

DELIRIUM + 2DS COMPARISON TABLE 1

| | 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: • 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. |

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DELIRIUM + 2DS COMPARISON TABLE 3

| | Delirium | Dementia | Depression |
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| 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 |

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DELIRIUM + 2DS COMPARISON TABLE 2

| | Delirium | Dementia | Depression |
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| 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 |

DELIRIUM + 2DS COMPARISON TABLE 4

| | Delirium | Dementia | Depression |
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| 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 |
| 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 |

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| 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 nonresponsive 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" |

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| 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>A. The development of multiple cognitive deficits manifested by both</p> <p>1. memory impairment: impaired ability to learn new information or to recall previously learned information</p> <p>2. one or more of the following cognitive disturbances:</p> <p>a) <i>aphasia (language disturbance)</i></p> <p>b) <i>apraxia (impaired ability to carry out motor activities despite intact motor function)</i></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> <p>1. depressed mood most of the day, nearly every day</p> <p>2. marked diminished interest or pleasure in normal activities</p> <p>3. significant weight loss or gain</p> |

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| 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 |

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| DSM-IV Diagnostic Criteria | <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>c) <i>agnosia (failure to recognize or identify objects despite intact sensory function)</i></p> <p>d) disturbance in executive functioning (e.g., organizing, planning, sequencing, abstracting)</p> <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>4. insomnia or hypersomnia nearly every day</p> <p>5. psychomotor agitation or retardation nearly every day</p> <p>6. fatigue or loss of energy nearly every day</p> <p>7. feelings of worthlessness or excessive guilt</p> <p>8. diminished ability to think or concentrate, or indecisiveness</p> <p>9. recurrent thought of death or suicidal thoughts/actions</p> |

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.