

## **1. When is it appropriate to use a MMSE?**

The Mini-Mental State Examination (MMSE) (Folstein, Folstein, & McHugh, 1975) is a well known, well established, and well researched mental status screen which, if used appropriately, can contribute to the body of information about a client's cognitive status. Because of its strong research base, and because it is so well known, it is still considered by many as the "Gold Standard" of cognitive screens for both research and clinical use. As with most tests, it has its strengths and weaknesses (Tombaugh et al, 1992). Requests for an MMSE may or may not be appropriate, depending on the circumstances. As with any screen, it should not be used in isolation and other assessment findings should also be documented.

An MMSE score is sometimes needed before a client will be considered for admission to a specific program. (The Winnipeg Regional Health Authority's Rehab and Geriatrics program is one such example). The MMSE score is one standardized piece of information which this and other programs use, together with other information submitted, to help them determine suitability for admission to their program. If your team is referring your client for possible admission to such a program, someone on your team will need to do an MMSE. This may be the occupational therapist, or another team member. Document and report not only the test score, but the areas of strength and weakness during testing, possible confounding factors, other observations regarding cognition during functional tasks, and collateral information regarding cognition obtained from family and others. If an MMSE cannot be administered, the reason should be documented.

An MMSE may be requested to screen for the presence of cognitive impairment. An MMSE may also be requested to compare against previous MMSE scores, to detect cognitive change over time. The original research on the MMSE stated explicitly that scores were useful in "quantitatively estimating the severity of cognitive impairment" and "serially documenting cognitive change" (Folstein, Folstein, & McHugh, 1975). It is accepted common practice to use the MMSE in these ways (Pachet, Astner, & Brown, 2008). Longitudinal research with dementia patients illustrates the tool's ability to serially document cognitive change (Tombaugh & McIntyre, 1992). Changes over 1 year of 4 points or more are considered significant (Tangolos et al., 1996). Document and report the current test score, and compare to previous test scores. Document the areas of strength and weakness during testing, possible confounding factors, other observations regarding cognition during functional tasks, and collateral information regarding cognition obtained from family and others.

The MMSE is accepted as one of the appropriate screens for providing information regarding current mental status to detect the presence of delirium using the Confusion Assessment Method (CAM) (National Guidelines for Seniors Mental Health, 2006; Inouye et al., 1990). If a delirium is suspected as being the reason for a recent cognitive decline, you should do the other portions of the Confusion Assessment Method (CAM), along with a cognitive test such as the MMSE, and clearly document your findings. This will ensure that the presence of cognitive impairment due to a delirium will not be misdiagnosed as a dementia. The diagnosis of delirium requires a documentation of an acute change of mental status from baseline. If a previous recent MMSE is on file, then the MMSE might be the test of choice to allow comparison to baseline.

**References:**

Canadian Coalition for Seniors' Mental Health (CCSMH). (2006). *National guidelines for seniors' mental health: The assessment of delirium*. Toronto: CCSMH. Retrieved from [www.ccsmh.ca](http://www.ccsmh.ca)

Folstein, M.F., Folstein, S.E., & McHugh, P.R. (1975). "Mini-mental state". A practical method for grading the cognitive state of patients for the clinician. *Journal of Psychiatric Research*, 12, 189-98.

Inouye, S.K., van Dyck, C.H., Alessi, C.A., Balkin, S., Siegel, A.P., & Horwitz, R.I. (1990). Clarifying confusion: The confusion assessment method. A new method for detection of delirium. *Annals of Internal Medicine*, 113, 941-8.

Pachet, A., Astner, K., & Brown, L. (2010). Clinical utility of the mini-mental status examination when assessing decision-making capacity. *Journal of Geriatric Psychiatry and Neurology*, 23, 3-8.

Tangalos, E.G., Smith, G.E., Ivnik, R.J., Petersen, R.C., Kokmen, E., Kurland, L.T., . . . Parisi, J.E. (1996). The Mini-Mental State Examination in general medical practice: Clinical utility and acceptance. *Mayo Clinic Proceedings*, 71, 829-37.

Tombaugh, T.N., & McIntyre, N.J. (1992). The mini-mental state examination: A comprehensive review. *Journal of the American Geriatrics Society*, 40, 922-35.

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