Reviewer's report

Title: The accuracy of the MMSE in detecting cognitive impairment when administered by general practitioners

Version: 1 Date: 11 December 2007

Reviewer: Barton Palmer

Reviewer's report:

The focus of this report was on the following question: How well do MMSE scores obtained by general practitioners (GP) correspond with those obtained by experts in neurocognitive assessment (neuropsychologists). The authors found that, on average, scores from GPs were slightly lower than those from neuropsychologists (administered 2 to 6 months later as part of a larger dementia evaluation at a UVA), but overall correspondence was adequate and GP-obtained scores showed reasonable sensitivity to subsequently diagnosed dementia.

This is a well-written paper that describes a relative straightforward study of a clinically important question of clear relevance to the BMC Family Practice readership. Universal referral for neuropsychological evaluation is not a feasible option, so sensitive yet efficient screening methods that can be used in general practice, to identify those warranting referral for comprehensive evaluation, is a need with clear public health significance. I have only a few minor suggestions for improvement of the report.

Major Compulsory Revisions: None

Minor Essential Revisions:

It should be noted that the GP's were selected from those willing to attend training on MMSE administration and all in fact attended that training. Such GP's may be more attentive to standardized administration and scoring rules than the general population of GP's, e.g., those who may administer the MMSE solely after reading the original Folstein et al. article and or the article describing the Italian translation. The possible effects of this potential sampling bias should be addressed in the Discussion section.

Discretionary Revisions:

There is a sentence beginning line 5, 3rd paragraph on page 3 regarding the effectiveness of existing pharmacological interventions that seems to overstate the empirical data on the utility/effectiveness of existing pharmacologic interventions in retarding disease progression in early AD. Although I agree with the authors general point that early diagnosis will be important in development of more effective interventions, the assertion of the effectiveness of existing medications should probably be worded a bit less emphatically.
The GP administration of the MMSE always occurred first, i.e., two to six months prior to the administration by a neuropsychologist at the UVAs. Was time between assessments related to degree of discrepancy in the GP versus UVA scores? How much deterioration in MMSE scores would be expected over this time period? Also, is there any basis (in this study or prior reports) by which to estimate to what degree the slightly higher scores at the UVAs might reflect practice effects? These issues should be addressed in the Discussion section if possible.

**What next?:** Accept after minor essential revisions

**Level of interest:** An article of importance in its field

**Quality of written English:** Acceptable

**Statistical review:** Yes, but I do not feel adequately qualified to assess the statistics.

**Declaration of competing interests:**

I declare that I have no competing interests.