



## Management of Challenging Behaviour in Patients

**Mohammad Arsian Ali\***

*Department of Neurorehabilitation, SGHG/BSRM University, UK*

**\*Corresponding Author:** Mohammad Arsian Ali, Department of Neurorehabilitation, SGHG/BSRM University, UK.

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### Aims

Estimates of the prevalence of challenging behaviours among Brain Injury (TBI) vary considerably in the literature from 10 disturbances may include inappropriate vocalisation, insole management or equipment, directed or diffuse aggressive abnormal behaviours could lead to limitations of the physic others. This review is for the optimisation of the management aggressive or disruptive secondarily to a traumatic brain injury.

### Method

Patients identified as having difficult behaviour 1995 definition (April to November 2014). The questions ad behaviour charts completion, clinical presentation, attempt therapy first, pharmacological therapy, use of one or more improvement of challenging behaviour and the adverse effect

### Results

The most commonly seen patterns of challenging b (100%), followed by restlessness and verbal aggression (57 medications (43%). 29% exhibited delusions, sexual in appr aggression. Behavioural charts were only properly complete 62% of the cases (n = 10), pharmacological therapy was co pharmacological methods first or concomitantly. Drug man improving behaviour in 70% of the case with less than 30% from minor adverse side effects.

### Conclusion

Overall the lack of high-quality evaluations of medications f agitation and/or aggression in patients with ABI. Beta bloc both agitation and aggression with no difference between Recommendations are completeness of behavioural charts the evaluation but also to document response to intervention measures remain the priority but monitoring of drug side pharmacological intervention.

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