

Managing Delusion and Paranoia in Dementia



The Geriatric Medicine service provides inpatient and outpatient specialist care to older persons aged 75 years and above. Specialist assessment and individualised holistic management are offered to elderly with bladder and bowel-control problems, memory, mood and behavioural problems and multiple falls or difficulty walking. Patients are cared for by a multi-disciplinary team comprising doctors, nurses, physiotherapists, occupational therapists, speech therapists, dietitians, pharmacists, podiatrists and medical social workers, where necessary.

What is Delusion?

Delusion is a mix of false but fixated beliefs that the person with dementia has and perceives to be true.

What is Paranoia?

Paranoia is a type of delusion and it involves believing that others harbour ill intent towards them. Such beliefs are untrue.



Some Common Paranoia and Delusions

- People stealing their money or belongings
- Uninvited people have been to their home
- Their home is not their home, their spouse/caregiver is an impostor, inanimate objects (e.g. dolls) are real
- Their spouse has been unfaithful sexually or otherwise
- They have been abandoned or institutionalised
- They are being followed, spied on, and secretly listened to

The following behaviours may result from delusion/paranoia and cause stress to those around them:

- Hoarding/hiding things
- Accusations and suspicions
- Resistance to care
- Agitation that leads to aggression

Possible Reasons for Paranoia and Delusion

- Progression of dementia.
- Medical conditions such as infection, pain, stroke, constipation, malnutrition, dehydration or other discomfort; psychiatric illness; side effects of medication.
- Memory loss. People with dementia are often unaware of their poor memory and will blame it on someone or something else.
- Insecurity and anxiety.

- Sensory overload.
- Sensory defects, e.g. poor eyesight or hearing.
- Change in environment or caregiver.

Coping Strategies

- **Consult a doctor** if you suspect that the person's paranoia and delusion are linked to medical conditions such as infections or side effects from medication. Anti-psychotic drugs may be prescribed for behaviours deemed to be very stressful or dangerous to self/others.
- **Identify the cause and alter the environment**, e.g. ensuring similar objects are around to assure them there is no loss or theft.
- **Provide explanations and reassurance without challenging belief**, e.g. do not argue or try to convince them, but offer a simple explanation in a calm and reassuring manner.
- **Distract them** by switching focus to another activity/topic, or replying with a joke.



- **Avoid physical restraint** which they could misinterpret as someone preventing them from escaping a dangerous situation.
- **Do not automatically dismiss beliefs**
Accusations should be tactically investigated.
- **Do not take offence**
Explain to family members and caregivers not to take their behaviour seriously. Explain to them that it is part of dementia.
- **Provide regular caregivers and consistent routines**
Arrange to have the same caregiver care for the person with dementia. Schedule the same routines daily.
- **Maintain a familiar environment**
If the person is relocating, pack familiar items to help them adjust better. Make sure the new environment is well lit and does not have shadows or glares.

Examples of Paranoia and How to Manage Them

- **Accusing spouse of having an affair:**
 - Reply with humour: “You think anyone will fall in love with me?”
 - Show empathy: “I can see that you are upset, who wouldn’t be?”
 - Distract with other topics

- **Accusing caregiver/family member of poisoning their food and drink:**

- Allow them to participate in preparing the meal, watch you cook or scoop food onto their plate

- **Accusing caregiver/family member of stealing the misplaced items:**

- Verify that the accusations are untrue
- Do not scold the person for losing or hiding the items
- Provide reassurances and respond to the feelings behind the accusation rather than the accusation itself e.g. “I see this frightens you. I can help you find the missing items” or with non-verbal cues like a gentle hug or touch
- Try to distract the person, e.g. “I will help you look for that item. Let’s go for a walk now” or distract them with music, exercise, a game, reminiscence therapy etc.
- Look for or ‘investigate into’ the ‘stolen’ items
- If possible, keep a spare set of missing items such as glasses, purse, keys in the house
- Identify your loved one’s favourite ‘hiding places’ to find the misplaced items



For more information

Ng Teng Fong General Hospital and Jurong Community Hospital

1 Jurong East St 21, Singapore 609606

www.ntfgh.com.sg | www.jch.com.sg

Clinic opening hours

Monday – Friday: 8.30am – 5.30pm

Saturday: 8.30am – 12.30pm (Selected clinics only*)

Dental Clinic: Monday – Thursday: 8.00am – 5.30pm, Friday: 8.00am – 5.00pm

**Please refer to our websites for more details.*

General enquiries & appointments

General enquiries line: 6908 2222 (24-hr)

Fax: 6716 5500 | Email: contactus@nuhs.edu.sg

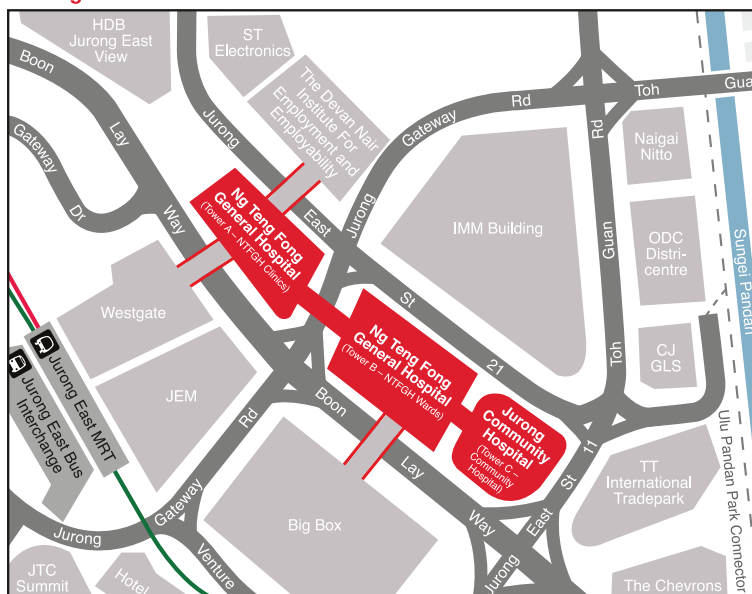
Appointment line: 6908 2222 (Monday – Friday: 8.00am – 5.30pm, Saturday: 8.00am – 12.30pm)

Fax: 6716 2200 | Email: appointment@nuhs.edu.sg

Dental appointment line: 6716 2233 (Monday – Friday: 8.00am – 5.30pm)

Fax: 6716 2200 | Email: JHCampus_Dental@nuhs.edu.sg

Getting there



By train

Alight at Jurong East MRT Station

By bus

Jurong East Bus Interchange

41, 49, 51, 52, 66, 66B, 78, 78A, 79, 79A, 97, 97E, 98, 98M, 105, 143, 143M, 160, 160A, 160M, 183, 183B, 197, 333, 334, 335, 506

Along Boon Lay Way

49, 99, 333, Private bus service 625, 990

Disclaimer:

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