

DELIRIUM + 2Ds COMPARISON TABLE

	Delirium	Dementia	Depression
Definition	Delirium is a medical emergency which is characterized by an acute and fluctuating onset of confusion, disturbances in attention, disorganized thinking and/or decline in level of consciousness Delirium cannot be accounted for by a preexisting dementia; however, can co-exist with dementia.	Dementia is a gradual and progressive decline in mental processing ability that affects short-term memory, communication, language, judgment, reasoning, and abstract thinking. Dementia eventually affects long-term memory and the ability to perform familiar tasks. Sometimes there are changes in mood and behaviour. Common types include: <ul style="list-style-type: none"> • Alzheimer disease (40–60%) • Vascular dementia (10–20%) • Lewy Body dementia (15–20%). 	Depression is a term used when a cluster of depressive symptoms is present on most days, for most of the time, for at least 2 weeks and when the symptoms are of such intensity that they are out of the ordinary for that individual. Depression is a biologically based illness that affects a person’s thoughts, feelings, behaviour, and even physical health.
Onset	Acute Subacute Depends on cause Often at twilight	Insidious Chronic	Variable Often abrupt Coincides with life changes
Duration	Hours to days to weeks and less than 1 month Seldom longer	Months to years	Variable At least 2 weeks but can be months to years
Course	Fluctuating Short, diurnal variations in symptoms, worse at night, in the dark and on awakening	Slowly progressive Relatively stable over time	Diurnal variation Worse in morning, improves during day Situational fluctuations but less than acute confusion
Progression	Abrupt	Slow but even	Variable, rapid-slow but uneven
Consciousness /Awareness	Impaired Fluctuates Reduced	Clear until late in the course of the illness	Clear Unimpaired
Stability	Variable hour to hour	Fairly stable	Some variability
Alertness	Fluctuates Lethargic or hypervigilant	Generally normal	Normal
Attention	Inattentive Fluctuates Impaired	Generally normal	Difficulty concentrating Minimal impairment Distractable
Memory	Poor memory Recent and immediate impaired	Poor memory Recent and remote impaired	Intact Minimally impaired Selective or patchy “Islands” of intact memory
Affect /Emotions	Variable Irritable Aggressive Fearful	Variable Apathetic Labile Irritable	Depressed Loss of interest and pleasure in usual activities Flat, unresponsive, sad May be irritable



	Delirium	Dementia	Depression
Thinking	Disorganized Distorted Fragmented Slow or accelerated Incoherent	Difficulty with abstractions Thoughts impoverished Make poor judgments Words often difficult to find	Intact with themes of hopelessness, helplessness, indecisiveness, or self-deprecation
Perception	Distorted: illusions, delusions and/or hallucinations Difficulty distinguishing between reality, misperceptions	Misperceptions often absent Lewy body dementia will have hallucinations present	Intact In severe cases may experience delusions and hallucinations
Sleep-Wake Cycle	Disturbed Nocturnal confusion Reversed: up at night, very sleepy or non-responsive during day	Normal to fragmented Nocturnal wandering and confusion	Disturbed Usually early morning awakening Hypersomnia
Mental Status Testing	Testing is variable Dependent on cognition fluctuations	Attempts to answer and not aware of mistakes	Capable of giving correct answers Often states "I don't know"
Standardized Tests	CAM (Confusion Assessment Method)	MMSE (Folstein) (Mini- Mental Status Exam) MOCA (Montreal Cognitive Assessment) Clock Drawing Test	Geriatric Depression Scale (without dementia) Cornell Depression Scale (with dementia)
Prognosis	Treatable and reversible condition Medical emergency Increased risk of relapse, morbidity and mortality	Treatments in early stages may slow progression Non-reversible condition	Treatable and reversible condition
Other Features	Other physical disease may not be obvious		Past history of mood disorder
DSM-IV Diagnostic Criteria	<p>A. Disturbance of consciousness (i.e., reduced clarity of awareness of the environment) with reduced ability to focus, sustain or shift attention.</p> <p>B. A change in cognition (such as memory deficit, disorientation, language disturbance) or the development of a perceptual disturbance that is not better accounted for by a preexisting, established or evolving dementia.</p> <p>C. The disturbance develops over a short period of time (usually hours to days) and tends to fluctuate during the course of the day.</p> <p>D. There is evidence from the history, physical examination or laboratory findings that the disturbance is caused by the direct physiological consequences of a general medical condition</p>	<p>A. The development of multiple cognitive deficits manifested by both</p> <ol style="list-style-type: none"> 1. memory impairment: impaired ability to learn new information or to recall previously learned information 2. one or more of the following cognitive disturbances: <ol style="list-style-type: none"> <i>a) aphasia (language disturbance)</i> <i>b) apraxia (impaired ability to carry out motor activities despite intact motor function)</i> <i>c) agnosia (failure to recognize or identify objects despite intact sensory function)</i> <i>d) disturbance in executive functioning (e.g., organizing, planning, sequencing, abstracting)</i> <p>B. The cognitive deficits in the above criteria (Criteria A1 and A2) each cause significant impairment in social or occupational functioning and represent a significant decline from a previous level of functioning.</p>	<p>Five (or more) of the following symptoms have been present during the same two-week period and represent a change from previous functioning; at least one of the symptoms is either (1) depressed mood or (2) loss of interest or pleasure.</p> <ol style="list-style-type: none"> <i>1. depressed mood most of the day, nearly every day</i> <i>2. marked diminished interest or pleasure in normal activities</i> <i>3. significant weight loss or gain</i> <i>4. insomnia or hypersomnia nearly every day</i> <i>5. psychomotor agitation or retardation nearly every day</i> <i>6. fatigue or loss of energy nearly every day</i> <i>7. feelings of worthlessness or excessive guilt</i> <i>8. diminished ability to think or concentrate, or indecisiveness</i> <i>9. recurrent thought of death or suicidal thoughts/actions</i>

Canadian Coalition for Seniors' Mental Health (CCSMH) (2006). *National Guidelines for Seniors' Mental Health. The Assessment and Treatment of Delirium*. Toronto, ON: Author/Baycrest. Registered Nurses Association of Ontario (RNAO) (2003). *Screening for Delirium, Dementia and Depression in Older Adults. Nursing Best Practice Guideline*. Toronto, ON: Author. The Royal Australian College of General Practitioners (2006). *"The Silver Book": Medical Care of Older Persons in Residential Aged Care Facilities* (4th ed.). South Melbourne, Australia: Author.



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VIHA: Delirium in the Older Person
www.viha.ca

Primary Care Version
RGPC: ML van der Horst
www.rgpc.ca

