VANCOUVER ISLAND health authority

THE 3 D's

Comparison of DEPRESSION, DELIRIUM And DEMENTIA

	Depression	Delirium	Dementia
Definition	A change in mood which lasts at least 2 weeks and includes sadness, negativity, loss of interest, pleasure and/or decline in functioning.	An acute or sudden onset of mental confusion as a result of a medical, social, and/ or environmental condition.	Progressive loss of brain cells resulting in decline of day-to-day cognition and functioning. A terminal condition.
Duration	At least 6 weeks, but can last several months to years, especially if not treated.	Hours to months, dependent on speed of diagnosis.	Years (usually 8 to 20)
Thinking	May be indecisive and thoughts highlight failures and a sense of hopelessness.	Fluctuates between rational state and disorganized, distorted thinking with incoherent speech.	Gradual loss of cognition and ability to problem solve and function independently.
Mental status testing	Capable of giving correct answers, however often may state "I don't know"	Testing may vary from poor to good depending on time of day and fluctuation in cognition.	Will attempt to answer and will not be aware of mistakes.
Memory	Generally intact, though may be selective. Highlights negativity.	Recent and immediate memory impaired.	Inability to learn new information or to recall previously learned information.
Sleep-wake cycle	Disturbed, usually early morning awakening.	Disturbed. Sleep-wake cycle is reversed (up in night, very sleepy and sometimes non-responsive during the day)	Normal to fragmented
Hallucinations & delusions	Can be present in a severe depression. Themes of guilt & self-loathing.	Often of a frightening or paranoid nature	Can be present. May misperceive. In Lewy Body dementia visual hallucinations are present.
Diagnosis	May deny being depressed but often exhibit anxiety. Others may notice symptoms first. Increased complaints of physical illness. Social withdrawal is common.	Diagnosis based on rapid onset of fluctuating symptoms. Can be mistaken for progression of the dementia.	Usually diagnosed approximately 3 years after onset of symptoms. Must rule out other cause of cognitive decline, e.g. depression or delirium.

	Depression	Delirium	Dementia
Care approaches	Identify the symptoms of depression early. Help person to follow treatment plan & offer them hope.	Early recognition is key. Keep person safe, find cause of the delirium and treat as quickly as possible.	Maintain and enhance abilities that remain. Focus on the positive and support the lost abilities.
Prognosis	Treatable and reversible condition.	Treatable and reversible with early diagnosis but can lead to permanent disability or death	Progression can be slowed but not reversed.
Treatment	Antidepressants, ECT, interpersonal therapy, behavioural-cognitive therapy. Assist person to improve confidence and self-esteem through conversation and activity.	Treat underlying cause. Monitor response. Be alert for relapse; occurs in 90% of cases	Cholinesterase inhibitors slow the progression of some dementias. Symptomatic treatment with environmental & staff approaches.

Sources: Forman, MD & Zane, D. (1996). Nursing strategies for acute confusion in elders. American Journal of Nursing, 96(4), 44-51; Lipowski, Z. (1989). Delirium in the elderly patient. The New England Journal of Medicine, 320(9), 578-582.