



## Hallucinations and delusions

Some people with dementia may experience hallucinations or delusions.

A delusion is a false idea or misinterpretation of a situation e.g. that a family member is stealing from them or that police are looking for him/her. Hallucinations are false perceptions of objects or events that are sensory in nature e.g. they can see, smell, taste, feel something that isn't really there.

Not everyone with dementia will be affected in this way and not everyone who has these problems has dementia.

This advice sheet looks at ways of handling these experiences.

A person with dementia may sometimes experience hallucinations. They may see, hear, smell, taste or feel things, which are not really there. The most common hallucinations are those which involve sight or hearing, and the reactions of the person with dementia may vary.

They may realize that their imagination is playing tricks with them and pay no attention to the hallucination.

- They may find it difficult to decide whether or not the hallucination is real. In this case they may like you to go with them to look at the place where they thought they saw something. It may also help if you check the room where they thought they heard voices or other noises and can confirm that nothing is there.
- As the dementia becomes more severe the person may become convinced that what they are hearing or seeing is real and can find this very frightening. Try to let them know that, although you are not sharing their experience, you understand how very distressing it is for them. Distracting the person may help. There is absolutely no point in arguing about whether or not the things that they are seeing are real.
- Hallucinations are less likely to occur when the person is occupied or involved in what is going on around them.
- Not all hallucinations are upsetting. Sometimes it may be better to go along with the person rather than distract them. It depends on the situation.

If the hallucinations persist or the person with dementia becomes distressed by them, speak to their GP. Medication can sometimes help but, if prescribed, should be regularly reviewed by the doctor.

4th Floor, 79 Roeland Street (Corner Harrington & Roeland Str), Cape Town  
Tel [+27 21 421-0077](tel:+27214210077) / 78 Fax [+27 21 418-2772](tel:+27214182772) Email: [info@dementiasa.org](mailto:info@dementiasa.org)  
[www.dementiasa.org](http://www.dementiasa.org)

National Helpline: 0860 MEMORY / 0860 636 679  
049-191 NPO PBO 930022142



## **Visual hallucinations**

Visual hallucinations are the most common type in dementia. The person may see people, animals or objects. Sometimes these involve quite complicated scenes or bizarre situations. Visual hallucinations can be the result of the person's brain misinterpreting everyday objects.

They may believe, for example, that they see faces in patterns on fabrics, that pictures on posters are real people or animals, or that their reflection in the mirror is another person. Many people with dementia who experience visual hallucinations only experience them occasionally, but sometimes they can become more persistent and troublesome.

## **Possible causes of visual hallucinations include:**

### **Illness**

Hallucinations can result from a physical illness such as an infection. They can also be side effects of some types of medication. A doctor should be able to help rule out these possibilities.

### **Eyesight**

Visual hallucinations may be due to poor eyesight. This cannot always be improved but you should:

- Arrange regular eye checks and encourage the person to wear their glasses if they need them.
- Check that any glasses worn are clean and, if possible, confirm that the prescription is correct.
- If cataracts are the cause of poor sight, discuss whether they should be removed with the GP.
- Make sure that the lighting in the home is good.

## **Changes in the brain**

A person sometimes experiences hallucinations because of changes that are occurring in their brain as the dementia progresses.

People with dementia with Lewy bodies often have a mixture of the symptoms found in Alzheimer's disease. People with this form of dementia are more likely to have persistent visual hallucinations together with stiffness and slowing of movement and marked fluctuations in their abilities.

In these cases, antipsychotic medication, which is sometimes prescribed for hallucinations, can make the stiffness worse. It should, therefore, only be prescribed in small doses, if at all, and reviewed regularly.

4th Floor, 79 Roeland Street (Corner Harrington & Roeland Str), Cape Town  
Tel [+27 21 421-0077](tel:+27214210077) / 78 Fax [+27 21 418-2772](tel:+27214182772) Email: [info@dementiasa.org](mailto:info@dementiasa.org)  
[www.dementiasa.org](http://www.dementiasa.org)

National Helpline: 0860 MEMORY / 0860 636 679  
049-191 NPO PBO 930022142



### **Auditory hallucinations**

These occur when the person hears voices or noises although nothing is there. As with visual hallucinations it is important to rule out physical causes such as physical illness and the side effects of medication. It is also worth checking the person's hearing and ensuring that their hearing aid is working properly if they wear one.

One indication that the person may be experiencing auditory hallucinations is when they talk to themselves and pause, as though waiting for someone else to finish speaking, before continuing. However, talking to oneself is very common – not everyone who does this is having an hallucination.

Shouting at people who are not there also suggests the possibility of hallucinations. People are less likely to hear voices when they are talking to someone real, so company can help.

### **Delusions**

A person with dementia may sometimes become rather suspicious. This is usually because of their failing memory. They may accuse someone of stealing from them when something has been mislaid, for example.

However, they are often reassured when the object is found. With some people this suspicion goes much deeper and they may develop distorted ideas about what is actually happening. The person may become convinced that other people want to harm them, for example, and no amount of evidence to the contrary will persuade them otherwise. This kind of belief is called a delusion and can be very distressing both for the person with dementia and those who care for them.

### **Common delusions that people with dementia have are:**

- Their partner is being unfaithful
- Their partner or close relative has been replaced by an impostor who closely resembles them.
- Their home is not their own and they do not recognize it.
- Their food is being poisoned.
- The neighbours are spying on them.

A person with dementia might have these odd ideas because of the changes that are occurring in their brain, or these ideas may be created by hallucinations. There is little point in arguing with the person as it will only cause further distress to both of you.

### **Tips**

- Seek medical help first to exclude illness or drug side effects.
- Try to reassure the person that you are on their side and want to help them.

4th Floor, 79 Roeland Street (Corner Harrington & Roeland Str), Cape Town  
Tel [+27 21 421-0077](tel:+27214210077) / 78 Fax [+27 21 418-2772](tel:+27214182772) Email:[info@dementiasa.org](mailto:info@dementiasa.org)  
[www.dementiasa.org](http://www.dementiasa.org)

National Helpline: 0860 MEMORY / 0860 636 679  
049-191 NPO PBO 930022142



- Assess and evaluate whether the delusion or hallucination is a real problem for the person or others.
- Distract them with other activities
- Ignore if not a real problem
- Apply a gentle touch
- Medication can sometimes be helpful, particularly if the person is becoming aggressive. This type of medication needs to be reviewed regularly. Ask your GP.
- Look for feelings behind the hallucinations.
- Modify the environment e.g. remove a mirror if they no longer recognize themselves; remove sources of strange noise or add extra lights.

### **Explaining behaviour**

It is important to explain any unusual beliefs or behaviour to anyone who comes into contact with the person with dementia. If they understand the situation they will be more able to reassure or distract the person as appropriate.

The Alzheimer's Society UK, would like to thank Dr Rupert McShane, Department of Psychiatry, University of Oxford, for help in preparing this advice sheet.

4th Floor, 79 Roeland Street (Corner Harrington & Roeland Str), Cape Town  
Tel [+27 21 421-0077](tel:+27214210077) / 78 Fax [+27 21 418-2772](tel:+27214182772) Email: [info@dementiasa.org](mailto:info@dementiasa.org)  
[www.dementiasa.org](http://www.dementiasa.org)

National Helpline: 0860 MEMORY / 0860 636 679  
049-191 NPO PBO 930022142