The influence of depression on Mini-Mental State Exam scores in elderly in-patients

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The Mini Mental State Exam (MMSE) (Folstein et al 1975, J Psychiat Res 12:189-198) is commonly used to screen elderly patients for cognitive impairment. Depression is associated with impaired cognitive function, and antidepressant drug treatment may result in improved cognitive function (Sadavoy et al. 1989, Int J Geri Psychiat 5:187-192; Robinson et al. 1986, Br J Psychiat 148:541-547). Whether improvement in cognitive function as measured by the MMSE is due to depression may detrimentally affect MMSE scores, and potential for improvement in cognitive function through treatment of possible depression should be considered before decisions regarding placement in residential care are taken.

Patients of 65 and over were randomly selected from those admitted as an emergency to the medical, surgical, elderly care, orthopaedic and psychiatric wards of two district general hospitals. Patients were excluded if they were too unwell, too confused or unwilling to consent. They were assessed by a doctor who documented whether they drank excessive amounts of alcohol (>21 units per week in men and >14 units per week in women), whether they suffered alcohol dependence (DSM-III-R) and their MCV. They were screened independently using the CAGE and MAST-G. 210 patients consented to the study. 48 patients failed to complete the assessment because they became too unwell or too cognitively impaired, were discharged or withdrew consent. In those patients who completed the assessments the prevalence of excessive alcohol intake and alcohol dependence were 8% and 5% respectively. The CAGE, the MAST-G and an abnormally high MCV had high specificity for excess alcohol intake (0.99, 0.90, 0.83) and alcohol dependence (0.98, 0.93, 0.82). However, all had low sensitivities, (0.15, 0.54, 0.15) and (0.13, 0.5, 0.13) respectively.

Thus, the CAGE, MAST-G and an abnormally high MCV are insensitive screening instruments for in-patients aged 65 and over. By using regression analysis we have developed a modified 4 question screening instrument, comprising questions 2,7,10 and 23 of the MAST-G, which now needs validation.

Diagnosis of Dementia by General Practitioners: a Meta-Analysis

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Background: General practitioners (GPs) are frequently confronted with patients suffering from dementia. It is not clear whether GPs are capable of diagnosing dementia adequately. Aim: To gain insight into the ability of GPs to diagnose dementia.


Results: In 7 high quality studies the GP’s clinical diagnosis of dementia was compared with psychometric tests or geriatric assessments. The median sensitivity of the GP’s diagnosis was 76% (range 52% to 91%). The median specificity was 85% (range 63% to 99%). In 14 other studies the GP’s knowledge, diagnostic routines and attitudes were investigated. GP’s reproduction of knowledge of dementia was poor. Nevertheless, they were able to correctly recognize dementia symptoms from a list. GPs rarely used diagnostic criteria such as DSM-III-R. There was a wide variety in the type and number of diagnostic procedures used.

Conclusion: The ability of GPs to diagnose dementia is fairly good. This is remarkable given their limited knowledge of symptoms and criteria. Better use of the diagnostic possibilities might further improve their diagnostic ability.