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Mini Mental State Examination

M. Moran

CONSTRUCT

The candidate demonstrates the ability to put the patient at ease and perform the MMSE in a sensitive and non-threatening manner. The candidate also demonstrates awareness of deafness or visual impairment that may affect performance.

INSTRUCTIONS TO CANDIDATE

Perform the MMSE on Mrs Smith, who is 78 years old.

CHECKLIST

- Rapport and empathy
- Explain the assessment and check the patient's ability to hear, see and understand you
- Inquire about relevant facts, eg, educational level and occupational history
- Administer and score the MMSE
- Appropriate response to an incorrect answer

SUGGESTED APPROACH

C : *My name is ____ . Your doctor has asked me to see you for a check-up. I will start with some questions about your background, if that is alright.*

P : What? [It appears that she cannot hear.]

Candidate moves slightly closer, and speaks a little louder.

C : *Can you hear me now?*

P : Yes.

C : *Let me know if you cannot hear me. I have some questions for you about your background. How old are you? How long have you been retired? What did you work at?*

P : I am 78 years of age. I was a teacher, and have been retired for nearly 15 years. I went to school until I was 17, and then went on to teacher training college.

C : *Do you have any problems with your memory?*

P : No, not that I am aware of.

C : *Do you mind if I ask you some questions to test your memory?*

P : No, not at all.

Temporal orientation

C : *What year is it?*

Season?

Month?

Date?

Day?

Score one point for each correct answer. If it is near transition between seasons you may accept either season, and be aware of geographical differences in terminology.

Spatial orientation

C : *Where are we now?*

What country?

County?

City/town?

Building?

Floor of building?

Score one point for each correct answer.

Registration

C : *Listen carefully. I am going to say three words. I want you to say them out loud after me. Ready? Here they are: APPLE, PENNY, TABLE.*

Allow 1 second between each word. Score 1 point for each correct word. The order does not matter. This score is based on this first trial only. However, if the individual does not successfully repeat all three words on the first trial, repeat them up to a maximum of five times until the patient is able to say all three words back to you. Then say 'Now keep those words in mind. I am going to ask you to say them again in a few minutes.'

Attention and concentration

Serial 7's

C : *I would like you to subtract 7 from 100. Then keep subtracting 7 from each answer until I tell you to stop. What is 100 take away 7? ... Keep going.*

Score 1 point for each correct answer, up to a maximum of five subtractions. The answer is correct if it is exactly 7 less than the previous answer, regardless of whether the previous answer was correct.

WORLD backwards

C : *Could you spell WORLD?*

Correct any misspelling.

C : *Now could you spell it backwards?*

One point is given for each letter in the correct order, e.g. dlrow = 5, dlorw = 3.

Recall

Recall should be tested 5 minutes after presenting the words.

C : *What were the three words I asked you to remember?*

Do not prompt. If the individual has difficulty, be encouraging but do not give hints. Be empathic if the patient cannot recall them, and focus on her positive answers.

Score 1 point for each correct word, order does not matter.

Naming

Show the patient a pen and then a watch and ask her to name them.

Score 1 point for each object (or part of object) correctly identified.

Repetition

C : *I want you to repeat exactly what I say. 'No ifs, ands or buts.'*

Articulate it so that all the plural endings are clear and audible. You may repeat the phrase if the individual has difficulty hearing or understanding you, up to a maximum of five times, but the score should be based only on the first attempt to repeat the phrase.

Score 1 point if the patient repeats the entire phrase correctly, on the first attempt.

Comprehension

C : *Listen carefully, because I am going to ask you to do something. Take this paper in your right hand, fold it in half and put it on the floor. [Use the left hand if the right is impaired.]*

Score 1 point if she takes the paper in the right hand, 1 point if she folds it roughly in half, and 1 point if she places it on the floor.

Reading

C : *Please read this and do what it says.*

Show her 'CLOSE YOUR EYES' in large print. She gets one point only if she closes her eyes. If she cannot read she gets zero points, but provide an explanation.

Writing

Give the patient a blank piece of paper and a pen. Ask her to write a sentence. If she does not respond, ask her to write about the weather.

Give the maximum score of 1 point only if she writes a comprehensible sentence that contains a subject and a verb. Ignore errors in grammar or spelling.

Drawing

C : *Please copy this design.*

Place a picture of the interlocking pentagons in front of the patient. She scores 1 point if she draws two five-sided figures that intersect to form a four-sided figure. The two figures do not have to be perfect pentagons but they must have five sides.

C : *Thank you for your co-operation.*

If the patient did well:

C : *You did well on that test. While you didn't get everything right, your result was within the normal range.*

If the patient did badly:

C : *How do you feel you did?*

P : Not well doctor, I couldn't remember the things you wanted me to.

C : *Yes, Mrs Smith, you did have some difficulties in certain areas, but you did fine on other questions. There are several possible reasons why you had these difficulties, and I would like to do some more tests to find out the reasons in your case. When I have these test results we can have another meeting to discuss treatment for these problems.*

Do you have any questions for me?

P : *No thanks, doctor. I will wait until we get the tests.*

Elicit delusions

R. Raguram

CONSTRUCT

The candidate demonstrates the ability to establish a rapport with a patient presenting with psychotic symptoms and to elicit delusions.

INSTRUCTIONS TO CANDIDATE

A GP has referred a patient for assessment of psychotic symptoms. Elicit delusions, if any.

CHECKLIST

- Introduce the topic tactfully
- Start with open questions and then move on to closed questions
- Persecution
- Reference
- Grandiosity
- Guilt
- Nihilism
- Jealousy
- Delusional mood
- Control and passivity experiences
- Thought alienation and thought block
- Other delusions
- Conviction, elaboration, effects and coping
- Try to differentiate delusions from overvalued ideas
- Conclusion.

SUGGESTED APPROACH

Introduction

C : *Your doctor asked me to see you because he has been concerned about you. I would like to ask you some questions. Some of them may appear a bit strange. These are questions which we ask everybody who comes to the hospital. Is that all right with you?*

I gather that you have been through a lot of stress and strain recently. When under stress some people find their imagination playing tricks on them. Have you had any such experiences?

Do you have any ideas that your family and friends do not agree with?

Do you have any worries or concerns?

I am afraid I did not make myself clear enough. Let me put it in a different way.

Persecution

C : *How do you get on with others?*

Do they annoy you?

Are you afraid of them?

Would you trust most people you know?

Are there some people who try to harm you or make your life miserable?

Do you think that someone is watching, following or spying on you?

Is there a plot to harm you?

Reference

C : *Do people talk behind your back?*

What do they say?

Do people drop hints about you or say things with a special meaning?

Do things seem specially arranged for you?

Does everyone gossip about you?

Do you see any reference to yourself on the TV or in the newspapers?

Grandiosity

C : *How do you see yourself compared to others?*

How confident do you feel in yourself?

Do you have any special powers or abilities?

Is there a special purpose or mission in your life?

What about special plans?

Do you feel people are organising things specially to help you?

Are you specially chosen in any way?

Guilt

C : *Do you have any regrets?*

Do you feel you have done something wrong?

Do you feel you deserve punishment?

Do you feel guilty?

Do you feel that you might cause harm to others?

Nihilism

Enquire about being doomed, being a pauper, intestines being blocked etc.

C : *Do you feel something terrible has happened or will happen to you?*

How do you see the future?

Hypochondriasis

This might involve cancer, HIV/AIDS etc.

C : *How's your health?*

Are you concerned that you might have a serious illness?

Jealousy

C : *Can you tell me about your relationship?*

Do you feel that your partner reciprocates your loyalty?

[If he admits not to] Have you been trying to produce some evidence?

Delusional mood

C : *Do you have a feeling that something strange is going on, which concerned you, but you did not know what it is?*

Control and Passivity experiences

C : *Is there anyone trying to control you?*

Do you feel under the control of some force other than yourself? (As though you are a robot or a zombie without a will of your own?)

Do they force you to think, say or do things?

Do they change the way you feel in yourself?

Can you resist them?

Thought alienation

C : *Are you able to think clearly?*

Is there any interference with your thoughts?

Usually whatever one thinks is his own thoughts. Has it been the case with you too?

Do others put or force their thoughts into your mind? [Thought insertion]

Can people read your mind?

Does everyone know what's in your mind, as if your thoughts are broadcast?

Could someone take your thoughts out of your head? [Thought withdrawal]

Would that leave your mind empty or blank?

Others

C : *Do you feel that an impostor has replaced a familiar person?*

Are you a very religious person?

Are you in a special relationship?

Do you have any other concerns that we have not discussed?

Conviction, explanation, effects, coping

Do not be satisfied with a 'Yes' answer. Probe, elaborate and clarify. Ask who does these things, why and how.

C : *How do you know that this is the explanation?*

Could it be your imagination?

What do your family and friends think about this problem?

Ask how it affects him – does it make him annoyed, irritable, frightened etc.? Ask how he copes, what he has done and what he intends to do about these things.

Conclusion

Summarise, invite corrections, acknowledge the distress and thank the patient.

Explain the need for antipsychotic medication

F. Hynes

CONSTRUCT

The candidate demonstrates the ability to establish a rapport with a young man suffering from schizophrenia, explain the need for medication and discuss the patient's concerns about medication.

INSTRUCTIONS TO CANDIDATE

A 19-year-old man admitted 4 weeks ago with a diagnosis of first episode of schizophrenia has been treated with an atypical antipsychotic and is now preparing for discharge. He wants to discuss with you the need for continued medication.

CHECKLIST

- Diagnosis
- Need for medication: treatment and prophylaxis
- Other treatments
- How medication works
- Side effects
- Depot medication.

SUGGESTED APPROACH

- C** : *Hello, I am ____ . I understand you want to speak to me about your medication.*
- P** : *Yes, I have been taking these tablets since I was admitted. When I go home I don't really want to keep on taking tablets.*
- C** : *To begin with, could you tell me the reason why you have been taking the tablets? Has anyone discussed your diagnosis with you?*
- P** : *Yes, the consultant said I had schizophrenia.*
- C** : *What does that mean to you?*
- P** : *Well, it is when people hear voices and do strange things.*
- C** : *You are correct. Schizophrenia is a serious mental illness. It affects thinking, emotions and behaviour. It affects one person in every 100 people. The illness often lasts for a long time and can be very disabling. However, with the new treatments the outlook is much better. The medication helps control the symptoms of schizophrenia and helps you cope better with stresses and will protect you from relapses.*
- P** : *The medication has done its job. The voices don't bother me so much now. So, I think I should stop the tablets and get on with things.*
- C** : *It is good that the tablets have helped you feel better and you want to get on with your life. However, I think we need to talk about the medication.*
- When you were unwell and distressed by symptoms such as hearing voices and feeling persecuted, the medication helped you feel calmer. Then over the next few weeks*

the medication controlled and stopped these symptoms and got you better. Medication is an important first step, which makes it possible for you to make use of other sorts of help and support.

It is equally important that you remain well. Medication helps prevent relapses and lessens the severity of the relapses. Therefore, it is important to keep taking medication even when you feel well.

P : What will happen if I stop the medication?

C : *If you stop the medication, the symptoms will come back. They do not come back immediately, but usually within about 6 months. Therefore, it is especially important to continue medication after discharge when you are trying to adapt back into things, as this can be a stressful time.*

P : Does the medication not cure schizophrenia?

C : *There is no cure for schizophrenia. Medicines help control the symptoms and to stay well. In addition, we offer other things to help you to have the best chance of getting better. This would include help with accommodation, assessing what your current skills are and what jobs you can do, getting you in touch with groups who provide work training and arrange voluntary work. When people become unwell and get admitted to hospital they lose touch with their friends and give up their hobbies and interests. The day centres offer opportunities to meet other people and provide a range of activities including 'keep-fit' and creative pursuits.*

P : How does medication work?

C : *Certain chemical messengers in the brain control our thoughts, feelings and behaviour. The most important ones are called dopamine and serotonin. Schizophrenia is associated with changes in the levels or actions of these messengers. The medication helps correct these changes.*

P : Will I become addicted to these tablets?

C : *No, they are not addictive.*

P : Do they have any side effects? I have noticed some people on the ward with funny movements. I don't want to end up like them.

C : *Like any medication, they also have side effects. There are two types of drugs used in the treatment of schizophrenia.*

The older drugs can cause shakiness and stiffness. Some people feel restless and one in 20 gets lasting movements of the mouth and tongue. Some people can feel flat, sleepy and slow.

You are now taking one of the newer drugs. They are more likely to help with the so-called negative symptoms including social withdrawal and lack of motivation. However, they are more likely to cause weight gain and sexual side effects.

P : I know another patient on the ward who complains of feeling flat all the time.

C : *In some people, the feeling flat may be due to the illness itself. We call them negative symptoms. The newer drugs are more likely to help with these. Some others feel flat because they are depressed. For them, taking antidepressant drugs in addition to the antipsychotic drugs can be helpful.*

When people feel flat because of the medication, we either change the type or dose of medication or try to counter the side effects using other drugs.

- P :** I don't have any side effects now. What will I do if I start getting them later?
- C :** *One of the psychiatrists and another member of the Community Mental Health Team will be seeing you on a regular basis. If you have any worries, you can discuss them with one of them. There is a variety of different antipsychotic drugs available. So we can try readjusting the dose or changing the type of drug or add another drug to counter the side effects.*
- P :** It will not be easy to remember to take tablets every day at home.
- C :** *It may be best to make taking the medication part of your daily routine, perhaps one of the things you do before going to bed. We can get you a dosset box, which could help remind you to take your medication.*
- Some people find it hard to take tablets every day and they find it easier to take the medication as an injection. They are called depot injections. They are given once every 2, 3 or 4 weeks. Currently there is only one atypical drug available as a long-acting injection.*
- Is there anything else you would like to ask?*
- P :** Not really.
- C :** *To sum up, medication is very important in your treatment as it helps you get better, to remain well and to prevent relapses. If you have any concerns about your medication, please feel free to discuss them with one of us. You are always welcome to come with a friend or a relative. I can give you a drug information leaflet, which explains the medication and its side effects.*
- P :** Thank you.