MENTOR-NHC

Monthly Education, News, and Tips to Optimize Reliability of Nursing Home Care

March 2007

Spotlight on Depression, Delirium, and Dementia

Differentiating between depression, delirium, and dementia is critical to the accuracy of diagnosis and minimum data set (MDS) coding for the quality measures (QMs). Identifying the differences between depression, delirium, and dementia in elderly patients is often difficult because the signs can be confused with the normal aging process, the result of a medical condition, or a side effect of medication.

- The depression QM reflects the percentage of long-term residents who have become more depressed or anxious since his/her last assessment
- The delirium QM reflects the percentage of post-acute residents with symptoms of delirium. *Note: The 14-day prospective payment system (PPS) assessment is used for this measure. The numerator is the number of residents at the skilled nursing facility (SNF) PPS 14-day assessment with at least one symptom of delirium that represents a departure from their usual functioning*
- Dementia is a medical diagnosis, not a QM, that differs from depression and delirium

Depression and delirium are reflected on the QMs from the MDS filed by nursing homes and posted on Nursing Home Compare. In an effort to help with the diagnosis differentiation, the chart below shows the specific signs and symptoms of each.

	DEPRESSION	DELIRIUM	DEMENTIA
Onset	May be abrupt or gradual	Abrupt and acute, occurring over hours to days, often with identifiable onset date	Gradual and insidious; no specific date of onset
Prognosis	Varies, usually responds to medication and therapy	Usually reversible	Progressive decline over time; most often irreversible
Orientation	Oriented	Not being oriented to place, others, or time, occurs early on; rarely disoriented to self	Disorientation occurs late in the illness
Memory	May complain of memory problems of both recent and remote events	Short-term memory problems with a sudden onset	Short-term memory problems that become more severe over time
Attention	Fluctuates	Very short, unable to attend well	Usually preserved until advanced stage
Symptom Duration	Relatively short duration with gradual improvement	Fluctuates moment to moment	Long, with worsening of symptoms over time
Thinking and Speech	May be slowed, impaired concentration, but logical	Incoherent, rambling, irrelevant answers to questions, illogical, disorganized	Ability to problem solve becomes more impaired as disease progresses; concrete in thinking process; logical until advanced stages
Level of Consciousness	Alert	Clouded, changes within hours; may be hyper-alert, lethargic, difficult to arouse, or comatose	Clouding of consciousness in terminal stage only
Psychomotor Changes	Motor activity slowing; may show gradual increase in motor activity related to restlessness or anxiety	Marked, sudden changes; may show increased or decreased motor activity	Gradual slowing of motor activity in late stages
Sleep	Difficulty falling asleep or staying asleep; early morning wakening; occasionally excessive sleep	Disturbed sleep patterns that vary hour to hour	Disturbed sleep patterns, but does not fluctuate hour to hour
Mood	Depressed, anxious, irritable	Rapid fluctuations hour to hour; labile	Stable; irritable/agitated when under stress or with change
Symptom Variation to Time of Day	Patients often complain of feeling worse in the morning	Fluctuates during the day; symptoms may seem worse in evening and night due to lack of sleep and/or "sundowning"	"Sundowning" is common; increased agitation with change in routine or when tired

For more information on the QMs: "Residents Who are More Depressed or Anxious" or "Residents With Delirium," visit **www.medqic.org**.

557 Cranbury Road, Suite 21 ❖ East Brunswick, NJ 08816-5419
Phone: 732-238-5570 ❖ Fax: 732-238-7766 ❖ Website: www.hqsi.org

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