CARING FOR PATIENTS WHO EXPERIENCE HALLUCINATIONS

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This article examines the incidence and causes of hallucinations, as well as detailing the different types of hallucinations. It also describes the nurse’s role when caring for a patient who is experiencing hallucinations.

Hallucinations are the result of dysfunction in the brain caused by the neurotransmitter dopamine (Kapur, 2003).

Hallucinations are sensory perceptions that are experienced in the absence of an external stimulus. An example is seeing or hearing things that are not really there. One example could be a recently bereaved person who ‘sees’ the person who has died. These perceptions can affect one or more of the senses.

Hallucinations may be under-reported for a variety of reasons. These include a fear of being diagnosed as mentally ill or of being reported to the police for illegal drug use. Another important factor is that findings in some research studies may be under-represented in certain groups of people, such as older people.

INCIDENCE

Ohayon (2000) found that out of a sample of 13,000 adults, 38.7% reported experiencing hallucinations, 6.4% had hallucinations once a month, 2.7% had them once a week and 2.4% had them more than once a week.

It is evident that certain diseases or disorders are associated with specific hallucinations. Patients with a diagnosis of psychotic or anxiety disorders are more likely to suffer from visual and auditory hallucinations, while drug users are more likely to suffer from tactile hallucinations.

Schneider and Dagerman (2004) stated that 40–50% of patients diagnosed with Alzheimer’s disease developed hallucinations in the latter stages of the illness. It was also found that hallucinations in children are rarely experienced under the age of eight; however, approximately 40% of children diagnosed with schizophrenia suffer from visual or auditory hallucinations.

The National Sleep Foundation (2007) supported studies in both the US and the UK (Ohayon, 2000), looking at people during normal sleep and wake cycles. They found that 30–37% of adults had experienced hypnagogic hallucinations, which occur just before falling asleep, and 10–12% of adults reported hypnopompic hallucinations, which occur as a person awakens.

CAUSES OF HALLUCINATIONS

There are a variety of causes that are both physical and psychological. These include the following:

- Electrical or neurochemical activity in the brain causes some people to experience a hallucinatory sensation called an aura before migraine;
- Auras are also experienced by some people with epilepsy before an epileptic seizure and often include smell (olfactory) and touch (tactile) auras;
- Brain disease or brain damage can cause changes in brain function and produce hallucinations;
- Fever as a result of infection can cause hallucinations in children and older people;
- Severe medical illness, such as liver failure, kidney failure or brain cancer, can cause hallucinations;
- Prolonged stress can impede thought processes and trigger hallucinations;
- Sleep deprivation and exhaustion cause physical and emotional exhaustion and can induce hallucinations by blurring sleep and wakefulness;
- Sensory deprivation is caused when the brain lacks external stimulation to form perceptions. It may compensate by forming hallucinatory perceptions; these can occur in people who are blind or deaf;
- Hallucinogenic drugs such as ecstasy, LSD, mescaline and psilocybin (found in ‘magic’ mushrooms) can trigger hallucinations. Cannabis also has hallucinatory effects;
- Some prescription medications may cause hallucinations;
- Drug and alcohol withdrawal also induces tactile and visual hallucinations – with alcohol withdrawal this is seen when the person is suffering from delirium tremens (DTs);
- Up to 75% of patients admitted for treatment for schizophrenia reported suffering from hallucinations;
- Delirium or dementia;
- Psychotic depression;
- Post-traumatic stress disorder (PTSD) is often suffered by war veterans – many combat veterans diagnosed with PTSD experience auditory hallucinations;
- Visual and olfactory hallucinations have been reported by survivors of rape and childhood sexual abuse.

DIFFERENT TYPES OF HALLUCINATIONS

All five senses – hearing, sight, touch, taste and smell – can be affected. Although auditory and visual hallucinations are the most common ones experienced by patients, other types may affect different senses. These include touch, where the person has the feeling that creatures may be crawling over the skin (tactile hallucinations), experiencing a peculiar taste.
Causes of visual hallucinations

- Hypnagogic hallucination;
- Peduncular hallucinosis;
- DTs;
- Parkinson’s disease and Lewy body dementia;
- Migraine coma;
- Charles Bonnet syndrome;
- Focal epilepsy.

Hypnagogic hallucinations occur just before falling asleep and are associated with narcolepsy, a disorder shown by uncontrollable brief episodes of sleep. Low levels of neurons and low levels of the neurotransmitter hypocretin are the main cause of this disorder.

Peduncular hallucinosis: the peduncle is the neural tract running to the pons in the brain. It is believed that problems in this area can cause hallucinations. The person has insight and is fully conscious. These hallucinations occur in the evenings.

DTs are caused due to withdrawal from alcohol in late-stage alcoholism. The person may be agitated and confused, with poor sleep and insight.

Hallucinatory symptoms are similar in both Parkinson’s and Lewy body dementia. Symptoms occur in the evening and sensory perceptions are affected.

Migraine coma is a type of hallucination experienced during recovery from a coma when conscious. Depression may be evident and the person has insight.

Charles Bonnet syndrome is the name given to visual hallucinations experienced by people who are blind; they usually occur in the morning and evening. People who are blind and who experience these hallucinations are usually aware they are hallucinating and cope with it by opening and closing the eyelids until the hallucinations disappear (Rovner, 2002).

Focal epilepsy can cause localised visual hallucinations that last for a few seconds. Even though consciousness may be impaired, the person still has insight.

THE NURSE’S ROLE

People experiencing hallucinations may also have disturbed thoughts and may become disinterested in others and their surroundings. They may also find it difficult to maintain interpersonal skills and form relationships. Disturbances in behaviour and social functioning can cause the following problems:

- Withdrawal;
- Decreased motivation;
- Poor self-care;
- Poor interpersonal relationships.

An assessment of a patient’s needs is essential and must consider the following:

- Ensure physical needs are met – these include nutritional needs, sleep and self-care needs;
- Maintain safety – a risk assessment must be undertaken as patients may become a risk to themselves or to others;
- Monitor for withdrawn behaviour;
- Assess for disturbances in thought processes.

Nurses need to listen to clients with acute mental illness to begin to understand their communication difficulties and to observe for abnormal behaviour. It is important to show kindness, compassion and patience and to report any new problems. Clients with schizophrenia may have strong positive and negative experiences that cause emotional conflict. Many clients with mental health problems suffer from acute psychotic episodes that have a major impact on their own lives and their families. Some people diagnosed with schizophrenia experience auditory and visual hallucinations.

The National Collaborating Centre for Mental Health (2003) has developed a full national clinical guideline on core interventions for schizophrenia in both primary and secondary care. It focuses on pharmacological intervention to treat and manage schizophrenia, and the main priority is the importance of taking oral antipsychotic drugs. The guideline also recommends psychological intervention to manage schizophrenia. These include cognitive behaviour therapy, counselling, psychotherapy and social skills training.