



Delirium, depression and dementia can have overlapping symptoms and are often misdiagnosed or untreated as a result. They can also exist concurrently, making diagnosis and treatment more difficult. This chart summarizes some of the similarities and differences between them. Keep in mind that these are trends and each person with any of these may present with different symptoms.

	Delirium	Depression	Dementia
Definition	Characterized by an acute and fluctuating onset of confusion, disturbances in attention, disorganized thinking and/or decline in level of consciousness.	A cluster of depressive symptoms is present on most days, for most of the time, for at least 2 weeks. A biologically based illness that affects a person's thoughts, feelings, behaviour, and physical health.	A progressive loss of cognitive functioning – thinking, remembering, and reasoning – to such an extent that it interferes with a person's daily life and activities
Cause	Usually multifactorial: may include acute illness, medications, dehydration, environmental changes	Alteration in neurotransmitter function – can be triggered by stress, grief, medications and other causes	Many different types and causes. No one clear cause.
Onset	Sudden Onset: Hours to days	Recent unexplained changes in mood that persist for at least 2 weeks.	Gradual deterioration over months to years
Duration	Usually less than one month but can have long term outcomes	Months, can be chronic	Years – terminal illness
Course	Usually reversible	Usually recover within months; can be relapsing	Not reversible
LOC	Can be hypervigilant, normal, or dull, or a mix of these	Normal or slowed	Normal
Orientation	Impaired short-term memory, acutely confused	Usually intact	May be disoriented
Mood	Fluctuations in emotions – outbursts, anger, crying, fearful	Depressed mood, diminished interest or pleasure, possible suicidal ideation, hopelessness	Apathy is a common symptom - may feel threatened or defensive
Thinking	Disorganized, incoherent, rambling	Reduced memory, concentration and thinking, low self-esteem, pessimistic	Cognitive decline in multiple domains
Attention	Usually disturbed, hard to direct or sustain	Difficulty concentrating	Usually intact
Sleep/wake	Disturbed but with no set pattern. Differs night to night	Hyper or hypo somnolence	May be disturbed with an individual pattern occurring most nights
Psychomotor	Hyperactive: agitation, restlessness, hallucinations Hypoactive: unarousable, very sleepy Mixed: combination of both	Often withdrawn, decreased motivation/interest	May be agitated or withdrawn