

Appendix D: Comparison of the Clinical Features of Delirium, Dementia, and Depression

FEATURE	DELIRIUM	DEMENTIA	DEPRESSION
Onset	Acute	Chronic, progressive decline	Variable; may appear abruptly and coincide with life changes
Course	Short, fluctuating, and often worse at night	Long, progressive, stable loss over time	Diurnal effects; typically worse in the morning
Duration	Typically, short (hours to less than 1 month) Can be persistent	Chronic (months to years)	Signs and symptoms present for at least 2 weeks, but may persist
Alertness	Lethargic or hyper-alert Fluctuates	Normal until late stage	Normal
Attention	Inattention Unfocussed Distracted Fluctuates	Generally normal May decline with disease progression	Minimal impairment Distractible Poor concentration
Orientation	May be impaired Fluctuates in severity	Increasing impairment over time	Selectively intact Answers “I don’t know”
Memory	Recent memory impaired	Recent memory impaired Remote memory is increasingly impaired with progression of disease	Selective or patchy impairment, “islands” of intact memory
Thinking	Disorganized Disconnected Tangential Rambling Incoherent	Difficulty with abstract thinking Poor judgment	Intact; themes of hopelessness, helplessness, and guilt; rumination
Perception	Acute onset hallucinations, delusions, or illusions common	May be longstanding (e.g., dementia with Lewy bodies) or may occur at late stage of illness (e.g. Alzheimer’s dementia)	Rarely impaired; hallucinations absent except in severe cases (psychosis)

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