PATIENT & FAMILY HANDOUT

Frightening beliefs and hallucinations during delirium

To help families respond safely and compassionately when a person sees, hears or strongly believes something that others do not.

What may be happening

Delirium can cause hallucinations, such as seeing or hearing something that is not present. It can also cause suspicious or frightening beliefs. These experiences can feel completely real to the person. Poor lighting, unfamiliar surroundings, noise, pain, illness, or difficulty seeing or hearing may add to distress.

Respond to the feeling, not the claim

- Approach slowly from the front and say who you are.
- Use a calm voice and short sentences.
- Acknowledge the emotion: "That sounds frightening. I am here with you."
- Do not mock, challenge or argue at length.
- Do not confirm a frightening belief that you know is untrue. Offer a simple, reassuring explanation of what is happening now.

Make the setting easier to understand

- Check glasses and hearing aids.
- Improve lighting and reduce confusing shadows where possible.
- Reduce noise, crowding and unnecessary stimulation.
- Use a clock, calendar and familiar objects for gentle orientation.
- If distress is increasing, step back, keep everyone safe and seek staff help.

Tell the clinical team

Describe what the person is seeing, hearing or believing; when it began; what seems to worsen or ease it; and whether anyone is at risk. The team should look for and manage possible causes. Calm reassurance, simple language, giving space and reducing stimulation should come first. Any decision about medicine requires individual clinical assessment.

Urgent action If hallucinations or frightening beliefs begin with sudden confusion at home, in the UK call 999 or go to A&E now and do not drive yourself. In hospital or a care home, tell staff immediately, especially if the person is very distressed, less responsive, at risk of harm or essential care cannot be provided safely. Outside the UK, call your local emergency number or use your local emergency service.

Verified sources

- NHS inform: Symptoms and support for delirium
- NICE CG103: Distress, communication and de-escalation
- NHS: What to do while waiting for help
- SIGN 157: Risk reduction and management of delirium

Use and review: UK-focused general education. This resource supports but does not replace clinical assessment, individual advice or current local guidance. Prepared from source materials curated by Professor Alasdair MacLullich, University of Edinburgh; AI-assisted production. Professor MacLullich led development of the 4AT and reports no financial interest in its uptake. Final named human clinical approval is required before use in patient care. Independent resource; not an official University of Edinburgh or NHS publication.