

# Paranoid. Me?

A healthy amount of skepticism is adaptive. Parents teach their children to be wary of strangers, and as youth we are taught not to believe everything we hear or read. Certain occupations, such as police, IRS agents, and newspaper editors, rely on skepticism to ply their trade. The problem comes when skepticism becomes paranoia.

Paranoia is a psychiatric condition where sufferers experience intense feelings of suspicion and persecution. No group is more affected than the elderly. By some accounts fifty percent of those with dementia suffer from some form of paranoia including delusions or hallucinations.

Although its causes vary, paranoia is a complex symptom of physical and psychological changes. Physical factors include mini strokes, medication intoxication, Parkinson's or Huntington's disease, and early-stage Alzheimer's.

Psychological factors include severe depression, dementia, and a combination of social isolation and reduced sensory capabilities.

Confused by a decline in their cognitive functioning and impaired hearing or vision, sufferers have the feeling of losing control. Unable to comprehend their diminished capacity and events that are occurring around them, they project their loss on to others.

Paranoia sufferers have little or no insight into their condition; they are absolutely convinced that they are being victimized. Lacking insight and in denial of their lost capacity, they believe that external forces are conspiring to control their lives. They often become frightened and anxious. In frustration and anger they may even strike out against those they believe are acting against them.

Isolation is an important factor contributing to paranoia in the elderly. Elders – more often women – who live alone, lack the normal checks on reality provided by social interaction. Left alone with their increasingly distorted thoughts, the isolated paranoiac is free to run amuck with his or her distortions.

We're not talking about paranoid schizophrenia

or paranoid personality disorders that generally develop much earlier in life -the bulk of which occur in the late teens and early twenties. Paranoid elders typically have no history of psychosis.

Paranoid elders suffer from a broad range of delusions, the most common of which are that others are stealing their money, have deserted them despite regular visits, are neglecting them physically, are trying to have them committed, or are improperly switching their medications. In some cases, they develop extremely bizarre and complicated delusions and hallucinations; a condition sometimes known as paraphernalia. They believe that they are being spied on by telescopes or television cameras, or are being recorded through microphones and tapes.

One client that comes to mind was a Birmingham resident who believed that wild bears lived in the bushes surrounding his home. He described his experience with such conviction and sincerity that it made me wonder whether there could really be bears in Birmingham! Another case was a reclusive Farmington woman who insisted that she was shot while walking down Grand River. When pressed as to why she didn't call the police or seek medical treatment, she said that she took the bullet out of her leg herself and threw it in the garbage.

It can be extremely difficult for someone new on the scene, such as an attorney, banker, or adult protective service worker, to separate fact from fiction. The prevalence of very real financial and physical abuse of seniors lends immediate credibility to every allegation. Every claim must be examined. Unfortunately, it can be difficult to determine whether the vulnerable adult is really being taken advantage of or is merely confused.

Under normal circumstances, the input of family members can be extremely helpful in assessing the elder's competence. Their long shared history and presumed objectivity can provide valuable insight to the investigator. However, such third party testimony may be unreliable when families



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are in conflict and the reporting family member stands to gain from the elder's delusion.

The object of the paranoid elder's delusion naturally tends to be those with whom they have the most contact. For example, a favored child who has been the most involved in their parent's care can find themselves accused of stealing. Aside from being extremely hurtful, the false accusations may set off simmering family conflict. False accusations may open the door to a disfavored child who has been waiting for just such an opportunity to discredit their favored sibling. The disfavored child may even knowingly fan the flames of their parent's delusion adding their own distortions and untruths. Riding the wave of paranoia, the parent is then taken to an attorney to change their estate plan in favor of the disfavored child.

It is important to identify paranoia early. A radical change in the relationships and long standing estate planning wishes of the elder should be a red flag of trouble. Periodic evaluation by a physician specializing in geriatrics will help identify lost capacity and potential confusion. Intervention by the probate court may be necessary to prevent the manipulation of the confused senior by competing family members.

Sorting fact from fiction is something we do every day; from reading the morning paper to the disclaimer on our bedtime medicine. We must all be vigilant to the real dangers that surround us, without blowing them out of proportion. As far as I know, there aren't any bears in Birmingham or snipers in Farmington, but I'm going to keep a wary eye open just in case.

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