

Hallucinations

Understanding hallucinations

Hallucinations are false perceptions of objects or events involving the senses. These false perceptions are caused by changes within the brain that result from Alzheimer's, usually in the later stages of the disease. The person may see the face of a former friend in a curtain or may see insects crawling on his or her hand. In other cases, a person may hear someone talking and may even engage in conversation with the imagined person.

Alzheimer's and other dementias are not the only cause of hallucinations. Other causes include:

- Schizophrenia.
- Physical problems, such as kidney or bladder infections, dehydration, intense pain, or alcohol or drug abuse.
- Eyesight or hearing problems.
- Medications.

● **See the doctor.**

- If a person with Alzheimer's begins hallucinating, it's important to have a medical evaluation to rule out other possible causes and to determine if medication is needed. It may also help to have the person's eyesight or hearing checked.

The first line of treatment for the behavioral symptoms of Alzheimer's is non-drug approaches, but if these strategies fail and symptoms are severe, medication may be appropriate. While antipsychotic medications can be effective in some situations, they are associated with an increased risk of stroke and death in older adults with dementia

and must be used carefully. Work with a doctor to learn both the risks and benefits of medication before making a decision.

Learn more:

- [Managing Hallucinations, Delusions and Paranoia \(PDF\)](#)
- [Medications for Behavioral Symptoms](#)

Coping strategies

When responding to hallucinations, be cautious. First, assess the situation and determine whether the hallucination is a problem for the person or for you. Is the hallucination upsetting? Is it leading the person to do something dangerous? Is the sight of an unfamiliar face causing the person to become frightened? If so, react calmly and quickly with reassuring words and a comforting touch. Do not argue with the person about what he or she sees or hears. If the behavior is not dangerous, there may not be a need to intervene.

For more coping strategies, join [ALZConnected](#), our online support community where caregivers like you share tips on what has worked for them.

Offer reassurance

- Respond in a calm, supportive manner. You may want to respond with, "Don't worry. I'm here. I'll protect you. I'll take care of you."
- Gentle patting may turn the person's attention toward you and reduce the hallucination.
- Acknowledge the feelings behind the hallucination and try to find out what the hallucination means to the individual. You might want to say, "It sounds as if you're worried" or "I know this is frightening for you."

Use distractions

- Suggest a walk or move to another room. Frightening hallucinations often subside in well-lit areas where other people are present.
- Try to turn the person's attention to music, conversation or activities you enjoy together.

Respond honestly

- If the person asks you about a hallucination or delusion, be honest. For example, if he or she asks, "Do you see him?" you may want to answer with, "I know you see something, but I don't see it." This way, you're not denying what the person sees or hears, but you avoid an argument.

Modify the environment

- Check for sounds that might be misinterpreted, such as noise from a television or an air conditioner.
- Look for lighting that casts shadows, reflections or distortions on the surfaces of floors, walls and furniture. Turn on lights to reduce shadows.
- Cover mirrors with a cloth or remove them if the person thinks that he or she is looking at a stranger.