

DISTINGUISHING CHARACTERISTICS OF DELIRIUM, DEMENTIA AND DEPRESSION

	DELIRIUM	DEPRESSION	DEMENTIA
DEFINITION	Delirium is characterised by an acute fluctuating onset of confusion, disturbance in attention, disorganised thinking and/or decline in level of consciousness	A change of mood that lasts at least two weeks with feelings of sadness and loss of interest and pleasure in usual activities	Dementia is a gradual and progressive decline in mental processing ability, affecting memory, communication, language, judgement and abstract thinking
ONSET	<ul style="list-style-type: none"> • Sudden onset over hours or days 	<ul style="list-style-type: none"> • Variable: Weeks to months. • May coincide with life changes 	<ul style="list-style-type: none"> • Gradual onset over months to years
COURSE	<ul style="list-style-type: none"> • Reversible with early treatment but can cause serious disability or death • Often fluctuates over 24 hour period • Worse at night and on awakening 	<ul style="list-style-type: none"> • Usually reversible with treatment • Often worse in the morning 	<ul style="list-style-type: none"> • Progressive. • May be slowed with treatment but not reversed
MEMORY	<ul style="list-style-type: none"> • Impaired - recent and immediate memory 	<ul style="list-style-type: none"> • Generally intact or may be minimally impaired • Can be selective • In severe cases can present as a pseudo-dementia 	<ul style="list-style-type: none"> • Impaired - recent and remote memory
THINKING	<ul style="list-style-type: none"> • Fluctuates between rational and disorganised/ distorted thinking • Fluctuating alertness and cognition 	<ul style="list-style-type: none"> • May be indecisive • Reduced concentration • Low self esteem • Feelings of hopelessness 	<ul style="list-style-type: none"> • Difficulty with abstract thinking • Poor decision making • May have word finding difficulty
PERCEPTION	<ul style="list-style-type: none"> • Distorted: Illusions, delusions and / or hallucinations • Difficulty distinguishing between reality and misperceptions 	<ul style="list-style-type: none"> • Themes of guilt and self loathing • May experience delusions and/or hallucinations in severe depression 	<ul style="list-style-type: none"> • Signs may include delusions of theft/ persecution • Hallucinations depending on type of dementia e.g. Lewy Body Dementia
SLEEP	<ul style="list-style-type: none"> • Disturbed but no set pattern- may have nocturnal confusion, day/night reversal 	<ul style="list-style-type: none"> • Disturbed • Early morning waking or hypersomnia 	<ul style="list-style-type: none"> • Normal to fragmented • May have nocturnal wandering and confusion
MOOD	<ul style="list-style-type: none"> • Variable – irritable, aggressive, fearful 	<ul style="list-style-type: none"> • Depressed • Flat, sad, withdrawn • Changes in appetite • Diminished interest in usual activities 	<ul style="list-style-type: none"> • Variable – irritable, apathetic, labile • Depressed mood often present in early dementia
DIAGNOSIS	<ul style="list-style-type: none"> • Diagnosis based on rapid onset of fluctuating symptoms • Can be mistaken for progression of dementia 	<ul style="list-style-type: none"> • May deny being depressed but exhibit anxiety • Others may notice symptoms first • Increased complaints of physical illness • Social withdrawal is common 	<ul style="list-style-type: none"> • Usually diagnosed approximately 2-3 years after onset of symptoms • Must rule out other cause of cognitive decline e.g. depression or delirium

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References: Vancouver Island Health Authority (2006) Delirium in the Older Person.
Registered Nurses Association Ontario (2003) Screening for Delirium, Dementia and Depression in Older Adults.