

THE 2 D's

Comparison between DELIRIUM and DEMENTIA

| | Delirium | Dementia |
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| Definition | An acute or sudden onset of mental confusion as a result of a medical, social, or environmental condition. | Progressive loss of brain cells resulting in decline of day-to-day cognition and functioning. A terminal condition. |
| Duration | Hours to months, dependant on speed of diagnosis. | Years (usually 8 to 20) |
| Thinking | Fluctuates between rational state and disorganized, distorted thinking with incoherent speech | Gradual loss of cognition and ability to problem solve and function independently. |
| Mental status testing | Testing may vary from poor to good depending of time of day and fluctuation in cognition. | Will attempt to answer and will not be aware of mistakes. |
| Memory | Recent and immediate memory impaired. | Inability to learn new information or to recall previously learned information |
| Sleep-wake cycle | Disturbed, and sleep-wake cycle is reversed (up in night, very sleepy and sometimes non-responsive during the day) | Normal to fragmented |
| Hallucinations and delusions | Often of a frightening or paranoid nature | Can be present. May misperceive. In Lewy body dementia, visual hallucinations present. |
| Diagnosis | Diagnosis based on rapid onset of fluctuating symptoms. Can be mistaken for dementia progression. | Usually diagnosed approximately 3 years after onset of symptoms. Must rule out other cause of cognitive decline, e.g., depression or delirium. |
| 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. |
| Prognosis | Treatable and reversible, especially if caught early | Progression can be slowed but not reversed. |
| Treatment | Treat cause. Monitor response. Be alert for relapse. | Cholinesterase inhibitors slow the progression of some dementias. Symptomatic treatment with environmental and staff approaches. |

Adapted from: 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.