

Brief Objective Tools Can Help Aid Timely Detection of Cognitive Impairment¹

TOOL	GPCOG (General Practitioner Assessment of Cognition)	Mini-Cog™	SLUMS (Saint Louis University Mental Status)	MMSE (Mini-Mental State Examination)	MoCA (Montreal Cognitive Assessment)
DESCRIPTION	A tool that contains separate sections for patient and informant. Patient section assesses time orientation, awareness of recent news story, and recall of name and address. Informant section compares patient's current and previous functioning. ²	A cognitive assessment tool that includes 3-item word memory recall and clock drawing; sequential scoring method. ²	A 30-point, 11-item scale that assesses attention, numeric calculation, immediate and delayed recall, animal naming, digit span, clock drawing, figure recognition/size differentiation, and immediate recall of facts from a paragraph. ²	A two-section test, the first section requires verbal responses and assesses orientation, memory, and attention. A second section assesses ability to name, follow verbal and written commands, write a sentence spontaneously, and copy a complex polygon. ³	A 30-point test that assesses short-term memory recall, visuospatial abilities, multiple aspects of executive functioning, attention, concentration, working memory, language, and orientation to time and place. ⁴
TIME*	Patient: 2-5 min ¹ Informant: 1-3 min ¹	2-4 min ¹	7 min ²	7-10 min ¹	10-15 min ¹
SENSITIVITY†	85% ⁵	76% ^{6§}	98% ⁷	81% ⁸	90% ⁴
SPECIFICITY‡	86% ⁵	89% ^{6§}	61% ⁷	82% ⁸	87% ⁴
INDICATES POSSIBLE COGNITIVE IMPAIRMENT	Patient score <5 ¹ Informant score ≤3 + Patient score <8 ¹	Score ≤3 ¹	Score <27 ⁹	Score <26 ^{4,8}	Score <26 ⁴
CONSIDERATIONS	Developed for and validated in primary care setting; little or no educational bias; available in multiple languages; limited data on any language/culture biases. ^{1,2}	Developed for and validated in primary care and multiple languages/cultures; little or no education/language/race bias; use of different word lists may affect failure rates. ^{1,2}	No educational bias; tests many separate domains; does not test executive function; studied in a VA geriatric clinic. ^{1,2}	Most widely used and studied worldwide; required for some reimbursements; education/age/language/culture bias; ceiling effect; purchase required. ¹	Designed to test for MCI; available in multiple languages; education bias (≤12 years); limited data available in general practice settings. ¹

Please note: the above is not all-inclusive and expresses only some of the more widely recognized tools for cognitive assessment.

No one tool is recognized as the best brief assessment to determine if a full dementia evaluation is needed. Cutoff scores may vary by reference as well as the education level of the patient.

*Average times reported. Times may vary.

†Sensitivity: ability of the test to correctly identify those patients with disease.

‡Specificity: ability of the test to correctly identify those patients without disease.

§Using a cutoff of <3.

||A cutoff of <3 on the Mini-Cog™ has been validated for classifying subjects as "probably impaired," but many individuals with clinically meaningful cognitive impairment will score higher.

When greater sensitivity is desired, a cutoff of ≤3 is recommended as it may indicate a need for further evaluation of cognitive status.^{10,11}

AD=Alzheimer's disease; MCI=mild cognitive impairment; VA=Veterans Affairs.

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