

PSYCHOSIS IN LONG-TERM CARE – TIP SHEET

1. Psychosis most commonly involves delusions and hallucinations.
2. Delusions are fixed, false beliefs. Ideas that others are trying to harm you or take things from you are common in the nursing home.
3. Hallucinations involve having a sensory experience, whether seeing, hearing, smelling, tasting or feeling, that happens without anything to experience. The brain tricks the person into believing there is something to see, etc. Common hallucinations involve sight and sound, such as seeing and talking to a person who is not there.
4. Do not deny the delusion or hallucination but gather as much information as possible about their experience (“Where did you see the man outside the room?”).
5. Pay close attention to their level of distress. If someone thought others were stealing their jewelry or snakes were in their room they would be upset, angry, or frightened. “That must be frustrating to find all your rings missing,” is an appropriate way to begin the process of calming the resident. Redirection away from the environment where the experience happened can be helpful (“Let’s go sit in the lounge and talk.”)
6. Not all delusions or hallucinations require treatment. If one enjoys the cats they see in the room, or believes they are the Mayor of New York as long as no dysfunction occurs to them or anyone else it is riskier than beneficial to treat with medications.
7. Always make sure the experience is really psychosis. Illusions occur when residents misinterpret an object, such as a cord being a snake. Sometimes residents misperceive an actual event. Someone did enter their room last night, the CNA, but not to harm their roommate, but assist them to the toilet. As well, people do have items stolen or taken from them in a nursing home, so making sure the event did not occur is paramount.
8. Pay close attention to environmental triggers. Time of day, facility location, level of stimulus, individuals (whether staff, family or peers) , level of fatigue, acute illness symptoms can all lead to psychosis. Has there been a change in routine?
9. Assess to assure that vision and hearing are as good as they can be. Many people who have declining vision can see things and those with hearing loss can hear things. Make sure they have hearing aides in and eyeglasses on. Some people with hallucinations of music or talking hear this only when the hearing aides are out, such as when they go to bed.
10. For some demented resident television can prompt delusions, as if they are in the program itself.
11. People do awaken still in a dream-like state, believing the dream is ongoing.

Developed by Thomas Magnuson, MD, Brenda K. Keller, MD, CMD