

Hallucinations and false ideas

This help sheet is about hallucinations and false ideas, such as paranoia and delusions. It looks at possible causes and suggests ways that families and carers can support someone experiencing this behaviour.

Dementia affects people in different ways and changes in the behaviour or emotional state of someone living with dementia are common.

People living with dementia sometimes experience false perceptions or ideas. Although hallucinations and delusions are imaginary, they seem very real to the person experiencing them. They can cause extreme anxiety and panic.

Types of hallucinations and false ideas

Hallucinations. Hallucinations are sensory experiences that cannot be verified by anyone else. Usually someone sees something that is not there (such as a person) or hears something others cannot hear (such as voices or frightening sounds). However, hallucinations can include any of the senses.

Delusions. Delusions are strongly held ideas that are not based on reality or facts but are thought to be true. The person may have delusions about others stealing their money or possessions. Or they may have fixed ideas about people intending to harm them.

Paranoia. Paranoia means having unrealistic beliefs.

Examples of paranoia include:

- a belief that others are out to get them, or that they have superhuman powers
- a suspicion that someone is taking their possessions and accusing others of stealing or hiding things
- an accusation of their partner being unfaithful, making them fearful and resistant to their partner's care.

Misidentification A person living with dementia can wrongly identify other people or themselves. Sometimes they do not recognise their partner. Or they may be frightened by their own reflection, thinking it is another person. Other times, voices on the radio or television are thought to be from people physically in the room.

Possible causes

Dementia reduces the brain's ability to interpret and understand information. It also causes memory problems, which can lead to suspicion, paranoia and false ideas.

If someone is unaware that their memory is poor, they may create a story or explanation in which someone or something else is blamed.

This is understandable considering they may:

- have no memory of recent events
- believe things 'disappear'
- forget explanations
- not understand conversations.

Factors that can cause hallucinations and false ideas include:

- sensory issues, such as poor eyesight or poor hearing
- confusion created by forgetting to use a hearing aid or glasses
- side effects of medications
- psychiatric illness
- unfamiliar environments
- low lighting that reduces vision
- physical conditions, such as infections, fever, pain, constipation, anaemia, respiratory disease, malnutrition and dehydration
- unfamiliar caregivers
- disruption of familiar routines
- sensory overload from too many things happening at once.

Speak with the person's doctor

To investigate possible triggers for the behaviour, book a medical check-up with their doctor. This can help identify any physical or psychiatric problems. The doctor can check for possible side effects of medication, including stiffness, shakiness and drowsiness.

Tips to respond to hallucinations and false ideas

- Remain quiet or neutral if you are being told something that seems wrong or untrue.
- Investigate suspicions to check if they are true.
- Respond to the feelings underlying the words. The person may be frightened by the delusions and hallucinations.
- Some hallucinations and false ideas can be ignored if they are harmless and do not increase agitation.
- Suggest that you search together for items that have been lost or missing. Identify common hiding places and check there first.
- Try a distraction like music, exercise, activities, talking to friends or looking at old photos.
- If it is appropriate and provides comfort, you can try physical contact.
- Keep their environment familiar. If the person must move, ensure familiar things are taken to the new place.
- Make sure their home has good lighting, including night lights.
- Have a regular routine and the same caregivers, where possible.
- Keep a diary of changes in behaviours. It may help you figure out a pattern or trigger. You can use this information to make changes.
- Keep a spare set of things that are often lost, such as keys or glasses.

Remember that changes in behaviour are caused by a brain condition. People living with dementia are not always able to control their behaviour.

Support for families and carers

Observing changes in behaviour can cause distress, frustration, guilt, exhaustion and exasperation for families and carers. These feelings are normal. Seek support for yourself from an understanding family member, friend, professional or a support group.

- Discuss with the person's doctor your concerns about changes in behaviour, and the impact on you and the person you are caring for.
- Call the **National Dementia Helpline** on **1800 100 500** to learn about support services and education programs, including carer support groups, counselling, and services and programs to assist you to understand and respond to changes and maintain your health and wellbeing.
- Call the **Dementia Behaviour Management Advisory Service** on **1800 699 799**. They support people living with dementia who experience changes in behaviour that impact their care or the carer.

Additional reading and resources

- Dementia Australia help sheets: Changes in behaviour
Visit: dementia.org.au/help-sheets
- Dementia Australia library service
Visit: dementia.org.au/library
- Dementia Australia support
Visit: dementia.org.au/support
- Dementia Australia education
Visit: dementia.org.au/education

Further information

Dementia Australia offers support, information, education and counselling.

National Dementia Helpline: 1800 100 500

For language assistance: 131 450

Visit our website: dementia.org.au