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Delusions in Alzheimer's Disease: Dr Jeckyll and Mr Hyde-Real Experiences from a Wife

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Introduction

Alzheimer's disease (AD) is the most common form of dementia. AD is a chronic and progressive neurodegenerative disorder in people above the age of 65. In this case the AD can be related to different genes like the APP (Amyloid Beta Precursor Protein), the presenilin 1 and 2. Anyone with the mutation in these genes has a 50% chance of inheriting the pathogenic variant and developing the AD to their children (o kids o non saprei se si parla di figli). The presence of the ε4 allele gene related to the Apolipoprotein E (APOe) is the strongest risk factor for AD developing which may also cause late onset AD. AD is characterized by the histopathology that include beta-amyloid plaque formation, and intraneuronal neurofibrillary tangles. The pathological accumulation of the protein beta-amyloid and Tau leads to neuronal death that can be visible through a Nuclear Magnetic Resonance.

The core symptoms of AD includes progressive cognitive and neuropsychiatric symptoms and a progressive loss of independence. In this article I would like to focalize attention on the behavioral and psychological symptoms in AD, since the neuropsychiatric symptoms are the first cause of hospitalization in AD patients and have a significant influences on patient and caregiver's quality of life.

Delusions in Alzheimer's Disease

Depression is now recognized to be present from the early stage of AD. Differential diagnosis were often made between the early stage of AD and major depression, especially in elderly people. In the following phases of the illness apathy, aggression, and psychosis become more and more present. The caregivers must cope also with the aberrant behaviors, such as agitation, irritability, crying, hyperactivity, delusions and hallucinations.

A particular condition is called "sundowing syndrome" revealed by the emergence or the increment of neuropsychiatric symptoms in the late afternoon, evening or at night. This phenomenon associated with increased confusion and restlessness in patients. These behavioral alteration is perceived as disturbing by the caregivers. In this case caregivers use prescribed antipsychotics or sedatives to calm the patients but it is not uncommon a buildup of the symptoms. Delusions and hallucinations are frequent during night time.

This is the story of LL. He was a 59-year-old, right-handed male with 13 years of formal education. He was a truck driver, as long as motor symptoms (essential tremors of the hands) did not compromise the working activities. He was married and had a daughter and a little dog. Symptoms of onset were mild and started at age of 33 years after a surgical operation in general anesthesia. The cognitive symptoms included attention, memory and executive impairments and his mood was depressed. In the moderate stage of the illness he began to suffer of delusions of jealousy and paranoia. He became aggressive and his language foul. He thought he was being spied on by the window and did not recognize common objects confused with bullets. In the severe stage of the illness he did not recognize his house, his wife, his daughter and his dog. He became aphasic but he could answer simple questions written on a sheet using "yes" or "no". He suffered from chronic pleurisy and decompensated heart failure. LL died at 59 years due to respiratory complications [1].

Set out below is a description of some real experiences of serious behavioral alterations collected by the wife of LL during the severe phase (GDS: 7, severe dementia) of the disease of her husband. She wrote about the delusions and the hallucinations because "they are so incredible that I can't believe how a mind can produce these thoughts". She reported to be very scared in those moments. She tried to administer drugs to the need such as antipsychotics and high doses were ineffective too. After some hours the delusion vanished, the husband started to sleep again, then she began to write.

It is also frequent that the patient suffers of "anosognosia", a deficit of self-awareness in which individuals have no awareness about their disability.

In this case the patient cannot walk alone and he has to use a wheelchair for several months although he is convinced that he can stand up. His wife writes that "he tried to get up from the wheelchair and he felt down to the ground."

In this case the patient does not appear to be aware of his motor impairments. The caregivers try to him that is dangerous to get up alone, but people with dementia cannot be aware of their disability or they cannot learn from experience. In the middle stage of the illness the anosognosia and the aberrant motor behaviors are very frequent and the risk of falling down is very common.

After his fall to the ground the patient didn't recognize his wife. The wife writes: "he didn't recognize me. He thought I was another person. He asked me if I were an alien or a soul in pain on the earth. At 23.20 he was surprised to see me and he told me that he had met a person who looked like me taking my seat".

This is a rare condition called "Capgras'syndrome". The core symptoms is a delusional misidentification syndrome in which close family members were replaced by look-alike imposters.

During the night the patient can wake up suddenly and he want to go to the bank, or to the church without any reasons. The patient can become aggressive and it is necessary to keep calm and try to persuade him that is not necessary to go out immediately. The wife also writes: "He asks if I need a car ride, he says that he wants to go to the church

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because there are works in progress there. He wants to wear his shoes because he must go out. I tried to explain him that is 4.00 a.m., he can see the darkness and I also try to explain him that we are in our house. He didn't believe me. He said that his wife looked exactly like me. I also tried to bring him to the kitchen, to the living room, on the wheelchair. When we came back to the bedroom he didn't not recognize the room, he said it was a bar where he had never been. I let him touch the bed and in the meanwhile he felt asleep".

Caregivers are afraid of delusions like this because it is difficult to calm a patient who is convinced doing thinks such as going to the church.

Other facts comprise delusion of theft in which the patient believes that people were stealing their things, delusions of jealousy in which the patient believes that his/her spouse or sexual partner was unfaithful, somatic delusions relates to misperception, such as the sensation of insect sting, belief in that his/her house is not his/her home and delusion of abandonment.

Delusions are a consequence of alteration of the frontal lobe which can be present in different form of dementia but also in psychotic disease. In patients with AD and other dementia, delusions may occur also as a results of a physical illness, metabolic alterations, changes in the environment, loud noise or strong fright and so on. It's most important try to understand what is the cause of delusions in order to avoid repetition of delirium episodes.

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