

## HotPick August 2005

### Which Mini-Mental State Exam Items can be used to screen for delirium and cognitive impairment?

*Fayers PM, Hjermsstad MJ, Ranhoff AH, Kaasa S, Skogstad L, Klepstad P, Loge JH.*

J Pain Symptom Management 2005; 30: 41-50

This recent Norwegian study addresses a common clinical question for palliative care providers namely which screening test for delirium and cognitive impairment is most suitable for patients near the end of life. After giving a useful overview of the importance of cognitive impairment in this group of patients, the authors point out that the MMSE was developed to measure cognitive function rather than delirium. Also, they note that it has not been validated in a palliative population, despite its status as the most frequently used instrument for assessment of cognitive impairment and delirium in palliative care.

From a large data set of 507 patients, the investigators identified a set of four items of the MMSE (current year, date, backward spelling and copy a design) which proved adequately sensitive to screen for delirium with most of the power of the full 20-item test. The authors suggest the need for further prospective studies to establish whether this abbreviated set of four items would be preferable as a screening tool for dementia and /or delirium in ordinary practice.

## Reviewer

### Dr Odette Spruyt

*Head of the Department of Pain and Palliative Care, Peter MacCallum Cancer Centre (currently part-time, something made possible by a close knit and supportive team of colleagues.)*

Dr Spruyt trained in Palliative Medicine in the UK, completing her training in 1995. She was the first New Zealander to train in Palliative Medicine through the Specialist Advisory Committee, RACP. Her first consultant position was with the Central Sydney Palliative Care Service, where she was director of a 27-bed hospice and established the consultative service at Canterbury Hospital, CSAHS. She has been at Peter MacCallum since 1998, heading a consultative team with academic (education and research) interests and responsibilities. She has participated in a number of international studies in palliative care (methadone vs morphine as first line opioid analgesic; nebulised morphine vs subcutaneous morphine for relief of dyspnoea, Edmonton Classification System for Cancer pain validation study) as well as developing collaborative local studies for example in dyspnoea and pain management. Special areas of interest include palliative care for NESB patients, symptom management, particularly pain control and palliative care in the developing world. She was a member of BAHA, founded APLI and was an executive member of the IAHP. She is currently the Victorian representative on ANZSPM and is on the executive of Palliative Care Victoria.