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

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

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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.

<table>
<thead>
<tr>
<th>TYPE OF DEMENTIA</th>
<th>DESCRIPTION</th>
</tr>
</thead>
</table>
| Alzheimer’s disease | 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:  
  - Early (mild) stage  
  - Middle (moderate) stage  
  - Late (severe) stage  
Early-stage symptoms:  
  - 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:  
  - 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:  
  - 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:  
  - 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* |