Delirium Toolkit:
A COMPARISON OF DELIRIUM, DEMENTIA AND DEPRESSION

More than 7 million hospitalized Americans suffer from delirium each year[1] with many more adults experiencing debilitating episodes of delirium in skilled nursing facilities and other post-acute care settings. Understanding the differences between delirium, dementia and depression can help reduce delirium associated lengths of stay, emergency department visits and rehospitalizations and have a positive impact on early identification and treatment.

COMPARISON OF DELIRIUM, DEMENTIA AND DEPRESSION

	Delirium	Dementia	Depression
Definition	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.	A change in mood which lasts at least 2 weeks and includes sadness, negativity, loss of interest, pleasure and/or decline in functioning.
Duration	Hours to months, dependent on speed of diagnosis.	Years (usually 8 to 20)	At least 6 weeks, but can last several months to years, especially if not treated.
Thinking	Fluctuates between rational state and disorganized, distorted thinking with incoherent speech.	Gradual loss of cognition and ability to problem solve and function independently.	May be indecisive and thoughts highlight failures and a sense of hopelessness.
Mental status testing	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.	Capable of giving correct answers, however often may state “I don’t know”.
Memory	Recent and immediate memory impaired.	Inability to learn new information or to recall previously learned information.	Generally intact, though may be selective. Highlights negativity.
Sleep-wake cycle	Disturbed. Sleep-wake cycle is reversed (up in night, very sleepy and sometimes non-responsive during the day).	Normal to fragmented.	Disturbed, usually early morning awakening.
Hallucinations & delusions	Often of a frightening or paranoid nature.	Can be present. May misperceive. In Lewy Body dementia visual hallucinations are present.	Can be present in a severe depression. Themes of guilt & self-loathing.

	Delirium	Dementia	Depression
Diagnosis	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.	May deny being depressed but often exhibits anxiety. Others may notice symptoms first. Increased complaints of physical illness. Social withdrawal is common.
Care approaches	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.	Identify the symptoms of depression early. Help person to follow treatment plan & offer them hope.
Prognosis	Treatable and reversible with early diagnosis but can lead to permanent disability or death	Progression can be slowed but not reversed.	Treatable and reversible condition.
Treatment	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.	Antidepressants, ECT, interpersonal therapy, behavioral-cognitive therapy. Assist person to improve confidence and self-esteem through conversation and activity.

1. **American Delirium Society: https://americandeliriumsociety.org/patients-families/what-is-delirium/**
2. **Victorian Government: https://www.health.vic.gov.au/patient-care/differential-diagnosis-depression-delirium-and-dementia**

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.

Community Coalition Delirium Toolkit:

A COMPARISON OF DELIRIUM, DEMENTIA AND DEPRESSION PRE AND POST LEARNING ASSESSMENT

Recommendations:

- Utilize this learning assessment tool before and after review of the Delirium Comparison Tool to document understanding and identify additional learning needs.
- Utilize as one component of a comprehensive strategy for prevention, early identification and management of delirium. Additional delirium tools, resources and webinars can be found at: https://quality.allianthealth.org/topic/delirium/.

Name of Individual completing Assessment: _____ ID Number (if required): _____

Date of Pre-Learning Assessment: _____ Assessment Score: _____

Pre-Learning Assessment

1. Inability to learn new information or to recall previously learned information best describes memory challenges associated with:	☐ Delirium ☐ Dementia ☐ Depression
2. Gradual loss of cognition and ability to problem solve and function independently best describes the impact on cognitive abilities associated with:	☐ Delirium ☐ Dementia ☐ Depression
3. Signs and symptoms of delirium can be mistaken for progression of dementia.	☐ True ☐ False
4. Delirium is a cause of discomfort and distress but does not lead to permanent disability or death prevention.	☐ True ☐ False
5. Relapse occurs in up to 60% of patients/residents who have had at least one episode of delirium.	☐ True ☐ False
6. Care plan approaches targeted towards maintaining and enhancing abilities that remain and which focus on the positive and support the lost abilities are best suited for a patient/resident with:	☐ Delirium ☐ Dementia ☐ Depression

Name of Individual completing Assessment: _____ ID Number (if required): _____

Date of Post-Learning Assessment: _____ Assessment Score: _____

Post-Learning Assessment

1. Sleep-wake cycle reversals (up in night, very sleepy and sometimes non-responsive during the day) best describes the sleep cycle of a resident with:	☐ Delirium ☐ Dementia ☐ Depression
2. Symptom progression can be slowed but not reversed once a patient/resident exhibits signs and symptoms of delirium.	☐ True ☐ False
3. Relapse occurs in 90% of delirium cases.	☐ True ☐ False
4. Fluctuations between rational state and disorganized, distorted thinking with incoherent speech best describe the thinking of a patient/resident with:	☐ Delirium ☐ Dementia ☐ Depression
5. Will attempt to answer and will not be aware of mistakes best describes the testing response of a patient/resident with:	☐ Delirium ☐ Dementia ☐ Depression
6. Treatable and reversible with early diagnosis but can lead to permanent disability or death is the prognosis for most patients with delirium.	☐ True ☐ False

Pre-Learning Assessment

1. Inability to learn new information or to recall previously learned information best describes memory challenges associated with:	☐ Delirium ☒ Dementia ☐ Depression
2. Gradual loss of cognition and ability to problem solve and function independently best describes the impact on cognitive abilities associated with:	☐ Delirium ☒ Dementia ☐ Depression
3. Signs and symptoms of delirium can be mistaken for progression of dementia.	☒ True ☐ False
4. Delirium is a cause of discomfort and distress but does not lead to permanent disability or death prevention.	☐ True ☒ False
5. Relapse occurs in up to 60% of patients/residents who have had at least one episode of delirium.	☐ True ☒ False
6. Care plan approaches targeted towards maintaining and enhancing abilities that remain and which focus on the positive and support the lost abilities are best suited for a patient/resident with:	☐ Delirium ☒ Dementia ☐ Depression

Post-Learning Assessment

1. Sleep-wake cycle reversals (up in night, very sleepy and sometimes non-responsive during the day) best describes the sleep cycle of a resident with:	☒ Delirium ☐ Dementia ☐ Depression
2. Symptom progression can be slowed but not reversed once a patient/resident exhibits signs and symptoms of delirium.	☐ True ☒ False
3. Relapse occurs in 90% of delirium cases.	☒ True ☐ False
4. Fluctuations between rational state and disorganized, distorted thinking with incoherent speech best describe the thinking of a patient/resident with:	☒ Delirium ☐ Dementia ☐ Depression
5. Will attempt to answer and will not be aware of mistakes best describes the testing response of a patient/resident with:	☐ Delirium ☒ Dementia ☐ Depression
6. Treatable and reversible with early diagnosis but can lead to permanent disability or death is the prognosis for most patients with delirium.	☒ True ☐ False

Additional delirium tools and resources can be accessed on the Alliant Health Solutions website at https://quality.allianthealth.org/topic/delirium/

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