

### Roaming Behavior

People with FTD are often physically active and may roam—bike, walk or pace—the same route over and over. Roaming behavior serves a purpose. The person knows where they want to go and can usually get there and back. Roaming provides structure and helps to reduce restlessness and stress.

They generally do not become disoriented or lost, but may not pay attention to how long they walk, may ignore “rules of the road” or street safety, and may say or do things that are seen as rude or odd by other people.

The caregiver must keep the person safe but still allow as much freedom as possible. Do not try to stop the roaming behavior entirely. Instead adjust the activity, the level of supervision and the setting as the disease progresses.

Tips for managing roaming include:

- Make the roaming and physical activity part of a daily care routine.
- Walk with the person or watch when and where they walk to see the pattern. Most often, a person goes to the same place and back. Look for trouble spots and take steps to prevent problems (i.e., if he goes to a previous work place or local store, ask their help to redirect the person. If an assisted living resident walks to the end of the hall and sees a resident room, he will enter. Block the room, and he will turn and keep walking).
- Check that shoes are in good condition and fit well. Excessive walking can cause shoes to wear out rapidly. Make sure shoes have any aerobic-type sole rather than heavy tread to minimize potential for falls and trips. Check feet often for blisters.
- Help the person walk outside as much as possible in the community while it’s safe, or in a protected area with a walking path. Inside ensure that there are sufficient options in areas free of clutter and obstacles.
- Use a GPS-type tracking device on the person’s bike, shoe or watch.
- Monitor food and beverage intake because they physical activity will burn calories and could lead to dehydration. Give finger foods as they walk if trying to stop for meals causes more problems.
- Use Velcro signs saying “Stop” or “Turn Around” on doors to areas you don’t want the person to enter; use wallpaper over doors so it looks like book shelves, bricks, murals, etc., rather than a door; cover door knobs with cloth or a picture.
- Place a bird aviary at end of hall with a comfortable chair near it. The person may be distracted for a time and rest. A birdfeeder outside a window or an inside bird aviary or is more effective than a fish tank. A box of items to rummage through (pieces of wood, jewelry, etc.) next to a chair also works.
- Walk beside person, gradually slowing your pace and they may slow theirs. When they come to a chair, a gentle prompt to sit may sit down may help them to rest.
- Use soft music, soothing lighting and decreased clutter to reduce level of stimulation and help the person relax and reduce roaming for meals and sleep.
- Use acetaminophen to ward off pain in the back, foot, muscles or joints. Someone who unexpectedly stops routine roaming may be experiencing pain.
- As needs change, find alternate, repetitive physical activities that the person can do in a safe, non-disruptive way (i.e., basketball hoops with an electronic return, etc., stationary bikes are of limited success).