

Differentiating Delirium, Dementia and Depression

Delirium and depression commonly co-exist with dementia. If this is a possibility, treat these first and then reassess for cognitive impairment.

Feature	Delirium	Dementia	Depression
Timing of onset	Usually a sudden change from normal	Chronic and generally insidious	Variable, may coincide with life events/illness
Duration	Hours to days (less than one month)	Months to years	Weeks to months
Progression	Rapid, fluctuates. Can be normal at times.	Slow, progressive	Variable, uneven
Attention and concentration	Severely affected; fluctuates, distractable	Generally normal, or mildly affected	May be impaired
Psychomotor activity	Agitated, lethargic or swings between both	Normal	Normal or reduced
Sleep	May be drowsy or alert, often with day/night reversal	Sometimes disturbed	Unrefreshing: early morning wakening
Speech	Often incoherent, slow or rapid	Normal in early stages	May be slowed
Orientation	Disorientated	Usually impaired (unless very mild)	Normal
Thought content	Disorganised, incoherent	Scarcity of thought, words hard to find	Often themes of hopelessness

Please note: These are the instructions for the four northern region DHBs (Northland DHB, Waitemata DHB, Auckland DHB, and Counties Manukau DHB). GPs in other regions of New Zealand: check your respective Cognitive Impairment Pathway as instructions may vary in your area.