

Understanding Dementia: Hallucinations

Can you see that?

"Do you see those spiders crawling up the wall?"

"I'm not taking those. The doctor is trying to poison me with those pills."

"I wish the kids would settle down. They are so noisy when they are playing in the living room."

Where to begin

Dementia may cause the person to lose the ability to recognize things because the brain does not accurately interpret the information that is received. If a person with dementia is unaware that their memory is poor, they will often create an interpretation in which someone or something else is blamed.

Factors that may affect behaviours to change:

- Sensory deficits such as poor eyesight
- Hearing loss
- Side effects from medications
- Unfamiliar environment
- Inadequate lighting
- Physical illness such as delirium from UTI
- Disruption of routine or schedule
- Unfamiliar caregivers
- Sensory overload because of too many things going on at once

Keep in mind that not all hallucination or false ideas are upsetting. Ask the person if what they are seeing/hearing or smelling is upsetting to them, if not, then it isn't always necessary to change anything.

Treatment

Be sure to rule out any physical causes as delirium is common with dementia and often includes hallucinations.

If **all** other factors are ruled out and hallucinations are disturbing and persistent, then medications may be prescribed to reduce them.

Hallucinations and false ideas

Hallucinations are false sensory experiences that can be visual, auditory and/or tactile. Examples include hearing music when none is playing or seeing bugs when there are none there. They seem very real to the person experiencing them but cannot be verified by anyone else. They are not always distressing. 25% of people with dementia will experience hallucinations.

Delusions are fixed false beliefs that are not supported by reality. They can be triggered by short-term memory loss which can lead to paranoia. 40% of people with dementia will experience a delusion.

Illusions are a misinterpretation of sensory information. Something IS there but the person misinterprets it. This is common in dementia. For example, thinking that a coat hanger is someone standing in the room.

How do I respond?

Kate is fearful at night because she sees spiders crawling up her bedroom walls.

Don't

- Tell her nothing is on her walls

Do

- Validate the fear, "That must be very frightening for you"
- Do not get angry and argue. This is real for her
- Check for shadows that could be misinterpreted as spiders and try to remove them (eg. Increase lightening or pull blinds closed)
- Distract with music, exercise or photos

Josie is convinced that a staff member has stolen her purse. She always keeps it at her bedside table and this morning it was gone! She is sure that "new girl with the funny eyes" took it.

Don't

- Gently explain no one stole the purse and, just like the last time, she lost her bag

Do

- Validate her feelings
- Try to alleviate the distress (eg. Look for her "stolen" purse together)
- Investigate suspicions that could be true. She could be a victim. But if this paranoia continues have similar purses ready as replacements.

Quick tips to remember:

- ✓ Remain calm, listen and avoid arguing
- ✓ Don't agree either - you risk escalating the situation or becoming part of the delusion
- ✓ Validate the feelings behind the words
- ✓ Give lots of reassurance
- ✓ Check for triggers and remove anything in the environment
- ✓ Use distraction