3-12 MMSE and repeat testing

TIPS Question:

A recent transfer from a non-secure unit had been given an MMSE by a non-P.I.E.C.E.S.-trained RN 2 months ago. Her assessment results are suspect based on the resident's behaviours & functional abilities. How soon can the test be re-administered without compromising the results? Does it depend on the score range achieved?

What are the significant factors you have learned as a result of working through the six-question template?

- To be comprehensive in assessment; to communicate to staff & MD
- To be more aware of change and to use behaviour monitoring charts
- To prioritize interventions according to RISK!

Response:

Your question addresses two interesting observations. The first is related to a discrepancy between the resident's MMSE score and the resident's behaviour and functional abilities. This may be related to the generous nature of the first staff person who administered and scored the MMSE, but it may, in fact, be related to the type of dementia that this resident suffers. It may be helpful to review the Resource section on Major Mental Health Disorders in the P.I.E.C.E.S. guide. This section discusses Frontal-Temporal Dementia (FTD) and explains why FTD is relatively insensitive to the MMSE. When you see behaviour and function that is incongruent with the testing of cognition with the MMSE this could be the reason. This does not rule out other possible reasons for a discrepancy between score and behaviour, but is one possibility.

I would not worry about your re-testing after two months without compromising results. The resident may indeed recognize some of the questions, but a learning effect should not compromise the re-administration. You are correct in thinking that the lower the score the less likely the person is to recall the assessment tool as their memory and other cognitive functions are significantly impaired.

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.*