

Visual hallucinations: a prevalence study among hospice inpatients.

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Prepared by: : Dr. Peter Lawlor

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Abstract:

The aim of the study was to determine the prevalence of visual hallucinations among hospice inpatients, and the prevalence of a number of possible associated risk factors.

One hundred consecutive admissions to St. John's Hospice in Wirral were screened for visual hallucinations in a semi-structured interview. The prevalence of opioid administration, other drugs known to cause hallucinations, brain tumours, liver metastases, bone metastases, lung metastases, known renal failure, eye disease, Alzheimer's disease, Parkinson's disease, other neurodegenerative disorder, psychiatric disorder and epilepsy were also recorded. Subjects were screened for cognitive function using the Folstein mini-mental state examination (MMSE). Survival times from assessment to death were calculated. The results were analysed using arithmetical means with 95% confidence intervals (CI) and odds ratios with 95% confidence intervals.

Almost half (47%) the patients had experienced visual hallucinations within the previous month. Hypnagogic or hypnopompic hallucinations of a person standing by the bedside were the commonest type. Median survival time for patients with hallucinations was 15 days (range 0-50 days) and for non-hallucinators was 11 days (range 0-89 days). There was no significant difference in cognitive scores between hallucinators and non-hallucinators. Hallucinations were associated with multiple possible risk factors in every case. Hallucinators were more likely to be taking opioids, although the association was not strong (odds ratio 4.48, 95% CI = 1.60 - 12.19), and were taking larger numbers of potentially hallucinogenic drugs. It is not clear why some patients on opioids hallucinate and others do not. Data on the prevalence of various possible risk factors yielded ample material for the planning of future studies.

Comments:

Strengths/uniqueness: This is one of the few prospective studies designed to assess the prevalence of visual hallucinations in hospice patients. The author used a semi-structured interview and, therefore, a systematic approach in her data collection.

Weakness: The author acknowledged that this was a preliminary study. The numbers were, therefore, too small to allow any statistical analysis regarding potential risk factors for hallucinations. Unfortunately, the author did not examine the prevalence of auditory or tactile hallucinations. The author's assessment of distress associated with visual hallucinations alone could clearly be criticized on the grounds of being overly exclusive. It is highly likely, therefore, that many of the patients with delirium were distressed by other aspects of their delirium such as disorientation, delusional activity, etc., which likely occurred in association with visual hallucinations.

Relevance to Palliative Care: As stated by the author in her discussion, these results shattered the myth

that hallucinations are relatively uncommon in hospice patients. Although the sample size was too small for any detailed statistical analysis, the results showed a trend for an association between hallucinatory activity and opioids, greater number of hallucinogenic drugs, and greater overall number of potential risk factors.