

Delusions and Hallucinations in Dementia

People with dementia sometimes develop delusions or false beliefs, and hallucinations or sensing things that are not actually there. Delusions in dementia may be paranoid; for example, the person might believe someone is stealing from them, their spouse is cheating on them, or someone is out to get them. Delusions in dementia can also be related to memory loss. For example, the person might believe they have to go to work (when they've been retired for years), that they are able to drive safely (though their license was revoked), or that they need to take care of their children (who are now grown adults). Hallucinations involve seeing, hearing, feeling, or smelling things that are not there. Hallucinations in dementia may be pleasant; for example, the person might see and talk to 'little people', animals, or a person from their past (like a deceased parent). Hallucinations in dementia can also be scary and distressing. For example, the person might hear people yelling at them, see people coming after them, or feel bugs crawling on their skin. Strong emotional memories from the person's past may re-manifest as delusions and hallucinations in dementia. The person may have trouble separating past experiences from current reality and may relive these events to a certain extent. For example, experiences of abuse, traumatic incidents, or tragic loss, may be triggered by environmental cues and re-experienced as a delusion or hallucination.

Delusions and hallucinations can occur in all types of dementia and they are especially common in Lewy Body Dementia (LBD) and Parkinson's Disease Dementia (PDD). Things in the environment can contribute to misperceptions. For example, dramatic or scary television programs might be perceived as actually happening in real life. Alarming noises, reflections in a mirror or window, dark shadows, and glaring lights can be perceived as someone coming after them. Fatigue or lack of rest can make these symptoms worse. If the symptoms are new or getting worse, it is important to have the person evaluated by their doctor to rule out an underlying medical cause. Sudden changes in mental status can be caused by urinary tract infections, pneumonia, constipation, dehydration, and other conditions.

This handout offers some ideas for helping the person with dementia when they are having delusions or hallucinations. If their symptoms are distressing, their doctor should be consulted to rule out other causes and see if medication might help. Acetylcholinesterase inhibitors like donepezil or rivastigmine are often helpful. Stronger medications like antipsychotics have more side effects, though the benefits of the medication sometimes outweigh the potential harm.

IF	THEN
<p>The person believes they have to go to work or take care of a previous responsibility</p>	<ul style="list-style-type: none"> ● Remember that the person has a disease that affects their brain and they are not acting this way on purpose. ● Consider ways to adapt former roles. If the person has always been ‘a provider’ or ‘a nurturer’, maybe they can help take care of a pet or garden. If they’re used to being in charge, maybe they can be a ‘director’ and tell others how to do things they used to do (like cook or fix things). ● Avoid arguing or trying to reason with the person, this will often make the situation worse ● Try distracting the person with conversation, for example ask them to tell you about their work and gradually guide the conversation to a somewhat related topic. If the person is talking about working in an office you might change the subject to talking about typewriters or computers. ● Try distracting the person with complements, for example tell them how much you like their shirt or jewelry and then ask questions about it. Is it their favorite color? Was it expensive? ● Try redirecting the person with another activity, for example ask for their help to do something else like rearrange furniture, sort the mail, tinker with a broken appliance, sweep the floor, or fold laundry. ● Try reassuring the person by telling them a little lie, for example you might tell them ‘the office is closed today’ or ‘the kids are at school’. You will need to immediately redirect them to another topic of conversation or activity to avoid conflict. ● Find ways to show the person your appreciation for example, thank them for sharing their story with you, teaching you something you didn’t know, making you laugh, etc. ● Real caregivers share their strategies in this Conversations with Caregivers video: Playing Along

IF	THEN
<p>The person sees or hears someone coming to get them</p>	<ul style="list-style-type: none"> • Remember that the person is not doing this on purpose or pretending to see or hear things. They have an illness that affects their brain and they are doing the best they can. • Empathize with the person’s feelings and offer reassurance. For example, you might say: <ul style="list-style-type: none"> ○ <i>I’m so sorry, that’s a scary feeling. Let’s take a deep breath. I don’t hear anything. Come with me, let’s make sure everything is okay.</i> ○ <i>When I feel scared, I like to spend time with my cat (say a prayer, drink some tea, wrap myself in a blanket, watch a heartwarming movie, etc.) Here’s my cat Charlie, isn’t he sweet?</i> ○ <i>I am sorry that was so scary. Let’s turn on all of the lights and eat some ice cream until we feel better.</i> • Avoid telling the person they should not feel scared. • Comfort the person as you would comfort any normal adult with a respectful tone of voice • If the person responds well to affection, offer a hug, hold their hand, or rub their back • Try to observe the environment from the person’s perspective and search for visual or auditory cues that might be misperceived by the person. Minimize shadows, noises, and objects that could appear or sound scary or disturbing. • Are there objects that help the person feel secure? Like a blanket, a stuffed animal, a religious or spiritual item, or a photograph? Consider a robotic stuffed animal like these: https://joyforall.hasbro.com/en-us • If the person lives alone, this kind of paranoia may be a sign that they need more support and supervision. Consider hiring more in-home care or moving the person to a care facility. • This video from UCLA’s Alzheimer’s and Dementia Care Program demonstrates helpful strategies: http://dementia.uclahealth.org/hallucinations • Remove or secure guns, knives, and other objects that could be used to try to defend themselves from an innocent person they might falsely believe is after them

IF	THEN
<p>The person believes their spouse or caregiver is an imposter; also known as Capgras syndrome</p>	<ul style="list-style-type: none"> • Remember that this delusion is caused by the disease. The person is not acting like this on purpose. • Try not to take it personally. • Sometimes it helps to have a familiar person, like a neighbor or relative, call or visit to reassure the person • Arguing with the person or trying to convince them they are wrong is likely to make the situation worse • This kind of paranoid delusion is especially difficult for loved ones, particularly the person who is believed to be an imposter • If you are at the end of your rope and need help figuring out what to do at any time day or night, call the Alzheimer’s Association’s 24/7 Helpline at 1-800-272-3900 • Consider joining a support group or getting counseling to help you cope • The person with dementia may need to spend some time away from the person they believe to be an imposter. • Consider hiring in-home help, enrolling the person in a day program, or moving the person to another relative’s home or a care facility • Here is an interesting podcast from NPR’s Radiolab program about Capgras Syndrome: http://www.npr.org/templates/story/story.php?storyId=124745692
IF	THEN
<p>The person is accusing someone of stealing from them or hiding their things</p>	<ul style="list-style-type: none"> • People with dementia are at risk for being victims of fraud and robbery. It is important to investigate these complaints to see if it is really a delusion • Often the person has misplaced their things and they need someone to calmly assist them to find them. • Remember they are not doing this on purpose, try not to take it personally.

	<ul style="list-style-type: none"> • Avoid arguing with the person, it is generally better to just try to help resolve the issue • If you are unable to find the item, apologize to the person for their loss. Offer to try to replace it. • Help the person organize and store their things in places that are intuitive for them. Create visual cues that help the person locate things. • Purchase back-up items for things that are frequently misplaced like glasses, wallet, purses, and keys. • If the person lives in a care facility, use iron-on labels to put their name on clothing, shoes, and other personal items.
IF	THEN
<p>The person becomes severely distressed, aggressive, or impulsively tries to 'escape'</p>	<ul style="list-style-type: none"> • Take a deep breath and do your best to stay calm • Reduce background noise (turn off television or radio) and dim any bright lights if possible • Sometimes it helps to have another familiar person, like a neighbor or relative call or visit to distract and reassure the person • Arguing with the person or trying to physically restrain them is likely to make the situation worse. • If the person will engage in conversation, try calmly talking about concrete things you observe in the environment to help shift their attention to the present moment. For example, you might describe the weather or the immediate surroundings. Encourage use of all of the senses (look, listen, feel, smell) • Avoid physically restraining the person unless they are in imminent danger or threatening the safety of others. • If there is any immediate threat of danger to the person or anyone else, call 911 • Contact the person's doctor to make an urgent appointment to rule out an underlying medical cause and consider pharmacologic treatment • If you are at the end of your rope and need help figuring out what to do at any time day or night, call the Alzheimer's Association's 24/7 Helpline at 1-800-272-3900

- Once the situation de-escalates, consider developing a crisis response plan with the person's care team for managing situations like this in the future. Here is more information about crisis response plans from the National Association for Mental Illness: <https://www.nami.org/Find-Support/Family-Members-and-Caregivers/Being-Prepared-for-a-Crisis>
- Sometimes repetitive, rhythmic activities can be grounding for people. For example: rocking on a swing or chair, walking, humming, singing, tossing a ball back and forth, playing a hand drum, hitting a punching bag, etc.