

## Differentiation of Delirium, Depression, and Dementia

**Delirium:** An acute confusional state caused by a variety of treatable illnesses or conditions. Delirium is a serious problem which may be unrecognized or mistaken for the natural progression of dementia. If unrecognized and untreated, the morbidity and mortality is high.

**Depression:** A mental state characterized by depressed mood, sadness, discouragement, and despair. Depression is frequently diagnosed, particularly when the resident is physically ill. Diagnosis may be complicated because depression may be mistaken for dementia (and vice-versa), each may present as the other, and they may coexist. Alteration in memory, attention, and executive function suggest depression. Marked visuospatial or language impairment suggests dementia. Drug interactions (polypharmacy) can produce depression and contribute to cognitive impairment. However, medication reactions and interactions can also cause delirium, so careful evaluation is necessary.

**Dementia:** An organic mental disorder characterized by loss of intellectual capabilities involving impairment of memory, judgment, abstract thinking, learning, decision-making, language and personality changes. Dementia develops when the parts of the brain are affected by one or more infections or diseases. The most common cause of dementia is Alzheimer's disease, but there are as many as 50 other known causes. Most of these causes are very rare.

	<b>Delirium</b>	<b>Depression</b>	<b>Dementia</b>
<b>Onset</b>	Sudden	Gradual or rapid	Gradual
<b>Course</b>	Short, fluctuating, worse at night, or in darkness. If treated, seldom lasts less than a month.	Often worse in morning, but fluctuates. Variable course, usually 6 weeks or more. Can be months to years.	Symptoms stable but progress slowly. Lasts for years.
<b>Orientation</b>	Fluctuating level of awareness, disorientation, clouding of sensorium, decline in level of consciousness	Oriented or disoriented	Disoriented
<b>Memory</b>	Recent and immediate past memory impaired	Selective impairment	Recent and remote impaired
<b>Thinking</b>	Fragmented, distorted and disorganized. Speech may be incoherent.	Thinking is intact, but clouded with hopeless, helplessness, and self-deprecation	Unable to think in abstract, difficult finding words, judgment impaired
<b>Perception</b>	Distorted, delusions, illusions, hallucinations, unable to differentiate reality from misperception	Perception is intact except in severe cases	Misperceptions usually absent
<b>Behavior</b>	Variable; agitation or apathy, inability to perform ADL s, disturbances in attention span, may have perceptual disturbances (hallucinations)	Variable; apathy, agitation, change in appetite, self neglect, poor concentration, decreased interest, changes in psychomotor activity, sleep disturbance, fatigue.	Agitation, inability to perform ADL s, inability to make plans, apathy, increased dependence, changes in sleep-wake cycle
<b>Affect</b>	Varies	Despair, worry	Labile, flat

	<b>Delirium</b>	<b>Depression</b>	<b>Dementia</b>
<b>Alertness</b>	Fluctuates	Normal	Usually normal
<b>Speech</b>	May be incoherent and inappropriate or coherent and appropriate	Coherent, may not want to talk	Repetitive; initially may lie to cover problem. In later stage does not conceal deficits
<b>Attention span</b>	Decreased, fluctuating	Clear	Easily distracted
<b>Judgment</b>	May be good or poor	Appears impaired	Poor
<b>Sleep/wake cycle</b>	Disturbed, often reversed	Disturbed; often awakens early in the morning. May sleep most of the day.	Fragmented and variable.
<b>Prognosis</b>	Good; resolves with treatment	Good; resolves with treatment of cause or with treatment of depression	Poor; unable to reverse cause

***Note: The information listed here is for educational purposes only. Always follow your facility policies and procedures, physician orders, and state laws.***