HALLUCINATIONS AND FALSE IDEAS





People with dementia sometimes experience a range of conditions that can mean they don't see things as they really are. Although hallucinations and false ideas are imaginary, they seem very real to the person experiencing them and can make them extremely anxious and even panicky. Hallucinations can involve any of the senses, but are most often visual or auditory, meaning seeing or hearing things that aren't happening.

TYPES OF HALLUCINATIONS:

- Auditory hallucination: involves voices/sounds that are not real
- Olfactory hallucination: involves experiences/smells that are not there
- **Visual hallucination:** involves perceiving/seeing something that is not in the real world

CAUSES:

- Unfamiliar environment due to a move away from home or caregiver
- Unrecognized environment or caregiver
- Disruption in routines
- Removal of items from the person, such as money or jewelry
- Not enough lighting
- Too many distractions around them
- Lack of social interactions
- Sensory deficits, such as hearing or low vision
- Side effects of medications
- Brain damage due to dementia disease progression
- Physical trauma from a blow to the head during a fall or other accident
- Malnutrition, including low fluid intake
- Physical illness such as infection, fever, pain, anemia, respiratory disease or reduction of oxygen to the brain
- Physical changes in the brain from the progression of the disease
- Misinterpretation of sounds, or sights causing anxiety
- Social isolation

HALLUCINATIONS CAN CAUSE:

- **Suspiciousness:** People with dementia sometimes become quite suspicious, accusing others of stealing things. They might accuse their partner of being unfaithful and that can lead them to become fearful and resisting their partner's attempts to care for them.
- **Paranoia:** These are characterized by unrealistic beliefs, usually of persecution (thinking everyone is out to harm them) or grandeur (thinking they have superhuman powers).
- **Delusions:** Such as ideas that aren't based on reality but the person with dementia believes are true. Delusions are often about people stealing money or other possessions, or thinking people are intending to harm them.
- **Misidentification:** People with dementia can misidentify other people, or even themselves. Sometimes they don't recognize their partner as being the person they have known. They might think their reflection in the mirror is another person and be frightened or think voices on the radio or television are from people in the room with them.

SOLUTIONS:

- Don't argue it's better to acknowledge that the person is frightened by what they're experiencing
- Provide reassurance and support, try using physical touch as well
- Explain potential or actual misinterpretation
- Investigate their suspicions they may be true
- Distraction can help take their mind off their fears try music, exercise, activities, conversations with friends, looking at old photos
- Offer a reassuring hug or touch may be helpful but make sure the person likes to be hugged/touched
- Keep their environment as familiar as possible don't move furniture or possessions out of their normal place
- Turn on more lights to get rid of dark areas/shadows. Perhaps use a bright night light
- Don't take any accusations personally and be aware the person can't control this behavior or work out that what they are seeing isn't actually there
- Address the underlying feelings if you can
- Have vision, and hearing examined
- Seek medical attention to see if illness or infection are the underlying reason
- Ask your physician to review medications, including over the counter
- Inspect the person with dementia for physical signs of falls
- Change environment as little as possible
- Discuss the feelings of a lost object
- Establish or reinforce a daily routine
- Keep a log of the day, time, and what was going on around the person with dementia and share it with your doctor
- Encourage structured or supervised visits with friends and family
- Increase lighting
- Use familiar distractions such as: music, exercise, card playing, looking at photos, playing with pet, drawing and conversation.
- If the hallucinations or ideas are harmless go with it

Try to remember that the person with dementia cannot control these behaviors.

The Savvy Caregiver: Caregivers Manual, Ken Hepburn PhD, Marsha Lewis PhD RN, Jane Tornatore PhD, Carey Sherman PhD, Judy Dolloff MSW, University of Minnesota, 2002

Robinson, Anne, et al. Understanding Difficult Behaviors: Some Practical Suggestions for Coping with Alzheimers Disease and Related Illness. Eastern Michigan University, 1994.