PATIENT & FAMILY HANDOUT

Delirium and dementia: understanding the difference

To explain the usual patterns and make clear that a person can have both delirium and dementia.

Delirium usually means a sudden change

- It develops over hours or days.
- Attention and awareness are often affected.
- Alertness may be unusually high or low.
- Symptoms can come and go, with clear changes during the same day.

Dementia usually develops more gradually

Dementia is a long-term condition that affects memory and thinking. It usually develops more slowly than delirium. However, people vary, so a checklist alone cannot safely tell the two apart.

A person can have both

Someone living with dementia can also develop delirium. The important clue is a new change from that person's usual abilities or behaviour. If it is difficult to tell delirium from dementia, NICE advises that delirium should be managed first.

What families can contribute

- Describe the person's usual memory, conversation, alertness and independence.
- Say exactly what is new and when it began.
- Mention whether the change comes and goes.
- Ask whether the person has been assessed for delirium and possible causes.

Urgent action Never assume that sudden worsening is simply dementia. In the UK, new, sudden confusion requires immediate help: call 999 or go to A&E now, and do not drive yourself. If the person is already in hospital or a care home, tell staff immediately. Outside the UK, call your local emergency number or use your local emergency service.

Verified sources

- NHS: Sudden confusion (delirium)
- NHS inform: Delirium and dementia
- NICE CG103: Distinguishing delirium from dementia
- SIGN 157: Risk reduction and management of delirium

Use and review: UK-focused general education. This resource supports but does not replace clinical assessment, individual advice or current local guidance. Prepared from source materials curated by Professor Alasdair MacLullich, University of Edinburgh; AI-assisted production. Professor MacLullich led development of the 4AT and reports no financial interest in its uptake. Final named human clinical approval is required before use in patient care. Independent resource; not an official University of Edinburgh or NHS publication.