

Dementia - hallucinations and false ideas

People with dementia sometimes experience a range of conditions in which they do not experience things as they really are. Although hallucinations and delusions are imaginary, they seem very real to the person experiencing them and can cause extreme anxiety or even panic.

Hallucinations

Hallucinations are sensory experiences that cannot be verified by anyone other than the person experiencing them. Such experiences may include any of the senses, but the most common are visual and auditory hallucinations – the person sees or hears something that is not there. Voices may be heard, people may be seen who are not present, or strange and frightening noises may be heard.

Paranoia

Paranoia is characterised by unrealistic beliefs, usually of either persecution or grandeur. People with dementia may believe that others are out to get them or that they have superhuman powers.

People with dementia sometimes become quite suspicious, accusing others of stealing things and hoarding or hiding things because they believe that someone is trying to take their possessions. Another common accusation is that the person's partner is being unfaithful. Such ideas may lead the person with dementia to become fearful and resistant to attempts to care for them.

Delusions

Delusions are ideas that are not based on reality but which are thought to be true by the person with dementia. Their content can often be centred on people stealing money or other possessions, or they may have fixed ideas about people intending to harm them.

Misidentification

People with dementia can misidentify other people. Sometimes they do not recognise their partner as being the person they have known. At other times, they may think their reflection in the mirror is another person and become frightened, or think that voices on the radio or television are from people in the room with them.

Causes of hallucinations and paranoia

Dementia may cause the person to lose the ability to recognise previously familiar things because the brain does not accurately interpret the information that it has received. Examples of this include failure to recognise a partner or the house in which the person lives.

Problems with memory, which occur in dementia, may 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 often live in a world with no memory of recent events – where things 'disappear', explanations can be forgotten and conversations do not always make sense.

Factors that may cause or make behaviours worse

Some of the factors that can cause or make behaviours worse include:

- Sensory defects, such as poor eyesight or poor hearing

- Side effects of some medications
- Psychiatric illness
- An unfamiliar environment
- Inadequate lighting, making visual cues less clear
- Physical conditions – such as infections, fever, pain, constipation, anaemia, respiratory disease, malnutrition or dehydration
- Unfamiliar caregivers
- Disruption of familiar routines
- Misinterpretation of environmental cues because of such things as forgetting to use a hearing aid or glasses
- Sensory overload because of too many things going on at once.

Where to begin

Arrange for a medical check-up to eliminate the presence of other physical or psychiatric problems and to check the effects of medication. Your doctor can arrange for any appropriate referrals to the Aged Care Assessment Team (ACAT) or for specialised psychiatric assessment. In Victoria, the Cognitive Dementia and Memory Service Clinics (CDAMS) provide specialised early diagnosis and assessment of dementia.

Treatment

Medication will sometimes help to control delusions or hallucinations in people with dementia and, occasionally, will help to control misidentification syndromes. However, many of the antipsychotic medications used to treat these disorders have side effects and may cause stiffness, shakiness, drowsiness or falls. Newer antipsychotic medications have fewer side effects than the older drugs, but can still cause drowsiness. Sometimes, where delusions and hallucinations are causing a major problem, a trial of a drug treatment may be appropriate.

Things you can try

- **Do not argue** – it is better to acknowledge that the person may be frightened by the delusions and hallucinations.
- **Do not scold** the person for losing objects or hiding things.
- **Investigate suspicions** to check their accuracy.
- **Attempt to distract the person** if possible. Distractions that may help include music, exercise, activities, conversation with friends and looking at old photos.
- **Try to respond** to the underlying feelings that may be at the bottom of the statements that the person makes.
- **Physical contact** may be reassuring but be sure that the person is willing to accept this.
- Try to **maintain a familiar environment** – if the person has to move, take some familiar things from the previous residence.
- **Increase lighting** in the home and use night-lights.
- Try to maintain consistent caregivers and a consistent routine.
- Identify the person's **favourite hiding places**.
- **Keep a diary** – it may help to establish whether these behaviours occur at particular times of the day or with particular people. Identifying such causes may help the carer to be able to make changes to overcome the difficulties.
- If possible, keep a **spare set of the things** that are often mislaid – such as keys, purse or glasses.

Some hallucinations and false ideas can be ignored if they are harmless and do not cause the person to become agitated. Do not take accusations personally and be aware that the person is not able to control this behaviour.

Feelings of distress or frustration are normal

Caring for someone with dementia can be very rewarding. It can also be difficult, exhausting, lonely and at times overwhelming. You may have to deal with many different feelings as the needs of the person with dementia change over time. Feelings of distress, frustration, guilt, exhaustion and exasperation are quite normal.

Support for families and carers

Dealing with dementia-related behaviours day in and day out is not easy. It is essential that you seek support for yourself from an understanding family member, a friend, a professional or a support group. Remember that you are not alone. Alzheimer's Australia offers support, information, education and counselling through the National Dementia Helpline.

The Dementia Behaviour Management Advisory Service (DBMAS) is a national telephone advisory service established to support carers and care workers of people with dementia who experience dementia-related behaviours. Telephone advice, assessment, intervention, education and specialised support are available 24 hours a day.

Where to get help

- Your doctor
- National Dementia Behaviour Management Advisory Service Tel. 1800 699 799 – for telephone advice, assessment, intervention, education and specialised support (24 hours)
- National Dementia Helpline Tel. 1800 100 500
- The Cognitive Dementia and Memory Service (CDAMS)

Things to remember

- Hallucinations and false ideas, such as paranoia and delusions, can be very distressing symptoms of dementia.
- Understanding the causes may help carers deal with these symptoms.
- Caring for someone with dementia can be difficult. Feelings of distress, frustration, guilt, exhaustion and exasperation are quite normal.
- Support and information are available for carers.

This page has been produced in consultation with, and approved by:

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