).

## Behavior and Personality Changes

The person with Parkinson's may experience changes in personality, becoming anxious, moody, irritable or aggressive, even if they were not like this before. Some people develop paranoia (an extreme distrust or suspicion that is not based on reality). At times, they may say or do things that can be hurtful to you as a caregiver. It is extremely difficult to understand and accept this new person. This may cause you to feel sadness, stress, anxiety and depression.

- » **Try to avoid confrontations.** It is not usually helpful to try to reason or tell the person with Parkinson's that he or she is wrong.
- » **Change the subject or distract the person with Parkinson's with another activity.** It may be helpful to use a familiar activity that represents your loved one's past experiences. For example, an office worker may like to sit at a desk, sort papers, use a calculator or perform other tasks reminiscent of a past life.
- » **Try not to get angry or take behavior changes personally.** The person with Parkinson's is not acting out on purpose.
- » **Speak in reassuring tones.**
- » **Consider what may be causing the behavior.** The person may be hungry, thirsty, tired, in pain, frustrated, lonely or bored.

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