My Newest Favorite Hallucination

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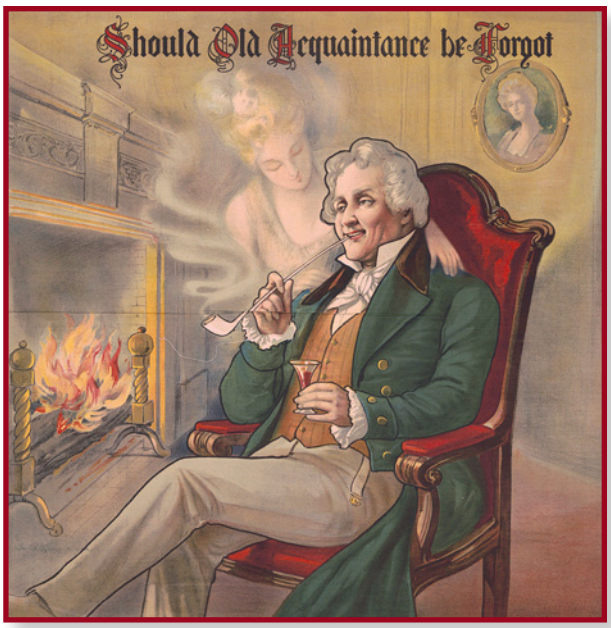
About one-third of people treated with medications for Parkinson's disease have visual hallucinations. I learned early in my career to ask about them because patients were often reluctant to mention them for fear of being labelled as "crazy." I also realized in asking about hallucinations early on, which generally brings a smile to most patients' faces, that if they eventually do develop, the patient and family are not panicked. They think, "So that's what Dr. Friedman was asking about…They're not so bad." It's important to know about hallucinations because the patients and their families need reassurance that they are not, in fact, "going crazy," that it's a side effect of the medications they take for mobility, and their presence alters how we treat their disease.

Early on in the disease, the hallucinations, which may occur in any sensory modality, are usually visual, unlike hallucinations in schizophrenia and other primary psychiatric disorders, which are generally only auditory. More importantly, the hallucinations in PD generally have no emotional significance. An elderly woman saw her deceased husband at night. When asked how this made her feel, responded, "How should it make me feel? He's dead." Unlike schizophrenia, in which the voices criticize the patient, telling them unpleasant things, "Can't you see that everyone hates you?...You're rotting on the inside….You have cancer and are dying." PD patients see ordinary people, or people in clown costumes, children, pet dogs or cats and even statues. Even when the people are odd appearing, as without faces, or Lilliputian in size, possibly living in a houseplant, they are usually not disturbing. Sometimes they are entertaining. Unfortunately, sometimes they are not, but that is not for this short essay.

I have a store of hallucination stories. Most are fairly mundane, a stranger reading a book, three children playing cards, two girls dressed in tutus dancing ballet in the driveway, a dog that is sometimes an old pet that died, sometimes another dog or cat, people climbing trees in the yard. I once had a patient who took photos of the hallucinations to convince me they were, in fact, real. He saw them in his photos, too, but no one else did. Until this week I had a favorite hallucination that I heard twenty years ago. "Do you see things that aren't really there?" "Yes." "What do you see?" "I see people outside my house." "If they're outside, how do you know they're not really there?" "Well, every morning when I sit down to eat breakfast, there's a group of nuns, wearing habits, who come over to my house and start building me a deck." "Yup. Sounds like an hallucination."



Chromolithographic print from 1905 titled "Auld Lang Syne." [COURTESY OF LIBRARY OF CONGRESS PRINTS AND PHOTOGRAPHS DIVISION. HTTPS://HDL.LOC.GOV/LOC.PNP/PPMSCA.46118]

Even though most PD patients aren't bothered by their hallucinations, they generally do not like the idea that their mind is playing tricks on them, and they may worry that they mistake hallucinations for reality. They undermine one's ability to rely on the perception of reality. Occasionally patients do like the hallucinations and prefer to keep them. My patient liked seeing the nuns visiting each day. It was an entertainment. One elderly man liked seeing the baby in his room that appeared every night. "He's so good. He never makes any noise," he told me with a smile.

I guess it's like having a short, reliably entertaining LSD trip, or a very realistic daydream. Since most hallucinations occur in low-stimulus environments, like watching TV alone in a dimly lit room, a patient can usually make the hallucination disappear by turning on the lights or getting up and moving around. They always disappear when the patient approaches the hallucination and tries to touch it.

My newest favorite was described by a 70-year-old man whose hallucinations had been dramatically reduced by an adjustment of his medications. These had been bothersome mostly because they were so often present, rather than that the individual scenes and hallucinated characters were unpleasant. He now had the hallucinations only in the evening and he looks forward to them. Although it really wasn't any of my business, I asked him what he saw that was so pleasant. "Sometimes, I see my daughter and my granddaughter, both about 7 years old, playing together."

Unfortunately, patients don't get to choose their hallucinations. One sees nuns building a deck and another sees a nun in a habit with blood dripping from her mouth. One patient, who loves cats, enjoys the two cats that play by her chair and rub against her feet. She feels them but she can't pick them up because she learned from experience that they'd disappear. Unfortunately, she does not care for the man who appears on the other side of her visual field from where the cats are, who has no face. The absence of a face is not the real problem for her. That doesn't bother her. It's simply that a strange person who doesn't belong there keeps her from enjoying the cats. "And you don't have to put out any food or clean up after them," she joked, knowing that they were hallucinations.

When I chose to train in neurology, I really had no particular interest in behavior, per se. I was interested in language dysfunction, but, with further experience, and, perhaps, lack of any faculty with a similar interest, I was attracted to my current field of movement disorders, particularly drug-induced disorders like parkinsonism and tardive dyskinesia. But, as I saw an increasing number of people with Parkinson's disease, I started to discover all sorts of fascinating, important and previously overlooked behavior problems that were either intrinsic to the disorder, or iatrogenic. I am unsure if my interest in hallucinations and delusions in PD, both unfortunately common iatrogenic problems, preceded or followed my learning from a drug rep that, "You write more prescriptions for L-Dopa than anyone in New England." Since L-Dopa is only used to treat PD, it meant that I treated more PD patients than anyone in New England. That, however, meant that I caused more psychosis than any other doctor in New England.

There is a sort of happy ending to this story, though. Doctors and patients are much more aware of these problems, and we now have some effective drugs for treating them. And the hallucinations aren't all bad. ❖

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