

CLINICAL FEATURES OF DEMENTIA, DELIRIUM & DEPRESSION

	Dementia	Delirium	Depression
Onset	Insidious	Acute	Gradual
Duration	Months/years	Hours/days/?? weeks	Weeks or months
Course	Stable & progressive (unless vascular dementia – usually stepwise)	Fluctuates - worse at night Lucid periods	Usually worse in morning, improves as day goes on.
Alertness	Usually normal	Fluctuates	Normal
Orientation	May be normal – usually impaired for time and place	Fluctuates, but will always be impaired in some aspect: Time, Place, Person?	Usually normal
Memory	Impaired recent & sometimes remote memory	Recent impaired	Recent may be impaired Remote intact
Thoughts	Slowed Reduced interests Perseverant Delusions are common	Often paranoid & grandiose ? bizarre ideas & topics ? paranoid	Usually slowed, and preoccupied by sad and hopeless themes
Perception	?normal	Visual & auditory hallucinations common Delusions are common	About 20% have mood-congruent auditory hallucinations
Emotions	Shallow, apathetic, labile, ? irritable, careless	Irritable Aggressive Fearful	Flat, unresponsive or sad and fearful. May be irritable.
Sleep	Often disturbed. Nocturnal wandering common. Nocturnal confusion.	Nocturnal confusion and/or "sundowning" common.	Early morning wakening.
Other features		Physical causes may not be obvious (see table below)	? Past history of mood disorder.

Source: Commonwealth Dept. Health & Human Services (1996) *Dementia Kit*. Canberra: AGPS

POSSIBLE CAUSES OF DELIRIUM OR AGITATION

Metabolic	Hyperthyroidism, hypothyroidism, hypercalcaemia, hyponatraemia
Infections	Urinary tract infection, pneumonia, septicaemia
Neurologic	Stroke, subarachnoid haemorrhage
Traumatic	Chronic pain, head trauma, fractures such as hip and rib
Systemic	Hypoglycaemia, Vitamin B12 deficiency, folate deficiency
Medications	Sedatives, antihistamines, alcohol, anticholinergics
Mechanical	Environmental barriers to movement, restraints, wheelchairs
Gastric	Faecal impaction or severe diarrhoea (may cause metabolic problems also)
Environment	Changes in environment

Source: Banazak D. (1996) 'Difficult dementia: Six steps to control problem behaviours', *Geriatrics*, v.51, n.2

This information adapted from resource developed by Commonwealth Department of Veterans Affairs.