

The Thurston-Mason Senior News

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“Seeing Things”

“My husband sees and talks to relatives who have long passed away. I often hear him speaking to them in the morning after waking. Why is he so disoriented, confused and talking to people who are not there? What do I do about it?”

It is not unusual for someone with a dementia to see and speak with others who are not physically present. There are various reasons and most reasons are based on the brain’s chemical and neurological changes and losses.

The question here is about seeing things in the morning. Waking from a deep sleep is a challenge for the brain. Going from a resting dream state to wakefulness requires a lot of sensory input, cognitive energy, and adequate blood sugar to make the connections from a no-time, no-place sleep state to one which is defined by time and place.

When someone with dementia is leaving the sleep state, but not fully awake, their dreams may continue. They may begin to talk out loud to whomever they were dreaming about, because their body is no longer arrested due to sleep paralysis. Sleep paralysis, regulated by the brain stem, specifically the Pons, mostly inhibits movement from dreams, like when you cannot get your legs to move to escape from danger in a bad dream.

In the transition from sleeping to wakefulness the brain no longer arrests body movements, you might find your husband talking or gesturing to someone he just dreamed about and is continuing to do so in semi-wakefulness.



In addition to the nuances of the brain sleep functions, the brain does not differentiate between what it thinks and what it experiences, this also includes dreams. If your husband, who has dementia, was dreaming of relatives who have passed, he may wake thinking he did. He may even continue the conversation with them as you observed him on some mornings. The confusion between something dreamed and something experienced is often seen in children. They may recall dreams as something which actually occurred or they experienced. The monster was under the bed last night or they did go to Disneyland last week.

Delirium is treatable metabolic condition which has symptoms similar to dementia, such as seeing things that are not there, confusion and difficulties with short term memory. Delirium can also occur in someone who has a dementia, possibly compounding certain symptoms. Therefore it is important to keep in mind the potential for someone with a primary diagnosis of dementia to also have a metabolic issue including infections, especially urinary tract infections.

Delirium has two dominant categories: hyper and hypo. Hyper is most notable because of overt symptoms such as visual hallucinations, agitation, suspicions/paranoia, and disorientation. Hypo is less noticeable and can look like depression or

fatigue. But it too is often a treatable, temporary condition.

“So what do I do for my husband who is talking to people he just had a dream about?”

When people with dementia are transitioning from sleep to wakefulness, caregivers must use skill to draw them out and help them reconnect. Start with gentle orientation; calling their name, perhaps touching their forearm or stroking their cheek. Wait for their response or recognition that you are there. Look for signs they are connecting to you and their surroundings. Have a snack ready to help them raise their blood sugar, especially if they have been asleep for a long time or through a meal time.

If these suggestions do not help them, there is likely another issue. This would be the time to consult your doctor and come to a Dementia Study Group.

This article is a service of the Lewis Mason Thurston Area Agency on Aging. For more information about the Family Caregiver Support Program, call (360) 664-2168 and ask to speak with a Resource Manager or visit our website at WWW.LMTAAA.ORG