

Table 1: Clinical Features of Dementia, Depression and Delirium^a

FEATURE	DEMENTIA	DELIRIUM	DEPRESSION
Onset	<ul style="list-style-type: none"> • Insidious 	<ul style="list-style-type: none"> • Acute 	<ul style="list-style-type: none"> • Gradual; may coincide with life changes
Duration	<ul style="list-style-type: none"> • Months to years 	<ul style="list-style-type: none"> • Hours to less than one month, seldom longer 	<ul style="list-style-type: none"> • At least two weeks, but can be several months to years
Course	<ul style="list-style-type: none"> • Stable and progressive VaD*: usually stepwise 	<ul style="list-style-type: none"> • Fluctuates: worse at night • Lucid periods 	<ul style="list-style-type: none"> • Diurnal: usually worse in mornings, improves as day goes on
Alertness	<ul style="list-style-type: none"> • Generally normal 	<ul style="list-style-type: none"> • Fluctuates lethargic or hyper-vigilant 	<ul style="list-style-type: none"> • Normal
Orientation	<ul style="list-style-type: none"> • May be normal but often impaired for time/later in the disease, place 	<ul style="list-style-type: none"> • Always impaired: time/place/person 	<ul style="list-style-type: none"> • Usually normal
Memory	<ul style="list-style-type: none"> • Impaired recent and sometimes remote memory 	<ul style="list-style-type: none"> • Global memory failure 	<ul style="list-style-type: none"> • Recent memory may be impaired • Long-term memory intact
Thoughts	<ul style="list-style-type: none"> • Slowed; reduced interests • Makes poor judgements • Words difficult to find • Perseverates 	<ul style="list-style-type: none"> • Disorganized, distorted, fragmented • Bizarre ideas and topics such as paranoid grandiose 	<ul style="list-style-type: none"> • Usually slowed, preoccupied by sad and hopeless thoughts; somatic preoccupation • Mood congruent delusions
Perception	<ul style="list-style-type: none"> • Normal • Hallucinations (often visual) 	<ul style="list-style-type: none"> • Distorted: visual and auditory • Hallucinations common 	<ul style="list-style-type: none"> • Intact • Hallucinations absent except in psychotic depression
Emotions	<ul style="list-style-type: none"> • Shallow, apathetic, labile • Irritable 	<ul style="list-style-type: none"> • Irritable, aggressive, fearful 	<ul style="list-style-type: none"> • Flat, unresponsive or sad and fearful • May be irritable
Sleep	<ul style="list-style-type: none"> • Often disturbed, nocturnal wandering common • Nocturnal confusion 	<ul style="list-style-type: none"> • Nocturnal confusion 	<ul style="list-style-type: none"> • Early morning waking
Other features	<ul style="list-style-type: none"> • Poor insight into deficits • Careless 	<ul style="list-style-type: none"> • Other physical disease may not be obvious • Inattentive 	<ul style="list-style-type: none"> • Past history of mood disorder • Poor effort on cognitive testing; gives up easily
Standard Tests	<ul style="list-style-type: none"> • Comprehensive assessment (history, physical, lab, SMMSE) 	<ul style="list-style-type: none"> • Confusion Assessment Method (CAM) see Appendix A 	<ul style="list-style-type: none"> • Geriatric Depression Scale (GDS) see Appendix B

^aAdapted from the Centre for Health Informatics and Multiprofessional Education (CHIME), University College London. Dementia tutorial: Diagnosis and management in primary care: A primary care based education/research project. www.ehr.chime.ucl.ac.uk/display/demcare/Home

*VaD: Vascular Dementia