



Understanding walking or pacing

Many people living with dementia experience changes in behaviour. Understanding the causes of these changes can help you respond.

What is walking or pacing?

Walking or pacing is where people will walk up and down an area repetitively. It is a problem when it causes distress to the person or their carer, or discomfort; perhaps due to joint pain.

The term 'wandering' is often used to describe the way people with dementia walk and is best avoided as it implies the walking is not purposeful or meaningful. In fact, there is often a reason or a purpose from the person's perspective.

What are the concerns of walking or pacing?

In a lot of cases, people can walk happily for a long period of time. Common concerns or risks can be:

- Sleep disturbance
- Social isolation
- Falls and fractures

Signs that walking or pacing could be an issue include:

- Repetitive walking resulting in distress or discomfort
- Not wanting to sit down
- Appearing distressed or anxious when walking

Carer stress as a result can be quite significant and may well result in the need to look at residential care.

'Walking, in itself, is not an issue if the environment is safe. However, repetitive walking which results in distress or discomfort for the person living with dementia, or others around them, needs further evaluation.'

Why do people living with dementia experience walking or pacing?

There can be lots of reasons why the person living with dementia is walking or pacing. These can include:

- Having had a previously active lifestyle
- Looking for something – company, the toilet, people such as family members or friends, or an object or destination
- Hallucinations
- Anxiety or depression and being unable to sit still
- Akathisia – a side effect of antidepressants and antipsychotics wherein someone feels highly driven to move and is very uncomfortable
- Boredom
- The environment – people are more likely to walk constantly if the environment is noisy or too brightly lit

What can I do to help?

- Consider the person's social, cultural and occupational history and their preferences for physical activity, e.g. have they always been an avid walker, did they previously lead an active lifestyle?
- Consider pain as a potential contributing factor – look out for signs of pain or discomfort from the person's facial expressions, other changes in behaviour, any vocalisations and abnormal rubbing, leaning or limping. It is common for a person with dementia to stand, walk more or avoid sitting due to pain.
- Consider wayfinding difficulties or environmental triggers, e.g. the person might be looking for their room, an exit, or wanting to get access to the outdoors.
- Supportive strategies for addressing repetitive walking and pacing need to be tailored to the person and their needs, e.g. engagement in activities appropriate to the person's interest and ability to concentrate, or providing access to outdoors.

This information has been compiled with the assistance of Professor Sue Kurrle, Geriatrician.

Disclaimer: This information is a guide only and is not a replacement for medical care by a qualified professional.



Is the change sudden and severe?

Is it a life threatening or emergency situation?

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