

PRACTICAL SUGGESTIONS FOR UNDERSTANDING AND COPING WITH DELUSIONS, HALLUCINATIONS AND PARANOIA

People with dementia sometimes suffer from a range of conditions in which they do not experience events as they are. Although delusions and hallucinations are imaginary, they seem very real and cause extreme anxiety, even panic.

Dementia may cause the person to lose the ability to recognize things because the brain becomes incapable of interpreting the information that it has received. Examples of this are failure to recognize a spouse or the house in which the person lives.

Problems with memory that occur with dementia lead to suspiciousness, paranoia, and false ideas. If people with dementia are unaware that their memory is poor, they will often create an interpretation in which someone or something else is blamed. This is understandable when they live in a world with no memory of recent events – where things “disappear”, explanations are forgotten or misunderstood and conversations do not make sense.

DEFINITIONS:

Delusions	Beliefs that are contrary to fact; imaginary or distorted thoughts. These thoughts may be suspicious in nature; (example: You have stolen my money). Sometimes delusions appear to come from misinterpretations of reality and/ or are tied to person's past experiences. They remain persistent despite all evidence to the contrary. <i>This can be frustrating for a caregiver to see their loved one able to remember false ideas but unable to recall “real” information.</i> Please note that all odd things people say are delusions.
Hallucinations	Are imaginary, SENSORY feelings that are real to person experiencing them but cannot be verified by anyone else. Any sense may be involved, seeing or hearing things are the most common. These symptoms are even worse if client has visual or hearing deficits on top of dementia. May also experience taste and smell sensations that don't reflect true conditions. Occasionally more than one sense may be involved.
Paranoia	Unrealistic, blaming beliefs. Paranoia results from damage to part of brain that makes judgements and separates fact from fiction. Someone with dementia actually believes, FEELS STRONGLY that when he/she cannot find something; someone must have “stolen” it. Caregiver attempts to reason

and explain most likely will enhance the anger and suspicion.

POSSIBLE CAUSES

PHYSIOLOGICAL OR MEDICAL CAUSES:

- Sensory deficits (hearing, low vision) also diminished Taste
- Medication Interaction; for example: hormones in combination with antidepressants
- Side effect of medication or an overdose of medication can cause these symptoms in otherwise healthy people
- Dementia progression causing more brain damage (for example Parietal Lobe damage resulting in hallucinations)
- Other disease processes
- Dual diagnosis (example: Psychiatric illness + ALZHEIMER disease)
- Head injury
- Malnutrition including decreased fluid intake (ultimately progressing to a state of Delirium)
- Physical illness (example: infection, fever, pain, fecal impaction, anemia or respiratory disease)

ENVIRONMENTAL CAUSES:

- Unfamiliar/ unrecognized environment
- Unrecognized/ unfamiliar caregiver
- Disruption in routines
- Sudden removal of important items from person (example: money, jewellery, wallet, purse)
- Inadequate lighting
- Boredom, too much idle hours
- Social isolation with resulting lack of feedback from familiar others

COPING STRATEGIES

- Medical evaluation: assessing for illness, infection, chronic pain or bowel impaction
- Seek a physician and/or pharmacist review of all medications being taken (prescribed & "over the counter" and herbal)
- Vision and/ or glasses examined
- Arrange for hearing testing, assure hearing aid regularly serviced (diminished hearing also leads to "hearing noises" that are unintelligible="auditory hallucinations")

- Referral to psychiatrist for evaluation for paranoia, delusions, hallucinations, false ideas to determine if medications would be helpful
- Assure client is swallowing/ taking medication as ordered
- Visually inspect head and face for bruises or scrapes from unwitnessed falls, if present seek medical attention
- Maintain ROUTINE environment as can help increase sense of security; change environment and routines as little as possible
- Increase lighting in environment: higher wattage, night lights, leave bathroom light on (shadows can lead to visual hallucinations)
- Explain potential or actual misinterpretation: "that loud noise is an airplane flying overhead"
- Investigate suspicions that may be fact. Person may actually be a victim of robbery or harassment
- Use familiar distractions such as: music, exercise, card playing, conversation with others, reviewing photo albums, petting animals, drawing or sketching (not necessarily to create a great product but to distract)
- Respond to general feelings of loss, that are within specific statements of loss; (for example "My father is at work", when fact their father is dead. Instead of telling person their father is dead; try saying "You must miss your father" or "It sounds like you loved your father very much" or "Tell me about your father".
- Try to remember event or "factual trigger" that may have led person to misinterpret the information
- Remove any identified stimulant

"DO'S and DON'TS"

DO'S

- Gloss over episodes of delusions / hallucinations / paranoia; chances are they will pass
- Use humour, if possible
- Keep to routines
- Turn off TV or switch to a quiet, non-violent show, voices may be confusing
- Cover mirrors if there are "strangers in the house"
- Turn down radio
- Keep environment free of clutter and distractions as much as possible
- Keep a journal of times and places where delusions and/ or hallucinations occur
- Try to find triggers and remove them
- Provide opportunities for person to feel in control
- Offer to help look for misplaced items
- Keep spare set of items that are frequently missed (if possible)

- Learn where “favourite” hiding places are
- Try to distract the person so that he/ she forgets the hallucinations (example: Let’s go in the kitchen and have a cup of warm milk)
- Try to touch the person physically; it is often comforting as long as it is not misinterpreted as an effort to restrain him/her. Try saying “I know you are so upset. Would it help if I held your hand or give you a hug?”
- React calmly
- Reassure person you are taking care of things and will see that things are alright
- See a Dr. if hallucinations / paranoia gets worse
- Create a relaxed, happy mood and distract by using music, exercise, pets, painting, drawing, reading, tapes, videos, bird feeders, sing-a-longs, visits to friends, cards and games.
- Allow person with dementia to discuss his feelings even if he is confused about the facts
- Meet him / her where they “are”, validate their feelings of the moment instead of trying to bring him / her to your reality. They cannot change; it is up to the caregiver to adapt.
- Seek a break for yourself, either by a day program, respite, “friendly volunteers” program or family members coming in to relieve you.

DON'TS

- Don’t try to convince person he/she is wrong. Chances are your arguments will be forgotten; the same mistake will be made over and over again, this will just frustrate you
- Don’t get annoyed or angry
- Don’t think person is doing it to annoy you
- Don’t scold person for hiding / losing things
- Don’t change routine on regular basis
- Don’t take accusations personally, it is part of the disease process
- Don’t deny person’s experience; nor confront or argue with him / her. This might only reinforce the “unreal” world; increasing agitation, anger and confusion.
- Don’t have to agree or disagree, just listen and give a noncommittal answer. (example: “I don’t hear the voices you hear, but it must be frightening for you.” This is NOT the same as agreeing with the person)

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