3-11 Folstein Interpretation

TIPS Question:

If a resident becomes angry & uncooperative during the orientation segment of the Folstein, but scores quite well in the remainder of the test, should we assume that the person is exhibiting cognitive deficits in orientation (angry outbursts are a frequent behaviour)?

Response:

You have made two important observations. The first is related to the testing of the various domains of cognition. These domains include orientation, registration, short-term memory, attention/concentration, language function and visual-spatial construction using MMSE. There is the potential to score 30 on the assessment tool. Typically a cutoff of 23/24 out of 30 is used to distinguish mild dementia from normal cognition (in a person with 9 or more years of education).

In addition to the total scores, performance in the various domains is also useful in staging the progression of dementia. The sequence of MMSE item failure typically follows the course of decline. For example, serial 7 subtractions, delayed recall and orientation to date are failed in earlier stages of dementia; orientation to time and place are failed in the middle stage; and repetition, naming and following commands are failed in the late stages. These are just guidelines, however, and do not include other influences for the individual resident such as education, work they previously did, etc., as other factors can influence the actual ability to answer specific questions. If the resident becomes distressed during the orientation questions, it may be because she becomes frustrated at her lack of ability. In earlier stages of dementia the individual may have insight into their lack of ability and react in anger and frustration for a task that may be beyond their capabilities. The difficulty the resident experiences to the orientation question could support an assessment of the deficits.

The other important observation you have made is that the resident gets angry and uncooperative when faced with an activity that she feels is beyond her ability. This observation can assist you and the care team to better understand the challenges of the resident's outbursts and her frustrations when she cannot properly interpret her environment. Remember, behaviour is the resident's way of communicating and all behaviour has meaning. This knowledge can assist you in providing activities for the resident that match her capabilities.

Please note: *TIPS information should be used similar to the way you would use information from a text book! TIPS is not intended to serve as an individual consultation service! P.I.E.C.E.S. participants should use this information in context and always work closely with the family physician involved in the care of the resident or client and with other Partners In Care to find solutions to individual resident/client issues.*