Abbreviated Mental Test (AMT)

This quick to use screening test was first introduced in 1972. Developed by geriatricians, this is probably the best known test in general hospital usage. The Abbreviated Mental Test (AMT) score lacks validation in primary care and screening populations; most validity data refer to correlation to the Mini Mental State Examination (MMSE). It is probably non-translatable, either linguistically or culturally, without revalidation and it is likely that several of the questions will need alteration to bring them up to date (and then validated again). In our ever-increasingly multicultural society it is not possible to recommend this test any longer, especially in view of its validity data.

The Six-item Cognitive Impairment Test (6CIT) is a better alternative in Primary Care, which has been validated in that environment.
### Abbreviated Mental Test score

1. **Age?**
   - 0 points - Incorrect
   - 1 point - Correct

2. **Time? (to nearest hour)**
   - 0 points - Incorrect
   - 1 point - Correct

3. **Address for recall at end of test**
   (this should be repeated by the patient to ensure it has been heard correctly): "42 West Street"

4. **Year?**
   - 0 points - Incorrect
   - 1 point - Correct

5. **Name of this place?**
   - 0 points - Incorrect
   - 1 point - Correct

6. **Identification of two persons (doctor, nurse, etc)?**
   - 0 points - Incorrect
   - 1 point - Correct

7. **Date of birth?**
   - 0 points - Incorrect
   - 1 point - Correct

8. **Year of First World War?**
   - 0 points - Incorrect
   - 1 point - Correct

9. **Name of present Monarch?**
   - 0 points - Incorrect
   - 1 point - Correct

10. **Count backwards 20 to 1**
    - 0 points - Any error
    - 1 points - No errors

   **Address recall correct?**
   - 0 points - Incorrect
   - 1 points - Correct

   \[
   \text{Abbreviated mental test score} = \underline{ } / 10
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**Advantages of the AMT**
Simple to perform and score.

**Disadvantages of the AMT**
Very limited validity data. Familiarity has led to numerous adaptations of the questions, leading to questionable validity.

Culturally specific. Validity has almost certainly deteriorated over the last 30+ years as questions such as date of First World War and name of the monarch will carry less significance in the 21st century than they did in the 20th.

Probability statistics
At the 7/8 cut-off: Sensitivity = 70-80%, Specificity = 71-90%. These are overall figures (not screening population). No probability data have been found for detection of mild dementia but correlation data suggest it would be likely to be equivalent to MMSE in a screening group (30-60% sensitivity and 90-96% specificity).

Further reading & references

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