
IS THE MMSE A USEFUL BEDSIDE EXAM IN OLD AGE LIAISON PSYCHIATRY?

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Introduction: A significant proportion of elderly patients admitted to the medical wards have psychiatric comorbidities, such as delirium, depression or dementia. Frequently they develop cognitive changes during the hospitalization which constitute an important motive of referral to psychiatric services. The MMSE is considered a useful way to document cognitive impairments.

Objective: The aim of this study is to evaluate the capacity of MMSE to detect cognitive changes in elderly subjects referenced for liaison psychiatry service.

Methods: Observational study developed between October of 2011 and July of 2013. Included subjects with 65 years and older hospitalized in Internal Medicine service referenced for old age liaison service. Each patient was analyzed according to: social demographic characteristics, medical and psychiatric comorbidities and clinical severity. MMSE was applied to all patients.

Results: Of all 143 patients observed about 30% were referenced because of cognitive changes. Of the total, 46% didn't collaborate in MMSE. These patients were diagnosed with delirium (52%), delirium superimposed with dementia (17%), depression (12%), adjustment disorder (6%), dementia (3%), psychosis (3%) and others (7%). The main reasons of uncooperativeness, with exception of disturb of conscience and/or attention deficits were: visual difficulties (50%), motor difficulties, physical restraints, distracting environment, duration and extension of the exam and anxiety and/or depressive symptoms.

Conclusions: The cognitive assessment of elderly subjects with MMSE in medical settings is compromised by many aspects, including the inherent characteristics of the clinical environment. A more useful, practical and applicable test is needed to evaluate this specific population.