



SHORT COMMUNICATION

Limits on the use of the MMSE for assessment of capacity to consent for treatment

I. Álvarez Marrodán^a, B.S. Baón Pérez^b, M. Navío Acosta^c, E.J. Verdura Vizcaino^d, M.B. Cantón Álvarez^e, T. Ventura Faci^{f,*}

^a Psychiatric Service, La Rioja Health Service, 1 Viana Avenue, 26001 Logroño, La Rioja, Spain

^b Regional Mental Health Office, Ministry of Health, 7 Carlos Trías Bertrán Square, 28020 Madrid, Spain

^c Regional Mental Health Office, Ministry of Health, Mental Health Network Biomedical Research Centre (CIBERSAM), 7 Carlos Trías Bertrán Square, 28020 Madrid, Spain

^d Child and Adolescent Psychiatric Service, University Hospital Gregorio Marañón, 43 Ibiza Street, 28009 Madrid, Spain

^e Medical Director, General Hospital of Segovia, Luid Erik Claveria Street, 40002 Segovia, Castilla y Leon, Spain

^f Psychiatric Service, University Hospital Clínico and Psychiatric and Medicine Department, University of Zaragoza, 15 San Juan Bosco Avenue, 50009 Zaragoza, Spain

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KEYWORDS

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Abstract This study explores to what extent patients scoring in the normal Mini-Mental Status Examination (MMSE) cognitive range have mental incapacity to consent to treatment; and analyzes the relationship between MMSE score and MacArthur Competence Assessment Tool for Treatment (MacCAT-T) scores. Eighty medical inpatients, 40 psychiatric inpatients and 40 healthy controls were assessed. The criterion of expert psychiatrists was the 'gold standard' for capacity. Seven (63.6%) psychiatric patients and two (14.3%) medical patients without capacity performed in a normal MMSE cognitive range ($p < 0.001$). Statistically significant correlations between MMSE scores and mean MacCAT-T scores were observed in both patient groups (particularly in 'understanding' and 'reasoning'). The MMSE should not be used on its own for assessment of capacity.

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* Corresponding author.

E-mail address: tirsoven@unizar.es (T. Ventura Faci).

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Introduction

One of the most important changes that have taken place in medical practice over the last few decades has been the variation in the clinical relationship, which requires doctors to respect patients' autonomy when making decisions about their health, as well as to protect patients with impaired mental capacity. Mental capacity includes the ability to understand information relevant to a decision about health and to appreciate the reasonably foreseeable consequences that could arise from expressing that decision.¹

Recent reports show that impairment appears both in patients with medical and psychiatric conditions, highlighting that not all psychiatric patients are incapable and not all patients with medical illnesses are capable. Over half of patients with mild or moderate dementia could be incapable, as well as all those with severe dementia. There is a strong association between schizophrenia and impaired capacity, since 50% of schizophrenia inpatients in some studies have impaired capacity, as opposed to 20–25% of patients admitted for depression.² At least 40% of medical inpatients do not have mental capacity (related to age, cognitive impairment and delirium) although doctors tend not to recognize this.³

Cognitive impairment assessed by the Mini-Mental State Examination (MMSE) has been shown to be associated with mental incapacity and older age groups.³ In our study to validate the Spanish version of the MacCAT-T (MacArthur Competence Assessment Tool for Treatment), 27.5% of psychiatric patients and 17.5% of medical patients were assessed as incapable.⁴ Furthermore, we found that no capable patients, both medical and psychiatric, obtained lower scores in the MMSE than those who had capacity, the differences being statistically significant in both groups ($p < 0.001$).⁴ The MacCAT-T interview is the most frequently used tool to assess mental capacity in international studies, including studies of prevalence of incapacity, and is one with high empirical support,⁵ including a high degree of inter-rater reliability.⁶ To our knowledge, this study explores for the first time in the international literature:

1. To what extent medical and psychiatric inpatients performing in a normal cognitive range according to the MMSE do not have capacity to consent to treatment.

2. The relationship between the scores obtained in the MMSE and the specific sections in the MacCAT-T.

Method

Scope of the study and sample

A prospective, observational, study was conducted in two different hospitals covering a health area. The sample consisted of 80 consecutive patients admitted to the general medicine unit, and 20 patients to the psychiatry unit in the Miguel Servet University Hospital in Zaragoza; and 20 consecutive patients admitted to the psychiatric unit at the 12th October Hospital in Madrid. Forty healthy controls were selected from caregivers of patients, and their medical histories were reviewed to assure they did not have medical or psychiatric conditions (20 individuals in Madrid and 20 in Zaragoza). An attempt was done to select half the controls with ages similar to the ones in medical patients, and half similar to the ages in psychiatric patients.

The study was reviewed and approved by the Aragon Research Ethics Committee (CEICA).

To be included in the study, patients had to be 18 years of age or over, have a score of 16 or more in the MMSE and give written informed consent to take part in the research. Patients in the psychiatric group had to have a diagnosis of schizophrenia, bipolar disorder, schizoaffective disorder or delusional disorder according to the DSM-IV-TR criteria. For the healthy control group the requirements were that they did not have any medical condition requiring hospital admission, or any mental disorder, together with a MMSE score of 24 or higher. Patients with severe sensory, cognitive or physical deficits that could prevent them from responding to the interview or from providing the necessary information, and/or patients who refused to take part in the study were excluded.

Instruments

The Mini-Mental Status Examination (MMSE), official Spanish version validated by our group, was used to assess cognitive performance.⁷ The cut-off point was 23/24 for patients 65 years or older, and 26/27 for patients under 65 years.

The MacArthur Competence Assessment Tool for Treatment (MacCAT-T), Spanish version validated by our group,

Table 1 Description of the MacCAT-T interview: criteria and sub-criteria.

Criteria	Sub-criteria	Partial score	Overall score
Understanding	Understanding of the disorder	0–2	0–6
	Understanding of the treatment	0–2	
	Understanding of the risks and benefits	0–2	
Appreciation	Appreciation of the disorder	0–2	0–4
	Appreciation of the general objective of the treatment	0–2	
Reasoning	Consequential	0–2	0–8
	Comparative	0–2	
	Generating consequences	0–2	
	Logical consistency	0–2	
Expression of a choice	Expression of a choice	0–2	0–2

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