

7. What are the differences between delirium, depression, and dementia?

Delirium, dementia and depression can all manifest with cognitive symptoms which overlap at times. The following chart was adapted from several sources (Arnold, 2004; Canadian Coalition for Seniors' Mental Health, 2006; Mittal et al., 2011; Saxena & Lawley, 2009) and outlines some of the characteristics that can help differentiate delirium from dementia and depression.

Comparison of the features of delirium, dementia and depression:

Feature	Delirium	Dementia	Depression (includes psychotic depression)
Onset	Acute (hours to days)	Insidious (months to years)	Acute or insidious
Acuity	Acute illness, medical emergency	Chronic, progressive	Episodic
Course	Fluctuates hourly, lucid periods in a day confusion usually worsens at night	Stable throughout the day; Chronic; progresses slowly	Relatively stable; May be self-limiting, recurrent, or chronic; symptoms worse in the morning, improve during the day
Duration	Days to months; not always reversible	Months to years Progressive and irreversible; ends in death	Variable
Consciousness	Reduced; Fluctuates	Clear until late in the course of the illness	Clear
Hallucinations	Gross distortions, Frequent hallucinations, Usually visual or visual and auditory	Often absent in early stages; in later stages may have hallucinations, especially visual	May have hallucinations (predominantly auditory)
Delusions	Fleeting, poorly systematized	Often absent	May have sustained, systematized delusions
Attention/ concentration	Impaired	Normal, except in late stages	May be disordered
Orientation	Usually impaired, at least for a time	Impaired as disease progresses	Selective disorientation
Memory	Immediate and short term memory impaired	Memory impaired, gradually worsening as disease progresses	May be selectively or minimally impaired; concerns about memory
Psychomotor	Increased, reduced or shifting unpredictably	Often normal	Varies from retardation to hyperactivity (in agitated depression)
Speech	Often incoherent; slow or rapid	Usually coherent until late stage	Normal, slow or rapid
Thinking	Disorganized or incoherent	Limited, impoverished and vague	Impoverished, retarded; usually organized
Physical illness or drug toxicity	One or both present	Often absent in Alzheimer's disease	Usually absent, but debatable
Affect	Variable	Variable	Depressed
Sleep/wake cycle	Disturbed; changes hourly	Disturbed; day/night reversal	Disturbed with early-morning waking; hypersomnia during the day

References:

Arnold, E. (2004). Sorting out the 3 D's: Delirium, dementia, depression. *Nursing*, 34(6), 36–42.

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Saxena, S. & Lawley, D. (2009). Delirium in the elderly: A clinical review. *Postgraduate Medical Journal*, 85, 405–413.

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