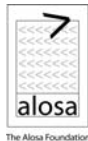


The Folstein Mini-Mental Status Examination (MMSE)	Score
1. Ask the patient: "What year is it? What season are we in? What month are we in? What is today's date? What day of the week is it? What country are we in? What state are we in? What city are we in? What street are we on (or, what building, if in hospital or clinic)? What is the street number (or, what floor, if in hospital or clinic)?"	1 point for each correct answer (Total 10 pts)
2. Name 3 objects ("Ball," "Car," "Man"). Take a second to pronounce each word. Then ask the patient to repeat all 3 words. Take into account only the correct answers given on the first try. Repeat these steps until the subject learns all the words.	Ball 1 pt; Car 1 pt; Man 1 pt
3. Ask the patient to spell the word "World" and then to spell it backwards.	D 1 pt; L 1 pt; R 1 pt; O 1 pt; W 1 pt
4. Ask the patient, "What were the 3 words I asked you to remember earlier?"	Ball 1 pt; Car 1 pt; Man 1 pt
5. Show the patient a pen and ask, "Can you please name this object?"	1 pt
6. Show the patient a watch and ask, "Can you please name this object?"	1 pt
7. Ask the patient, "Listen and repeat after me: 'No ifs, ands, or buts.'"	1 pt
8. Put a sheet of paper on the desk and show it, saying, "Listen carefully and do as I say." "Take the sheet with your left/right (opposite to dominant) hand." "Fold it in half." "Put it on the floor."	Take sheet 1pt; Fold 1 pt; Put on floor 1 pt
9. Show the patient a written instruction directing him to "Close your eyes" and say, "Do what is written on this page."	1 pt
10. Give the patient a blank sheet and a pen and ask, "Write a sentence, whatever you want, but a complete sentence."	1 pt
11. Give the patient a sheet of paper with a drawing of intersecting pentagons and ask, "Could you please copy this drawing?"	1 pt
<p align="center">Scores range from zero to 30: 27-30 = normal cognition 21-26 = mild dementia 10-20 = moderate dementia < 10 = severe dementia</p> <p>If the patient scores in the normal range, but his/her family report declining behavioral integrity and cognitive problems, consider more detailed assessment.</p>	

A summary of benefits and adverse effects of drugs for cognitive and behavioral deficits



Cognition

Drug	Efficacy						Adverse effects							Overall
	AD	VD	PDD	DLB	FTD	Other	GI	sed	EPS	other CNS	CV	incont	death	
donepezil (Aricept)	Yellow	Yellow	White	Yellow	White	White	Yellow	Red	Red	Red	Red	Red	White	Yellow
galantamine (Razadyne)	Yellow	Yellow	White	Yellow	White	White	Yellow	Red	Red	Red	Red	Red	White	Yellow
rivastigmine (Exelon)	Yellow	Yellow	Yellow	Yellow	White	White	Yellow	Red	Red	Red	Red	Red	White	Yellow
memantine (Namenda)	Yellow	Yellow	White	White	White	White	Yellow	Red	White	Red	Yellow	White	White	Yellow
atypical antipsychotics	Red	Red	Red	Red	Red	Red	Yellow	Red	Red	Red	Red	Yellow	Red	Red
conventional antipsychotics	Red	Red	Red	Red	Red	Red	Yellow	Red	Red	Red	Red	Yellow	Red	Red

AD = Alzheimer's disease
 VD = vascular dementia
 PDD = Parkinson's disease dementia
 DLB = dementia with Lewy bodies
 FTD = fronto-temporal dementia
 Other = other forms of dementia
 GI = gastrointestinal
 sed = sedation
 CNS = central nervous system (e.g., seizures)
 CV = cardiovascular
 incont = incontinence
 EPS = extrapyramidal symptoms

Unknown or no effect	Best outcome	Intermediate	Problem
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Behavioral and psychological symptoms of dementia

Drug	Symptom control	Adverse effects							Overall
		GI	sed	EPS	Other CNS	CV	incont	death	
rivastigmine (Exelon)	‡	Yellow	Red	Red	Red	Red	Red	White	Yellow
memantine (Namenda)	‡‡	Yellow	Red	White	Red	Yellow	White	White	Yellow
benzodiazepines		Yellow	Red	White	Red	White	Yellow	Yellow	Yellow
atypical antipsychotics		Yellow	Red	Red	Red	Red	Yellow	Red	Red
conventional antipsychotics		Yellow	Red	Red	Red	Red	Yellow	Red	Red
valproate	*	Yellow	Red	White	Yellow	White	White	White	White

‡ may modestly improve BPSD (in particular visual hallucinations) in patients with DLB

‡‡ some evidence of efficacy for delusions, agitation, and aggression, but unclear whether the drug produces important clinical benefit

* valproate is commonly used for BPSD but there is little evidence supporting its efficacy

These are general recommendations only; specific clinical decisions should be made by the treating physician based on an individual patient's clinical condition.