Delirium, dementia and depression: What is the difference?

Many older adults are affected by delirium, dementia and/or depression. These conditions are not part of normal aging. Delirium, dementia and depression are different from one another, but it can be hard to distinguish between them because their signs and symptoms may be alike. Sometimes a person has more than one of these conditions at the same time. Alert health-care staff if you or someone you know shows any of these signs or symptoms.

Delirium is a condition that comes on quickly (within hours or days) and affects the brain. It is usually temporary, lasting one-to-seven days, but should be treated right away. Most times delirium is caused by a combination of factors.

Delirium may be caused by:
- having an illness
- staying in bed too long
- being in a noisy or confusing environment
- having pain

People at highest risk for delirium include:
- older adults
- people with depression or dementia
- people who have broken their hip
- people who have had major surgery (e.g. heart surgery)

Signs of delirium
- poor concentration
- difficulty remembering things
- confusion about time and place
- seeing or hearing things that are not there
- being sleepy or slow to respond
- problems eating or sleeping
- changes in personality
- not showing interest in things

These signs can come and go. Tell a health-care provider right away if you notice any of these signs. Delirium is a serious illness and needs to be treated right away.

Dementia is a disorder of the brain that can affect learning, memory, mood and behaviour. Dementia develops slowly, over several months or years. Dementia affects different people in different ways. Aging does not cause dementia but it is more common among older adults. One of the most common types of dementia is Alzheimer’s disease.
Signs of dementia

- difficulty performing familiar tasks (e.g. banking, driving, brushing teeth)
- difficulties with thinking, problem solving, or learning new information or language
- memory loss that affects day-to-day activities
- not being able to find things (e.g. thinking someone took or moved something)
- confusion about time and place
- changes in personality, mood or behaviour
- loss of initiative (e.g. needing to be told what to do)
- poor or decreased judgment

Keep in mind that just because a person has dementia does not mean they cannot continue to live well and have meaning in their lives.

Depression is a medical illness. Having depression does not mean someone is weak. Many people have depression throughout their lives, while others suffer from depression as a result of a major change in their life, including:

- death of a loved one
- loss of independence (e.g. moving to a long-term care home)
- developing dementia or an illness

Signs of depression

- sleeping more or less than usual
- loss of interest in usual hobbies or activities
- low energy levels
- eating more or less than usual
- difficulty concentrating
- aches and pains
- constipation
- being agitated or irritable
- feel guilty, worthless, hopeless, full of regret
- thoughts of not wanting to live or of ending one’s life

Depression should be taken seriously. Talk to a health-care provider if you or someone you know shows signs of depression. There are many treatment options available.

Getting help

Talk to a health-care provider right away if you or someone you know shows signs of delirium, dementia or depression. They can arrange for a proper assessment and connect you to the care or treatment you need. Also, ask them where you can get more information or support. You can learn more about delirium from RNAO’s fact sheet, Delirium: How you can help.

This fact sheet was developed to go with the RNAO best practice guideline (BPG) Delirium, dementia, and depression: Assessment and care, Second Edition (2016). It is intended to increase your knowledge, and help you take part in decisions about your health or the health of a family member. RNAO’s BPGs are available for public viewing and free download at RNAO.ca/bestpractices