

### 3-316 Accuracy of MMSE

**TIPS Question:**

When doing the MMSE the resident stated he could not read the last three questions (17-19). At the end he stated that he had lied about an answer. I went through it again and when I asked what province he had first stated "B.C." and then said "no it's Ontario". How do I know he wasn't lying about the final score? How do I determine the accuracy of the results?

**Response:**

Although you may not have an actual score out of 30 on the M.M.S.E. what information you do have is far more valuable. The fact that this resident was able to lie shows cognitive strength. When you think about the act of telling a falsehood, it is actually quite complicated and abstract. Think about interacting with a two-year old, when you ask a question, they usually can only tell the truth, it requires too much thought to formulate a lie and remember what it was. I state this example to illustrate the cognitive strengths that are needed to lie, not to liken residents to two-year old children. Therefore, the ability of this gentleman to formulate a lie, remember it and then tell you later shows that he does not have significant dementia. It sounds as though there are a lot of cognitive strengths that staff can take advantage of. You may never have a final score that you can be sure is accurate, but what you have done is identified that this person has cognitive strengths in the way of planning, remembering and communicating.

His behaviour during the administration of the scale is interesting. It may be more advantageous to spend your time looking at why he responded this way than attempting to quantify his cognitive status. There are many potential reasons, i.e. bored, teasing, embarrassed, insulted, etc. When you understand the reasons why he behaved this way you will have more ability to develop a care plan that meets his needs.

**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.