TABLE 1: POTENTIAL NONPHARMACOLOGIC STRATEGIES*

Targeted Behavior by Presenting Dementia Stage	Select Nonpharmacologic Strategies[a]
Mild cognitive impairment	
Forgetfulness about taking medication	Evaluate capacity for taking medications independently Use assistive aids (calendar to remind of time for medication, checklists, pill dispenser[b]) Supervise medication taking and secure medications
General forgetfulness; disorientation to time	Use memory aids (calendar or white board showing current date) Simplify daily routines
Moderate dementia	
Falling and poor balance	Use a fall alert system if patient can remember to activate[b] Consider referral to occupational therapy for home safety evaluation and removal of tripping hazards Minimize alcohol intake Consider referral to physical therapy for simple balance exercise
Hearing voices or noises (especially at night)	Evaluate hearing and adjust amplification of hearing aids[b] Evaluate quality and severity of auditory disturbances[b] If hallucinations are judged to be present, evaluate whether they present an actual threat to safety or function in deciding whether or not to use antipsychotic treatment[b]
Inability to respond to emergency (difficulty calling for help)	Educate caregiver about need to supervise patient[b] Inform neighbors, fire department, and police of situation Develop emergency plan involving others if possible
Leaving the home; wandering outdoors	Outfit with an ID bracelet (eg, Alzheimer Safe Return Program) or badge with patient's name and address[b] Notify police and neighbors of patient's condition[b] Identify potential triggers for elopement and modify them
Memory-related behavior (eg, disorientation or confusion with object recognition)	Label needed objects Remove unnecessary objects to reduce confusion with tasks Present a single object at a time as needed Keep all objects for a task in a labeled container (eg, grooming)
Nighttime wakefulness, turning on lights, awaking caregiver, feeling insecure at night	Evaluate sleep routines[b] Evaluate environment for temperature, noise, light, shadows, level of comfort, or other possible disturbances Eliminate caffeinated beverages (starting during the afternoon)[b] Create a structured schedule that includes exercise and activity engagement throughout the day[b] Limit daytime napping[b] Address daytime loneliness and boredom that may contribute to nighttime insecurities[b] Implement good sleep hygiene[b] Use nightlight[b] Hire nighttime assistance to enable caregiver to sleep[b] Create a quiet routine for bedtime that includes calming activity, calming music
Repetitive questioning	Respond using a calm, reassuring voice[b] Use calm touch for reassurance Inform patient of events as they occur (vs indicating what will happen in near or far future) Structure daily routines Provide meaningful activities during the day to engage patient Use distraction

[a] Strategies are potential approaches used in randomized clinical trials but are not exhaustive. A suggested strategy may be effective for one patient but not another. Any single strategy may not have been evaluated for effectiveness for use with all dementia patients with the same presenting behavior. These strategies should only be considered once a thorough assessment has been completed (Figure, steps 2 and 3).
[b] Strategies discussed, considered, or implemented by Mr P's physician and caregiver.

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