



KEY POINT SUMMARY

DESIGN IMPLICATIONS

A patient's surroundings should be arranged so that noisy TV and radio broadcasts are avoided and there are simple room furnishings and plenty of light. Design elements should allow adequate room for family visits so that emotional needs can be addressed.

Delusions and Underlying Needs in Older Adults with Alzheimer's Disease

Wang, J., Cheng, W., Lai, P., & Pai, M. 2014 | *Journal of Gerontological Nursing* Volume 40, Issue 12, Pages 38-47

Objectives

The purpose of this study was to understand the influences of earlier life experiences and the current environment on delusions, as well as the underlying needs of individuals with Alzheimer's disease (AD) experiencing delusions. Roughly 30% to 60% of AD patients have delusional symptoms that may be impacted by their past experiences and/or environmental elements.

Methods

An exploratory research design with a qualitative approach was used to collect data from family caregivers of individuals with AD. Data collection ended after 20 participants were interviewed and saturation was reached (when no new information was acquired). Care recipients were between the ages of 69-92 and caregivers were mostly women between the ages of 41 and 80. Directed content analysis was used to guide the development of categories/themes common to participants.

Findings

This study noted that delusions of individuals with AD were often connected to negative or unpleasant experiences or work/responsibilities from earlier in their life. The main types of delusions experienced by participants of this study were delusions of theft and misidentification. Delusions of spousal infidelity and persecution were also described. Approximately 50% had more than one type of delusion. The most common past negative experiences had to do with being burglarized, family disputes and extramarital affairs – events that left a significant impact. Memory impairment and confusion related to previous life responsibilities often led individuals to believe they still needed to perform their old tasks. Words and acts of caregivers influenced care recipients when harsh tones were used when



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speaking or when caregivers rummaged through the belongings of care recipients in order to help them find something.

Sound stimulation influenced delusions through television programs and noisy environments such as road construction. Dim lighting impacted delusions because of the decrease in perceptions that dim lighting caused. The decrease in perceptions hindered care recipients from recognizing acquaintances or keeping their sense of direction. Physical discomfort or loneliness often triggered delusions and can be interpreted as a means of communicating to care providers. Further, when care recipients are in a safe place, their delusions often decrease or disappear.

Caregivers often take care of patients without taking in to account the latter's personal needs, resulting in patients exhibiting behavior for lack of other communication means. With an increased understanding of delusions in AD patients, caregivers can take the past into consideration and develop meaningful strategies to change aspects of the environment that disturb individuals to as to alleviate the occurrence and severity of their delusions.

Limitations

Information was collected from the caregiver point of view. Future research that examines perceptions of early-stage AD patients themselves, AD patients from different generations, or from different ethnic or cultural groups should also be considered.