Core Features of Delirium and Dementia

	Delirium	Dementia
Onset	Acute (hours to days)	Gradual, progressive; insidious (months to years)
Course	Fluctuating	Gradual progressive decline; may be stepwise in vascular dementia
Key Trait	Inattention	Memory loss
Attention	Impaired (key diagnostic feature)	Grossly intact until end-stage disease
Level of Consciousness	Altered (lethargic to hyperalert)	Normal alertness until end-stage disease
Memory	Impaired registration and recall, often due to poor attention; fluctuates and may improve as delirium resolves	Slowly progressive decline of short-term and/or long-term memory
Orientation	Acute disorientation	Gradual disorientation
Speech	Disorganized, incoherent, illogical	• Aphasia (impaired language ability affecting speaking, understanding, reading, or writing) • Anomia (difficulty retrieving words, especially names of objects or people)
Hallucinations	Visual	Variable (more common in Lewy body dementia)
Delusions	Common	May occur later
Psychomotor Activity	Hyperactive, hypoactive (often missed), or mixed	Normal until advanced stages; later agitation or wandering
Sleep-Wake Cycle	Severely disrupted; daytime drowsiness and nighttime agitation are common	Mild disruption early; fragmented sleep occurs later
Prognosis	Usually improves when medical issues are addressed, but may be associated with accelerated cognitive decline	• Progressive and irreversible • Exceptions: some reversible causes (B12 deficiency, normal pressure hydrocephalus)

From the article:
"Delirium Versus Dementia in the Medical Inpatient Setting"
by **Jose A. Ribas Roca, MD, and Carolyn TK Tran, PhD, DNP, APRN, GNP-BC, PMHNP-BC**
The Carlat Hospital Psychiatry Report, Volume 6, Number 5&6, July/August/September 2026
www.thecarlatreport.com