
Hallucinations, delusions and paranoia

Due to changes in the brain, people living with dementia may sometimes experience hallucinations, delusions and/or paranoia. Understanding the difference between these can be helpful.

A **hallucination** is a false perception of objects or events and is sensory in nature. When individuals with Alzheimer's have a hallucination, they see, hear, smell, taste or even feel something that isn't really there. They may see insects crawling on their hand or hear people talking to them and respond to those voices.

In contrast, a **delusion** is defined as a false idea, sometimes originating in a misinterpretation of a situation. For example, when individuals living with dementia have a delusion, they may think that family members are stealing from them or that the police are following them. This kind of suspicious delusion is sometimes referred to as **paranoia**.

It's important to remember that hallucinations and delusions may or may not be upsetting to the person with dementia. Not all hallucinations are frightening, and not all delusions are paranoid in nature.

See the doctor.

When helping someone who is experiencing hallucinations or delusions, the best way to start is by arranging a consultation with the person's doctor. The physician can look for physical causes, such as kidney or bladder infections, dehydration, pain or alcohol/drug abuse, all of which can cause hallucinations or delusions. It is also possible that treatments being prescribed for pain are the cause. If the physician prescribes a medication, watch for and report any side effects you notice, including over-sedation, increased confusion, tremors or tics.

While non-drug interventions are often effective, medications can be helpful when the person is persistently upset by the symptoms and non-drug approaches (described below) have already been tried. You may also want to ask the doctor to evaluate the person to determine if medication needs to be added or adjusted to reduce hallucinations or delusions. If the person has a history of serious mental illness, such as schizophrenia, the hallucinations and/or delusions may be related to that illness. It's important to work closely with the person's doctor to help determine an appropriate course of action.

It may also help to have the person's eyesight or hearing checked. This should be done regularly. Make sure the person wears any prescribed glasses or hearing aids as needed.

Non-medical interventions.

Interventions that are not medical in nature are often the best ways to help someone

experiencing hallucinations or delusions. Assess the situation and determine whether or not the symptom is a problem for you or for the individual. Is the hallucination/delusion upsetting to the person? Is it leading him or her to do something dangerous? Does the sight of an unfamiliar face cause him or her to become frightened? If so, react calmly and quickly with reassuring words and a comforting touch.

Respond with caution.

Be cautious when responding to the person's hallucinations and/or delusions. If they don't cause problems for you, the person or other family members, it's typically best to ignore them. Avoid arguing with the person about what he or she sees, hears or believes. Unless the behavior becomes dangerous, you might not need to intervene.

Offer reassurance.

Reassure the person with kind words and a gentle touch. For example, you might want to say, "Don't worry. I'm here. I'll protect you. I'll take care of you," or "I know you're worried. Would you like me to hold your hand and walk with you for a while?" Gentle patting may turn the person's attention toward you and reduce the symptom.

Also look for reasons or feelings behind the hallucination or delusion and try to find out what it means to the individual. For example, you might want to respond with: "It sounds as if you're worried" or "I know this is frightening for you."

Use distraction.

Suggest that the person comes with you on a walk or sits next to you in another room. Frightening hallucinations and delusions often subside in well-lit areas where other people are present. You might also try to turn the person's attention to a favorite activity, such as listening to music, drawing, looking at a photo album or counting coins.

Respond honestly.

Keep in mind that the person may sometimes ask you about the hallucination or delusion. For example, if he or she asks, "Do you see him?" you may want to answer with, "I know that you see something, but I don't see it." This way, you're not denying what the person sees or hears, but you avoid getting involved in an argument.

Assess the reality of the situation.

If the person is having a hallucination, ask the person to point to the area where he or she sees or hears something. Glare from a window may look like snow to the person, and dark squares on a tiled floor may look like dangerous holes.

Modify the environment.

If the person looks at the kitchen curtains and sees a face, you may be able to remove, change or close the curtains. Turn on more lights to reduce shadows that could look

frightening. If the person insists that he or she sees a strange person in the mirror, it's possible that the person doesn't recognize his or her own reflection. If the person has delusions about people stealing from him or her, have some duplicates of those items on hand so you can provide the person with a replacement if it becomes lost.

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