

Suspicious and Delusions

A person with Alzheimer's may become suspicious of those around them, even accusing others of theft, infidelity or other improper behavior. While accusations can be hurtful, remember that the disease is causing these behaviors and try not to take offense.

- [What to expect](#)
- [How to respond](#)

What to expect

Help others understand changing behaviors

Make sure family members and caregivers understand that suspicions and false accusations are caused by the disease and are not a reflection of them.

Delusions (firmly held beliefs in things that are not real) may occur in middle- to late-stage Alzheimer's. Confusion and memory loss — such as the inability to remember certain people or objects — can contribute to these untrue beliefs. A person with Alzheimer's may believe a family member is stealing his or her possessions or that he or she is being followed by the police. This kind of suspicious delusion is sometimes referred to as paranoia.

Although not grounded in reality, the situation is very real to the person with dementia. Keep in mind that a person with dementia is trying to make sense of his or her world with declining cognitive function.

A delusion is not the same thing as a [hallucination](#). While delusions involve false beliefs, hallucinations are false perceptions of objects or events that are 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.

See the doctor

If a person with Alzheimer's is having severe delusions and there is a fear of self-harm or caregiver harm, or if the delusion or hallucination is extremely

troubling to the person, it's important to have a medical evaluation to determine if medication is needed.

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 the doctor to learn both the risks and benefits of medication before making a decision.

Learn more: [Medications for Behavioral Symptoms](#), [Alzheimer's Association Statement on Challenging Behaviors](#) (PDF)

How to respond

- Don't take offense. Listen to what is troubling the person, and try to understand that reality. Then be reassuring, and let the person know you care.
- Don't argue or try to convince. Allow the individual to express ideas. Acknowledge his or her opinions.
- Offer a simple answer. Share your thoughts with the individual, but keep it simple. Don't overwhelm the person with lengthy explanations or reasons.
- Switch the focus to another activity. Engage the individual in an activity, or ask for help with a chore.
- Duplicate any lost items. If the person is often searching for a specific item, have several available. For example, if the individual is always looking for his or her wallet, purchase two of the same kind.
- Share your experience with others. Join [ALZConnected](#), our online support community and message boards, and share what response

strategies have worked for you and get more ideas from other caregivers.