MISUNDERSTANDINGS, MISINTERPRETATIONS AND PSYCHOSIS IN DEMENTIA

Many people who are cognitively impaired and / or develop dementia are prone to hallucinations, delusions, and psychosis. Not everyone will have these symptoms but they can be very distressing for both the person with dementia, and those who care for them. In effect, poor short-term memory and perceptual abnormalities may change the way the world is understood and this can make it difficult for the person to understand and interpret other people's actions, or an innocuous event.

This becomes real when people with dementia *misunderstand* things and interpret them in a way that seems unreasonable to others. For example, a person can forget where s/he put an item for safekeeping and when it cannot be found they may come to believe it has been stolen. Or, it may be that a spouse is thought to be unfaithful because the person with dementia does not know where s/he is, and so the person with dementia feels insecure and may worry that s/he is no longer loved because of their condition.

Similarly, people with dementia sometimes fail to recognise themselves in the mirror and think there is a stranger in the house. Here again, this is the result of memory deficits that cause the person to forget their age and so when they look in the mirror they expect to see a younger image looking back at them. A billowing curtain, a barking dog, or headlights coming into a room could all be mistaken for something else. These are familiar experiences for most of us, we can interpret the cause of these events whereas a person with cognitive impairment might explain them in a different way: a ghost, a call for help, or a burglar shining a light through the window.

Usually people can be reassured with an explanation however, it is important to realise that there may be a logical explanation for the actions of a person with cognitive impairment. Although these symptoms might be considered "psychotic", since the person is, to a degree, "out of contact with reality," that term is generally saved for delusions and hallucinations.

Delusions and hallucinations are psychotic symptoms that occur in a variety of brain diseases including dementia. If no amount of persuasion or evidence to the contrary will convince the person that they are mistaken, then it is a delusion: an unshakeably held, false belief. Likewise, if a person can see, hear, smell, feel or taste something that is not evident to others then it is usually a *hallucination*: a sensory perception without an obvious external cause.

Who gets psychotic symptoms in dementia?

Alzheimers Disease: Up to 70% of people with Alzheimers Disease (see Information Sheet No ??) can get psychotic symptoms. In this condition they usually occur in the moderately severe stage and may take the form of paranoia (thinking someone is trying to harm them), or other delusions.

Lewy Body Dementia: Up to 80% of people with Lewy Body Disease (see Information Sheet No 8) develop psychotic symptoms. Visual hallucinations are very common, often seen as images of little people or children. The person may also have hallucinations in other senses, fpr instance hearing voices. The reaction to these experiences can range from mild interest to extreme anger, for example becoming agitated and chasing "people" away with a weapon.

Parkinson's Dementia: People with Parkinson's disease can experience delusions and/ or hallucinations. These symptoms are often aggravated by the medication for Parkinson's disease so it is very important to have medications reviewed and whenever possible, reduced. This may increase physical problems and so the balance between treating mobility deficits and maintaining a normal mental state has to be carefully negotiated.

Vascular dementia: Psychotic symptoms occur in vascular dementia depending on the area of the brain that has been damaged as a result of poor blood supply.

People with pre-existing mental illness: People with schizophrenia or bipolar disorder already have psychotic symptoms. These generally persist if the person develops dementia.

Delirium: This is acute (sudden) confusion with a physical cause such as infection, illness, effects of medication, dehydration or, alcohol withdrawal. Delirium can cause the person to become disorientated, suspicious (delusional) and prone to visual hallucinations. For example, the person may imagine insects are crawling on an arm of leg and try to pick them off, s/he may be frightened by shadows, or lights that are misinterpreted as threatening. The symptoms of delirium fluctuate during the day and night, thus hallucinations can be temporary. They may disappear for a while, only to reappear later.

Do these symptoms matter?

Misunderstandings, misinterpretations and psychotic symptoms can be very frightening and / or cause people to act unpredictably. The symptoms are a sign that things are not right, especially if they appear suddenly. This may indicate the person has developed a delirium on top of dementia. However, not all psychotic symptoms are distressing. For example, seeing a deceased sister sitting on chair nearby might be comforting. In some cultural groups such as Māori, it is quite acceptable to see or hear deceased people and as a rule, the person does not need treatment.

What to do about misunderstandings, misinterpretations and psychosis

- Be patient, reassure, and offer support/positive reinforcement whenever possible;
- If the person is not distressed or responding in a way that is risky, then do nothing;
- Check the facts: What seems to be a delusion or misunderstanding might in fact, be reality; For example it is entirely possible that someone is trying to take advantage of, or otherwise harm a person with dementia. Such a possibility needs to be taken into consideration;
- Check hearing and visual aids: It may be helpful to check that hearing aids are working effectively. People can misunderstand what they have only partially-heard and develop false ideas about what others are saying. Similarly, cleaning and/ or updating eye glasses, may help to prevent people from misinterpreting objects within the environment;

  This publication provides a general summary only of the subject matter covered. People should seek professional advice about their specific case.
- Physical check-up with GP: this might reveal a treatable condition such as a urine infection, constipation, or pain that will precipitate delirium;
- Review medications: as previously noted Parkinson's medication can cause or worsen psychosis, similarly morphine (for pain) and digoxin (heart disease) can also cause hallucinations;
- Accept that the experience is very real for the person with dementia. While they may accept that someone has asked "people" to leave or chased them away temporarily, chances are the unwanted visitor (hallucination) will return.
- Be methodical, and know where they like to put things for safe keeping so that if the person argues that something has been stolen, then you can help to find it;
- Record (in a diary / file) when the psychotic symptoms are most common and try to distract the person by doing something meaningful at that time of day (e.g. go for a walk);
- Environmental changes: If there are obvious triggers for instance, car lights flashing in the bedroom, then try shifting the bed, hang heavier curtains, or black-out lining. If necessary, cover reflecting surfaces such as mirrors, improve the lighting (including having night lights) and reduce extraneous noise. Talk to others who might have their own ingenious solutions. Experiment.
- Medication: Occasionally medication can reduce symptoms or calm people so they are less distressed. However, antipsychotic medications can have significant and / or serious side-effects, they should not be given to people with Lewy Body or Parkinson's dementia. For people with other conditions that cause dementia, antipsychotics should only be used as a last resort. If considered absolutely necessary, then a minimal dose should be trialled, for the shortest time, before being reviewed to make sure they are effective. The most commonly used drugs are risperidone, quetiapine and olanzapine but often they do not work for people with dementia.

Dementia New Zealand offers support, information and education.
Ring 0800 4 DEMENTIA or 0800 433 636.
Or visit our website at www.dementia.nz

Fact sheet developed by Dr Chris Perkins with help from Drs Grace O'Sullivan and Richard Worrall. (New Zealand Dementia Cooperative)