The **mini mental state examination** (MMSE) is a commonly used set of questions for screening cognitive function\(^1\). This examination is not suitable for making a diagnosis but can be used to indicate the presence of **cognitive impairment**, such as in a person with suspected **dementia** or following a **head injury**\(^2\). The MMSE is far more sensitive in detecting cognitive impairment than the use of informal questioning or overall impression of a patient’s orientation.

- The test takes only about 10 minutes but is limited because it will not detect subtle memory losses, particularly in well-educated patients\(^3\).
- In interpreting test scores, allowance may have to be made for education and ethnicity\(^4\).
- The MMSE provides measures of orientation, registration (immediate memory), short-term memory (but not long-term memory) as well as language functioning.
- The examination has been validated in a number of populations. Scores of 25-30 out of 30 are considered normal; the National Institute for Health and Care Excellence (NICE) classifies 21-24 as mild, 10-20 as moderate and <10 as severe impairment. The MMSE may not be an appropriate assessment if the patient has learning, linguistic/communication or other disabilities (eg, sensory impairments)\(^5\).

Before administering the MMSE it is important to make the patient comfortable and to establish a rapport. Praising success may help to maintain the rapport and is acceptable. However, persisting on items the patient finds difficult should be avoided.

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We regret, therefore, that we have removed further details of the test from this site. GPs may alternatively use the **General Practitioner Assessment of Cognition (GPCOG)** test.

**Further reading & references**

- Dementia: Supporting people with dementia and their carers in health and social care; NICE Clinical Guideline (November 2006, last updated September 2016)
- Mini-Mental® State Examination (MMSE®); Psychological Assessment Resources (PAR)

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