

**JOURNAL WATCH**  
**CLINICAL UTILITY OF THE MINI-MENTAL STATUS EXAMINATION**  
**WHEN ASSESSING DECISION-MAKING CAPACITY.**

**Reference:** In Journal of Geriatric Psychiatry and Neurology 2010; 23, 3-8.

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**Presented by** Ann Huot on March 2<sup>nd</sup> 2010.

**ABSTRACT:** The main objectives of this study were to examine the relationship between cognitive deficits, as measured by the Mini-Mental Status Examination (MMSE) and decision-making capacity and to determine whether the sensitivity and specificity of the MMSE varied based upon the patient population assessed. Using a sample size of 152 patients and varying cutoff scores, the MMSE demonstrated extremely poor sensitivity. In contrast, the MMSE had excellent specificity when scores of 19 or less were obtained. In our sample, no one patient, regardless of diagnosis, was deemed to have capacity if their MMSE score was below 20. However reliance on the MMSE for scores above 19 would too frequently lead to misclassification and incorrect assumptions about a patient's decision-making abilities. Although a score below 20 consistently yielded findings of incapability in our sample, it remains our opinion that the MMSE should not be used as a stand-alone tool to make determinations related to capacity, especially when considering the complexities associated with capacity evaluations and the vital areas, such as executive functioning and individual values and beliefs, which are omitted by the MMSE.

**Strengths**

Addresses a problem not frequently studied in medical literature.

Stats well done and sample size adequate.

**Weaknesses**

Not a palliative care population.

A retrospective study with no possibility to do a random assignment.

No clear explanations about "the capacity interview using a semistructured Functional Injury".

**Relevance to Palliative Care**

The MMSE is commonly used in our practice with palliative care patients to evaluate whether or not they have cognitive deficits. Our patients are also frequently asked to make decisions assuming they have the capacity to understand the different issues ( e.g. starting or stopping a treatment, legal procedures related to their will, power of attorney decision ) In view of the results presented in this study, it appears essential to develop and standardize new tools to better assess cognitive impairments in our frail and vulnerable population.