



MAJOR NEUROCOGNITIVE DISORDERS: DEMENTIA

Programme régional ambulatoire de gériatrie (PRAG)

HALLUCINATIONS, ILLUSIONS AND DELUSIONS



WHAT ARE THESE BEHAVIORS ?

Illusions

The person misinterprets a shape or object by one of his their senses (sight, hearing, etc.). For example, a sock lying on the floor may be perceived as a mouse or an insect.

Hallucinations

The person perceives an object without there actually being an item in the environment. The hallucinations can be visual or auditory (hearing). For example, seeing a relative who died several years ago on the sofa and talking to him or her.

Delusions

The person develops false beliefs about what surrounds them. For example, believing that you are a victim of theft when you have simply misplaced your wallet.



WHAT ARE THE POSSIBLE CAUSES ?

- ❖ Thirsty or wants to go to the bathroom.
- ❖ Pain or discomfort.
- ❖ Visual or hearing deficit.
- ❖ Anxiety.
- ❖ Difficulty orienting oneself in time and space.
- ❖ Environmental characteristics (too much/little stimulation, lack of lighting, untidy objects, shiny surfaces, mirrors, etc.)
- ❖ Need for social contact or communication.
- ❖ Side effects of the current medication.
- ❖ Linked to changes in the brain.
- ❖ Delirium (sudden and unusual change in behavior) seek urgent medical attention.



HOW TO PREVENT ?

**Please take a moment and consult the following document
« The Adapted Approach »**

- ❖ Make sure your loved one wears glasses and/or a hearing aid.
- ❖ Avoid moving items around so that there is no changes in their reference points.
- ❖ Keep the environment clean, uncluttered and well-lit.
- ❖ Notify your loved one of any changes and leave visual reminders (write a note on the calendar, leave a paper on the door when you leave, indicate where their wallet is, etc.)
- ❖ Remove objects that are likely to cause harm (knives, sticks, etc.).

HOW TO INTERVENE?

- ❖ Assess if the situation is dangerous (person sees a fire and wants to escape through the window). Intervene if necessary by being reassuring and ensuring that the environment is safe for everyone.
- ❖ If your loved one seems to be enjoying what they see or hear, do not intervene, but remain attentive.

- ❖ Do not try to reason with your significant other. Even if you do not understand what they see or hear, respect their reality.
- ❖ Avoid agreeing with your loved one. You can say, "Does what you can see or hear bother you?" or "I'll take care of it."
- ❖ If your loved one seems affected by what they saw/heard, take a moment to reassure and comfort them.
- ❖ If it is upsetting, create a diversion (discuss another topic, activity they enjoy, go to another room).
- ❖ If the symptoms become overwhelming and upsetting for your loved one, talk to doctor.

IMPORTANT!

If you are concerned that your loved one's behavior is becoming a danger to you or him/herself, call a family member to assist you or call 911 for safety.

In the event that your loved one exhibits behaviors that concern you, do not hesitate to contact:

- **Info-Santé/Info-Social 811**
- **Your assigned worker at the CLSC**
- **Discussion with the health care team**
- **A doctor**

The proposed strategies are suggestions for possible solutions to explore. Be creative and adapt them to your loved one, because you know your loved one the best!

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Phaneuf, M. (2007). *Le vieillissement perturbé : La maladie d'Alzheimer* (2^e édition). Montréal, Canada : Chenelière Éducation.
 Voyer, P., Gagnon, C. et Germain, J. (2009). *Gestion optimale des symptômes comportementaux et psychologique de la démence*. Repéré à https://www.ciusss-capitalenationale.gouv.qc.ca/sites/default/files/rmg3_aide-memoire_a_la_prise_de_decision_0.pdf