

Hallucinations

Understanding the difference between hallucinations and delusions is important. A delusion is defined as a false idea, sometimes originating in a misinterpretation of a situation. For example, when individuals with dementia have a delusion, they think that family members are stealing from them or that the police are following them.

A hallucination, in contrast 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.

Hallucinations are caused by changes within the brain that result from the disease. Hallucinations are usually visual and auditory. Individuals may see the face of a former friend in a curtain or may see insects crawling on the floor. In other cases, they may hear people talking to them and may even talk to the imagined person.

Hallucinations can be frightening. On some occasions, individuals may see threatening images or just ordinary pictures of people, situations or objects from the past. Some ideas for handling hallucinations are outlined in this sheet.

See the doctor

Hallucinations and delusions are caused by many things including infections, sensory impairment like vision loss, medication side effects, depression and many other possibilities.

Have the person's eyesight or hearing checked. Also make sure the person wears his or her glasses or hearing aid on a regular basis. Talk to your physician who can assess for some potential causes.

Once medical complications have been ruled out

Assess the situation and determine whether or not the hallucination is a problem for you or for the individual. Is the hallucination 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. If the hallucination doesn't cause problems or distress to the person, just work around it.

Some hallucination and delusions can be reassuring and/or pleasurable to the person.

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 hallucination.

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

Use distraction

Suggest that the person come with you on a walk or sit next to you in another room. Frightening hallucinations often subside in well-lit areas where other people are present.

You might also try to turn the person's attention to favorite activity, such as listening to music, drawing, looking at a photo album or counting coins.

Hallucinations *continued*

Respond honestly

Keep in mind that the person may sometimes ask you about the hallucination or delusion. For example, “Do you see him?” You may want to answer with, “I know that you see something, but I don’t see it.” In this way, you’re not denying what the person sees or hears and you’re not getting involved in an argument. There are not “one size fits all” answers. Respond with kindness in a way that doesn’t add to the agitation.

Assess the reality of the situation

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 the 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.

Check the surroundings for noises that might be misinterpreted, for lighting that casts shadows or for glare, reflections or distortions from the surfaces of floors, walls and furniture. If the person insists that he or she sees a strange person in the mirror, cover up the mirror or take it down. It’s also possible that the person doesn’t recognize his or her own reflection. Turn on more lights to reduce shadows that could look scary to your loved one.

Hallucinations are very real to the person you care for. You can ease feelings of fear by using words that are calm, gentle and reassuring. If hallucinations or delusions persist, cause distress and do not respond to these efforts, talk with the doctor regarding the potential use of medications.

How to Contact the Alzheimer’s Association – Heart of America Chapter **1.800.272.3900 • alz.org/kansascity**

Main Office

3846 W. 75th Street
Prairie Village, KS 66208

Northeast Kansas Regional Office

3625 SW 29th St.
Suite 102
Topeka, KS 66614

Northwest Missouri Regional Office

10th and Faraon
St. Joseph, MO 64501

Southeast Kansas Regional Office

2601 Gabriel
Parsons, KS 67357