

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

FEATURE	DELIRIUM	DEMENCIA	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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Appendix E: Types of Dementia

Dementia describes the symptoms that occur when the brain is affected by certain diseases or conditions. This table outlines some of the most common types of dementia. It is important to remember that the symptoms and progression of dementia can vary greatly among individuals.

TYPE OF DEMENTIA	DESCRIPTION
Alzheimer's disease	<ul style="list-style-type: none"> ■ Alzheimer's disease (or Alzheimer's dementia*) is the most common cause of dementia ■ Caused by "plaques" and "tangles" formed by buildup of proteins in the brain ■ Slowest progression, on average (symptoms are generally mild in the beginning and worsen over time) ■ Generally progresses through three stages: <ul style="list-style-type: none"> □ Early (mild) stage □ Middle (moderate) stage □ Late (severe) stage ■ Early-stage symptoms: <ul style="list-style-type: none"> □ Short-term memory lapses (e.g., difficulty recalling recent events and learning new information) □ Difficulties with thinking, problem-solving, orientation, and/or language □ Changes in mood (e.g., apathy, depression, irritability) ■ Middle-stage symptoms: <ul style="list-style-type: none"> □ Increased severity of memory loss, communication difficulties, reasoning problems, and orientation problems □ Decreased awareness of surroundings (may get lost*) □ Increased confusion □ Delusions and/or hallucinations may occur □ Agitation (e.g., restlessness or pacing), calling out, repetition of the same question, and/or disturbed sleep patterns may occur ■ Late-stage symptoms: <ul style="list-style-type: none"> □ Loss of memory can be very evident (including longer-term memory problems*) □ Increased physical weakness (increased risk of falls*) □ Language deterioration* and loss of speech □ Paranoia may occur* □ Restlessness and agitation may occur ■ Risk factors: <ul style="list-style-type: none"> □ Age (over 65) □ Gender (female) □ Genetic inheritance (first-degree relatives*) □ Health and lifestyle (e.g., diabetes, stroke, heart problems, high blood pressure, high cholesterol and obesity in mid-life, late-life-onset* depression) ■ On average, people with Alzheimer's disease live for eight to ten years after the first symptoms ■ Often, diagnosis is delayed; may take 2–3 years*