

Issue Number 3, January 1999

Series Editor: Meredith Wallace, PhD, RN, MSN, CS

The Mini Mental State Examination (MMSE)

By: Lenore Kurlowicz, PhD, RN, CS and Meredith Wallace, PhD, RN, MSN

WHY: Cognitive impairment is no longer considered a normal and inevitable change of aging. Although older adults are at higher risk than the rest of the population, changes in cognitive function often call for prompt and aggressive action. In older patients, cognitive functioning is especially likely to decline during illness or injury. The nurses' assessment of an older adult's cognitive status is instrumental in identifying early changes in physiological status, ability to learn, and evaluating responses to treatment.

BEST TOOL: The Mini Mental State Examination (MMSE) is a tool that can be used to systematically and thoroughly assess mental status. It is an 11-question measure that tests five areas of cognitive function: orientation, registration, attention and calculation, recall, and language. The maximum score is 30. A score of 23 or lower is indicative of cognitive impairment. The MMSE takes only 5-10 minutes to administer and is therefore practical to use repeatedly and routinely.

TARGET POPULATION: The MMSE is effective as a screening tool for cognitive impairment with older, community dwelling, hospitalized and institutionalized adults. Assessment of an older adult's cognitive function is best achieved when it is done routinely, systematically and thoroughly.

VALIDITY/RELIABILITY: Since its creation in 1975, the MMSE has been validated and extensively used in both clinical practice and research.

STRENGTHS AND LIMITATIONS: The MMSE is effective as a screening instrument to separate patients with cognitive impairment from those without it. In addition, when used repeatedly the instrument is able to measure changes in cognitive status that may benefit from intervention. However, the tool is not able to diagnose the cause for changes in cognitive function and should not replace a complete clinical assessment of mental status. In addition, the instrument relies heavily on verbal response and reading and writing. Therefore, patients that are hearing and visually impaired, intubated, have low English literacy, or those with other communication disorders may perform poorly even when cognitively intact.

MORE ON THE TOPIC:

- Folstein, M., 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(3); 189-198.
- Foreman, M.D., Grabowski, R. (1992). Diagnostic Dilemma: Cognitive Impairment in the Elderly. *Journal of Gerontological Nursing*, 18; 5-12.
- Foreman, M.D., Fletcher, K., Mion, L.C., & Simon, L. (1996). Assessing Cognitive Function. *Geriatric Nursing*, 17; 228-233.

Permission is hereby granted to reproduce this material for not-for-profit educational purposes only, provided The Hartford Institute for Geriatric Nursing, Division of Nursing, New York University is cited as the source. Available on the internet at www.hartfordign.org. E-mail notification of usage to: hartford.ign@nyu.edu.

The Mini-Mental State Exam

Patient _____ Examiner _____ Date _____

Maximum Score

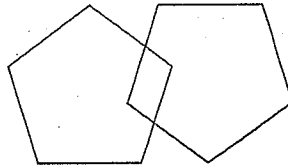
- 5 () **Orientation**
- 5 () What is the (year) (season) (date) (day) (month)?
- 5 () Where are we (state) (country) (town) (hospital) (floor)?

- 3 () **Registration**
- Name 3 objects: 1 second to say each. Then ask the patient all 3 after you have said them. Give 1 point for each correct answer. Then repeat them until he/she learns all 3. Count trials and record. Trials _____

- 5 () **Attention and Calculation**
- Serial 7's. 1 point for each correct answer. Stop after 5 answers. Alternatively spell "world" backward.

- 3 () **Recall**
- Ask for the 3 objects repeated above. Give 1 point for each correct answer.

- 2 () **Language**
- Name a pencil and watch.
- 1 () Repeat the following "No ifs, ands, or buts"
- 3 () Follow a 3-stage command:
"Take a paper in your hand, fold it in half, and put it on the floor."
- 1 () Read and obey the following: CLOSE YOUR EYES
- 1 () Write a sentence.
- 1 () Copy the design shown.



_____ Total Score
 ASSESS level of consciousness along a continuum _____
 Alert Drowsy Stupor Coma

"MINI-MENTAL STATE." APPRACTICAL METHOD FOR GRADING THE COGNITIVE STATE OF PATIENTS FOR THE CLINICIAN. *Journal of Psychiatric Research*, 12(3): 189-198, 1975. Used by permission.

	<p>A series provided by The Hartford Institute for Geriatric Nursing (hartford.ign@nyu.edu) www.hartfordign.org</p>
--	---