Hallucinations

Hallucinations are false sensory perceptions.

Examples:

- hearing voices
- seeing people who are not there
- smelling odors
- feeling something crawling on their skin, etc.

The perception is real to the person experiencing it despite all evidence showing it is not real.

Delusions

A delusion is a false belief not based on fact.

Examples:

- believing that others are stealing their processions
- that their spouse is having an affair
- that an intruder is moving or changing things
- that the caregiver is someone else, etc.

These are firmly held beliefs by the person experiencing them despite evidence to the contrary. Paranoia is a particular type of delusion which causes the person to be suspicious and distrustful of others.

How common are Delusions & Hallucinations?

Nearly 50% of individuals with dementia exhibit delusions over the course of the disease. They are the most common in the middle stage of the disease. In particular, paranoid delusion may be associated with dysfunction in the right medial temporal lobe (2003, Mendez & Cummings).

In Lewy Body dementia, visual hallucinations are common. For example, they may see little children standing at end of bed in their room.

In delirium, hallucinations and delusions are also common.
How do I communicate with residents who have delusions and or hallucinations?

Remember that for the residents’ experiencing delusions and/or hallucinations, the perception is very real. Trying to convince them that they are not real tends only to escalate the resident’s frustration and irritability because you don’t believe them.

Therefore the following tips are suggested:

1. Ensure that the resident’s hearing aids are in and working if they need them. Also, ensure they are wearing their glasses or a have an eye exam if needed
2. Make sure that it is not an environmental problem causing the delusions or hallucinations. Sometimes lighting is too low and the person with visual problems misinterprets their environment
3. Don’t argue or try to convince the person that what they believe is not true
4. Remove the person to a quiet, non-public place to speak with them one-on-one
5. Listen to their concern
6. Validate their feelings by saying something like “This must make you upset,” or “This must frighten you,” or “I see that this is very important to you,” etc.
7. Reassure them that you will help them. For example, you will look for the object that has been taken or you will report the lost object to management or security. You may even need security to come to the unit to speak with the resident in more extreme cases and complete a (fake) report. Do not insist that the resident has simply lost or misplaced the item
8. Make them feel safe. For example, “I will make sure I keep an eye on your room”
9. Once the resident seems reassured by you, redirect their attention to a positive personality feature or accomplishment and change the subject

Do medications eliminate delusions or hallucinations?

Usually, antipsychotic medications do not completely eliminate the delusions or hallucinations but they do help to diminish their intensity and the resident’s reaction to them. Some delusions or hallucinations can be comforting to the resident. For example, perhaps they see their deceased spouse whom they miss. In cases where the delusions are not traumatic to the resident or they can be
managed non-pharmacologically, the physician would not start an antipsychotic. If the resident believes that they are being poisoned and thus are not eating, losing weight, refusing medications consistently and so on, the physician may consider an antipsychotic to improve the resident’s quality of life but we must Behavior Track to show the evidence. We avoid giving Haldol in Lewy Body Dementia.

References:
2006, Vancouver Island Health Authority, “People With Hallucinations"
2003, Mendez & Cummings, Dementia: A Clinical Approach
2005, Robinson, Spencer & White, Understanding Difficult Behaviors