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## Pseudodelirium: Psychiatric conditions to consider on the differential for delirium

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**Objective:** Several psychiatric conditions may resemble delirium: described as pseudodelirium. However, because the clinical management of these conditions differs markedly from that of delirium, prompt differentiation is essential. We aim to provide an educational review to aid in identifying and managing psychiatric conditions that may resemble delirium. **Method:** Based on clinical experience, we identified four conditions as being among the most difficult to differentiate from delirium-disorganized psychosis, Ganser syndrome, delirious mania, and catatonia. We provide an overview of each condition, describe its clinical features, differentiate its phenotype from delirium, and review clinical management. **Results:** The thought and behavioral disorganization in disorganized psychosis can be mistaken for the clouded sensorium and behavioral dysregulation encountered in delirium. The fluctuating alertness and apparent confusion in Ganser syndrome resemble delirium's altered arousal and cognitive features. As its name suggests, delirious mania presents as a mixture of hyperactive delirium and mania; additional features may include psychosis, autonomic activation, and catatonia. Both delirium and catatonia have hypokinetic and hyperkinetic variants, and the two syndromes can also co-occur. **Conclusions:** The clinical presentations of several psychiatric conditions can blend with the phenotype of delirium, at times even co-occurring with it. Detailed evaluation is often required to differentiate such instances of pseudodelirium.

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