People living with dementia can display many behavioral traits that are difficult to manage, one of the most common and challenging is **wandering**.

Dementia-related wandering can be described as aimless meandering, repetitive locomotion or purposeful locomotion that causes a social problem such as getting lost, leaving a safe environment or intruding in inappropriate places.

**Why People Wander**

Wandering is a common behaviour in people living with Alzheimer’s disease and other forms of dementia. As the illness progresses, clients feel a compulsion to move, walk, and wander. Most wandering seems confused and aimless but this is not always the case.

**Purposeful wandering** - People with dementia who wander are often trying to get somewhere for a specific purpose - it’s just that the reason doesn’t tie in with where they should be at that current time. They will often resent anyone trying to stop or interrupt them. Purposeful wandering may arise from things like:

- Searching for someone
- Curiosity
- Anxiety to ‘go home’, or ‘go to work’
- Believing there is a ‘bus to catch’
- Concerns that ‘the children are alone at home’

**Aimless wandering** - This type of wandering is characterized by a lack of focus or no apparent direction. Reasons for aimless wandering may include:

- Fear - looking for safety
- Previous working role where walking was a feature
- Memory loss affecting the ability to ‘map’ surroundings and thus getting lost
- Disturbed circadian rhythm (temperature, light, noise)
- Sundowning phenomenon
- Having excess energy
- Change of medication
- Feelings of discomfort: hungry, bored, hot, cold, in pain
- Physical environment - loud music, crowding
Is Intervention Necessary?

**Safe wandering** - Not all wandering is harmful and sometimes, intervention is not necessary. Staff monitoring is always required as a lack of sound judgment may lead the person to unsafe situations. For safe wandering, the following conditions must apply:

- ability to walk easily
- good walking shoes
- safe environment in which to stroll
- supervision by experienced staff

**Risky wandering** - On the other hand, risky wandering should be prevented with interventions tailored to each client. Clients who tend to wander with potentially dangerous consequences are those that:

- are prone to falls
- wander to the point of exhaustion
- are able to access unsafe areas
- intrude on their peers (potential for confrontation)
- wander repetitively

**Wandering Out of Safe Areas**

Boundary transgression (BT) is when wandering leads the client to out-of-bounds or hazardous situations. Wandering is a serious behaviour that may lead people to become lost, trapped or exposed to the elements. It can result in injury, violence and even death.

Most care facilities have an *Identification Kit* for residents prone to wander, to assist police if a resident goes missing. The kit should have the resident’s name, preferred name, photograph, and description of general appearance. There are also several styles of IDs available that can be worn by residents including bracelets, necklaces, and watches.

Fortunately, adverse outcomes are rare. Most care facilities have policies in place to manage wandering behaviour and prevent dangerous situations from arising.

It is more common for a wanderer to walk into the space of another resident and upset them; a bedroom or toilet for example. Such cases are successfully resolved with caring staff and suitable distractions and activities.
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Triggers - What Sparks Challenging Behaviours?

Channeling wandering into safe activities can start by recognizing triggers. It is useful to keep a record of patterns and cues to figure out ways to manage the situation.

Step 1 - Observe what is happening:

1. Is the client following you or shadowing your movements?
2. Does the client seem anxious while pacing?
3. Is the client trying to abscond?
4. What was the client doing prior to wandering?
5. Does the client wake up disoriented during the night?
6. Does the pacing seem aimless or purposeful?
7. Is the client ‘looking’ for a perceived missing person?

Step 2 - Frequency and time of day:

1. How often does it occur?
2. How long does it last?
3. Does the wandering always happen in a particular place?

Step 3 - Consider the background and other underlying causes:

1. Possible unmet needs (thirsty, upset, feverish, hungry)
2. Could the client be emulating past habits?
3. Was there a trigger? (provocation, visitors leaving, perceived threat)
4. Is the client on new medication?

How to Reduce Wandering

- Offer a regular exercise program or movement activities to use up extra energy
- Disguise doors to reduce visual cues for exiting
- Provide distractions at dusk when restless behaviour peeks (drinks, photo albums, music, dancing)
- Hide objects that remind people of going out (jackets, raincoats, umbrellas, letters to be mailed, handbags)
- Provide a safe place for walking and accompany resident if necessary
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- Consider the environment (too noisy, too crowded, too much draft)
- Labeling places may help: bedroom, dining room, garden
- Offer household ‘helping’ chores: putting washing on the line, folding, separating cutlery, raking leaves, washing up, drying dishes etc

We'd love to hear your feedback!

What strategies have you found to work well with wandering behaviour?