

BAI BEACON

*The Newsletter from Family and Community Services
Made possible by generous donations to Banner Alzheimer's Foundation*

www.banneralz.org • 602.839.6900 • July 2015 • Volume 8, Number 7

Understanding Psychosis in Dementia

One of the most frightening things for people with dementia and their families is when psychosis or psychotic symptoms appear. Psychosis is defined as “a sudden or chronic mental disorder in which thoughts and emotions are so impaired that contact is lost with external reality.” Often occurring in moderate to advanced dementia, psychotic symptoms do not mean the person is “mentally ill,” “crazy,” or schizophrenic. Common psychotic symptoms include the following:

- Delusions – are fixed false beliefs such as believing the well spouse is having an affair or thinking that someone is stealing from the person with dementia. Explaining reality or defending yourself does nothing to change the belief.
- Paranoid ideas – when others are suspected of doing or intending to harm the person with dementia.
- Hallucinations/illusions - Seeing, hearing, tasting, or feelings of being touched when there is nothing there. Most hallucinations are generally visual. Common illusions include complaints of children in the house, animals, or people.

Psychosis is generally caused due to symptoms of the underlying dementia. It is often triggered by:

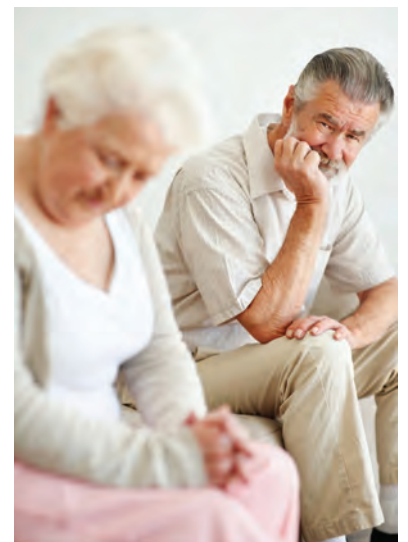
- Changes in visual perception (the eyes take the picture but the brain is unable to ‘develop the film’ correctly).
- Declining ability to reason.
- “Retro genesis,” a decline in the person’s developmental level and ability to understand the world around them.
- Illness, infections, constipation, pain, and adverse drug reactions.
- In some dementias, especially Lewy Body Dementia, people are expected to experience hallucinations.

Delusions and Paranoia

Delusions are fixed false beliefs about a wide variety of things that can become uncomfortable for the person and others living in the household. Common situations include accusing neighbors of selling drugs, someone trying to harm the person’s pet, or family members stealing from the person. Accusations of infidelity are also very common. It is not uncommon for the person to believe that (s)he has won a sweepstakes and keeps sending money to the organizer to get the prize. In any of these situations, trying to “re-orient” or reason with the person is futile. Keep in mind that delusions are not completely erased by medication therapies.

Paranoid behaviors are also fixed beliefs, but are characterized by delusions of persecution, unwarranted jealousy, or exaggerated self-importance, typically elaborated into an organized system. Typical paranoid ideas include thoughts that the family is taking the person’s money; the family is going to “lock me away;” or colleagues are “out to get me.”

Paranoia is especially common when hearing loss is present or when the person lives alone. Some paranoia may result in more grandiose ideas. For example, the person with dementia believes that he has special skills, such as being a “skilled knife fighter” and must protect his family from danger. Ideas may stem from previous life issues and result in excessive spending, hostility, and



Our Mission

To end Alzheimer’s disease without losing a generation, to set a new standard of care for patients and their families, and to forge a model of collaboration in biomedical research.

threats towards the object of paranoia. Refuting the ideas around paranoid beliefs does little to help and can actually escalate the agitation that is occurring. Paranoid ideas may result in wandering, attempts to injure others, or other unsafe behaviors.

Hallucinations v. Illusions

As noted, a hallucination is an experience of something that is not really there. Visual hallucinations (seeing things that are not really there) are the most common type of hallucination experienced by people with dementia. Common hallucinations can be as simple as seeing flashing lights, or as complex as seeing animals, people or bizarre situations. Less often in people with dementia, hallucinations can involve hearing (voices, for example), smelling, tasting or feeling things that are not really there. Hallucinations can occur for brief periods of time and/or on a daily basis. While hallucinations can be present in Alzheimer's disease, they are more commonly associated with Lewy Body Dementia or Parkinson's dementia.

People with dementia are often thought to be hallucinating when in fact they are making a mistake about what they have seen. Known as "illusions," these commonly occur in moderate to advanced dementia. Illusions are misperceptions of what the person is seeing and how the brain is interpreting the (memory) of the image. Triggers of illusions include television, family pictures, mirror images, and/or stuffed animals. In general, illusions are generally not frightening unless the illusion is part of a negative TV experience, such as seeing perpetrators of crime or terrorism.

Illusions tend to vanish once the trigger is removed; for example, turning off the television. In moderate dementia it is often difficult to plan activities so families and some residential facilities rely on television to "entertain" the person. This can result in delusions of evil, sexual activity, and even murders. If your person is experiencing illusions or delusions remember you cannot talk them out of it. Try turning off the television for 24-48 hours and see if the behaviors resolve. Several rules in regards to television include the following:

- Never watch anyone on TV whom you would not have to your home for dinner.
- Watch news (if at all) only twice a day, no more, and never before bedtime.
- Avoid murder, military and action programs.
- Don't think the person isn't watching. The damaged brain picks up everything!

What can you do if your person is experiencing psychotic behaviors?

1. Evaluate the situation

- Ask the person to describe the hallucination/illusion or delusion and then write it down. Note the time of day, location of the person and any changes in routine that might have triggered this. Also note if you are able to distract the person from the situation.
- Note if the environment is loud or chaotic or if the person is getting confused in the surroundings.

- Look for changes in routine, caregivers, and roommates.
- Is the person fatigued due to lack of rest?
- Consider if a new medication has been started or if a new or chronic health issue may be taking place.
- Have you noted the person to have conflicts with others who might wander, vocalize, or exhibit sexual disinhibition?

2. Intervene

- Be a detective - try to determine any triggers and remove them.
- Do not argue with the person or try to deny their perception.
- Reassure the person that (s)he is safe and you are taking care of the situation.
- Be sure the environment is supportive for the person. Adequate lighting, comfortable temperature, limit excessive noise, draperies closed at night, etc.
- Be sure the person is wearing glasses and hearing devices.
- Minimize TV exposure, especially to graphic or violent content. Avoid continuous news channels, graphic reality TV or talk shows.
- Increase activities and social contact for distraction including adult day health care or an in home companion.
- If the person is living alone, consider residential care or in-home companion care.
- Use "therapeutic fibbing" when the truth worsens the symptoms.
- If contacting people or the police, explain your person's underlying condition (i.e. the dementia).
- Assure the safety of the person and spouse, family members, or other people mentioned in delusions. Remove any weapons or ammunition from the home.
- Medical consultation and/or possible brief psychiatric admission may be necessary to stabilize medications and overall condition if the hallucination, delusions or paranoia are persistent and causing distress for the person.

3. Treatment with medications

When considering medications for psychosis, non-drug approaches are always a first-line treatment. Before taking an antipsychotic medication, make sure you know of the potential risks associated with medication treatment of psychosis and monitor accordingly. In general, elderly patients with dementia will require lower dosages of medication than those used in younger patients.

Antipsychotic medications are most effective in the treatment of psychotic symptoms (hallucinations, delusions and/or paranoia), agitation and aggression. However these medications may carry an increased risk for stroke and sudden death in patients with dementia. These medications may also be associated with an accelerated cognitive decline (confusion). Make sure you have discussed the risks and benefits with the prescribing medical provider.

In general, medication treatment for psychotic symptoms is initiated only when symptoms:

- have no physical cause.
- are not caused by the effects of other medications.
- are not caused by environmental factors.
- have failed to respond to, or be appropriate for, non-pharmacologic interventions.

The family and medical provider must identify specific symptoms or behaviors that the medication will treat. The plan for medication treatment should be time limited (weeks to months) starting with lower doses and increasing slowly.

Medications for anxiety, called benzodiazepines (e.g. Ativan/lorazepam, Xanax/alprazolam), should be avoided as they are not particularly helpful in managing psychosis and may make symptoms worse.

In summary, delusions, paranoia, hallucinations and illusions can happen – especially in the moderate to advanced stages of dementia. When psychotic symptoms are present it is important to work closely with your dementia care team. Keeping and sharing a journal of symptoms, medications, and behaviors is essential to assure safety for all and to minimize distress and discomfort for the person.



Ask The Expert

Gerri Hall, PhD, GCS, FAAN

Advanced Practice Nurse, Stead Family Memory Center

Dear Geri:

My wife has had Alzheimer's disease for about seven years. Last fall she asked me if I was having an affair. I said "no" and didn't think much about it. I gave her a hug and told her she was the only girl for me. That didn't work. Over the past months she has brought it up more and more frequently, telling me she has seen us together. Now she is becoming increasingly agitated yelling at me to "get that woman out of my house!" one moment and telling me the woman should move in when I get "rid of my wife!" Geri, There is no other woman! Every time she mentions this I hug her and tell her I love her, and that I have no plans to put her anywhere. I also slip her a piece of candy. What else can I do? How can I convince her I love her forever?

Signed:
Alan

Dear Alan:

As you have probably learned, complaints of infidelity are common in people with dementia. What you described is a good example of that when a delusion starts, it is very difficult to get rid of. Her delusion is a fixed belief. You have probably noted that trying to reason with her only serves to increase her agitation and your frustration. The fact that you have kept a journal will be very helpful in trying to analyze this behavior. Begin by taking her to her primary care physician to make sure that there are no physical problems that may be contributing to this situation.

Since your strategy of telling her that you love her and giving her candy has not worked for months, it is time to try something new. I would suggest that you start with introducing new people and activities into her routine. Using an adult day program or hiring a companion to keep her engaged in pleasant events will get her mind of this situation – at least for a portion of the day. It is also important that you get a break from this situation as it is very tiring for you as well. If she asks about the woman, you can tell her you are sorry she feels that way and you love her or you can simply walk away and let her forget it. If these additional strategies don't help, it may be time to talk with your dementia specialist about some medication to dampen the intensity of the delusion. Clearly she is uncomfortable and so are you.

Hang in there Alan. You are a kind and loving husband in a tough situation. With your continued devotion, willingness to try new strategies and a good medical team, this delusion will pass in time.

For more information on this topic, we invite you to join the July 15 Dementia Dialogue Webinar/Teleconference from 12N – 1:00p.m. as Drs. Geri Hall and William Burke discuss "Understanding Psychosis." To register, call 623-832-3248 or visit www.banneralz/dementiadialogues.

Have a Question?

To submit your question for future consideration email us at:
baiinfo@bannerhealth.com

Banner Health
901 East Willetta Street
Phoenix, AZ 85006

CLINICAL TRIALS ANNOUNCEMENT

NOBLE is a clinical study to evaluate an investigational drug for patients with mild to moderate Alzheimer's disease. Participants will receive the study drug or a placebo. During this study, if you are already taking Aricept or Namenda, you will probably continue to take it along with the study drug or placebo. The investigational drug may work by protecting brain cells which would result in improved memory.



But, this has not been proven yet. We are doing this study to find out if this is true. The study will enroll 450 patients with mild to moderate Alzheimer's disease at many research sites across the United States. Total participation time is about 14 months, which includes

screening, about one year of study treatment, and follow up to check safety.

Selected eligibility include:

- Women and men aged 55 – 85 years old with mild to moderate Alzheimer's disease.
- Receiving donepezil (Aricept) treatment for at least 6 months.
- Living in the community (not nursing home)
- Have a study partner that has regular contact with you about 10 hours per week and who will come with you to study visits with you.
- Weight of no more than 220 pounds..

For more information, call 602-839-6500 to talk with a representative from the BAI/BSHRI clinical trials team.

To join us in preserving memories, call 602-747-GIVE (4483) or visit www.banneralz.org/waystogive. The memories we save could be your own.

July 2015 Program Schedule

CAREGIVER EDUCATION PROGRAMS

GILBERT

COMPASS: Directions for Caregivers after the Dementia Diagnosis

Learn the basics of Alzheimer's disease/related dementia and how to implement 8 practical strategies to avoid many of the common problems that arise.

Tuesday, July 21; 10 a.m. – 11:30 a.m.
Banner Gateway Medical Center
1900 N. Higley Road, Gilbert
Free but registration is required.
To register, call (602) 839-6850

PHOENIX

COMPASS: Directions for Caregivers after the Dementia Diagnosis

Learn the basics of Alzheimer's disease/related dementia and how to implement 8 practical strategies to avoid many of the common problems that arise.

Wednesday July 8; 10 a.m. – 11:30 a.m.
Banner Alzheimer's Institute
901 E. Willetta Street, Phoenix
Free but registration is required.
To register, call (602) 839-6850

Planning Ahead Class for Caregivers

Learn how to plan for legal, financial and medical decisions for someone with Alzheimer's disease/related dementia.

Tuesday, July 14; 4:00 p.m. – 6:00 p.m.
Banner Alzheimer's Institute
901 E. Willetta Street, Phoenix
Free but registration is required.
To register, call 602-839-6850

PHOENIX (CON'T)

Caregiver FOCUS: Music as Self-Care

Join music therapist Jane Shallberg and learn how you can use music to lift your mood and soothe your soul in your busy lives as caregivers.

Thursday, July 16; 12:30 p.m. – 2:00 p.m.
Banner Alzheimer's Institute
901 E. Willetta Street, Phoenix
Free but registration is required.
To register, call 602-839-6850

Brain G.Y.M. (Grow Your Mind)

Learn how lifestyle choices can minimize the risk of Alzheimer's disease and then "flex" your cognitive muscles as you determine how to exercise your brain.

Friday, July 17; 12:30 p.m. – 3:00 p.m.
Banner Alzheimer's Institute
901 E. Willetta Street, Phoenix
Free but registration is required.
To register, call (602) 230-CARE (2273)

Problem Behaviors: Solutions that Work

Learn about the most common types of behavior problems in dementia and a variety of solutions to minimize them.

Tuesday, July 21; 10:00 a.m. – Noon
Banner Alzheimer's Institute
901 E. Willetta Street, Phoenix
Free but registration is required.
To register, call (602) 839-6850

Please turn over for more classes →

These programs are made possible by the generous support of the Banner Alzheimer's Foundation.

July 2015 Program Schedule CAREGIVER EDUCATION PROGRAMS

SUN CITY

BSHRI Lecture Series: Clinical Trials 101

Learn more about studies being offered to find more effective treatments for Alzheimer's disease and determine if it is right for you.

*Wednesday, July 8; 2:00 p.m. – 3:30 p.m.
Banner Sun Health Research Institute
10515 W. Santa Fe Drive, Sun City
Free but registration is required.
To register, call (623) 832-3248*

Planning Ahead Class for Caregivers

Learn how to plan for legal, financial and medical decisions for someone with Alzheimer's disease/related dementia.

*Wednesday, July 15; 2:00 p.m. – 3:30 p.m.
Banner Sun Health Research Institute
10515 W. Santa Fe Drive, Sun City
Free but registration is required.
To register, call (623) 832-3248*

COMPASS: Directions for Caregivers after the Dementia Diagnosis

Learn the basics of Alzheimer's disease/related dementia and how to implement 8 practical strategies to avoid many of the common problems that arise.

*Friday, July 24; 1:00 p.m. – 2:30 p.m.
Banner Sun Health Research Institute
10515 W. Santa Fe Drive, Sun City
Free but registration is required.
To register, call (623) 832-3248*

To learn about upcoming education and support programs dates at:

- Banner Alzheimer's Institute, visit www.banneralz.org and click on "Events Calendar" icon or call Deidra Colvin, Events Coordinator at 602-839-6850
- Banner Sun Health Research Institute, visit www.bannershri.org and click on "Events and Education" or call Veronica Flores, Events Coordinator at 623-832-3248

SUN CITY (CON'T)

BSHRI Lecture Series: Veterans Affairs for Seniors

*Friday, July 31; 2:00 p.m. – 3:30 p.m.
Banner Sun Health Research Institute
10515 W. Santa Fe Drive, Sun City
Free but registration is required.
To register, call (623) 832-3248*

WEBINAR/TELECONFERENCE

Dementia Dialogues: Understanding Psychosis

Hallucinations, delusions and paranoia can happen in people with dementia and can be frightening for both the person and caregiver. Learn why this happens and what can be done to manage these symptoms.

Wednesday, July 15; 12:00 p.m. – 1:00 p.m. MST (AZ Time) Free webinar but registration is required online at www.bannershri.org under event/education and online education. Any questions in regards to this program, call (623)832-3248

