UNIT NO. 5

CHRONIC DISEASE MANAGEMENT PROGRAMME ON DEMENTIA

Dr Chong Mei Sian

ABSTRACT

From 1 Nov 2011, Dementia will be included into the CDMP. This is expected to bring about better health outcomes for patients who will have better control of their conditions with close supervision from their doctors. Together with Bipolar disorder to be added in, there will be a total of 10 chronic diseases that could use Medisave for chronic disease management. For new diagnosis of dementia or suspected cognitive impairment, when in doubt, it is advisable to consult or refer to a geriatrician/ psychiatrist/ neurologist for confirmation as these diagnoses carry long term medical and legal implication. Existing patients with dementia in the RHs or IMH are recommended to be assessed by geriatricians/ psychiatrists/their primary care physician to be suitable for follow-up in the community by GP clinics or polyclinics, which are participating in Shared Care or GP Partnership Programmes. Clinics enrolled under the Medisave for CDMP are required to provide all the essential care components detailed in the DMP. The basis for diagnosis and management of dementia should conform to the prevailing MOH Clinical Practice Guidelines. There is a list investigations, drugs and therapies for the evaluation and management of dementia for which Medisave use can be allowed. As part of the national effort under this Programme, the Health Promotion Board has prepared Patient Education Booklets for dementia. Participating medical institutions must monitor the quality of care that patients receive.

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UPDATE ON USE OF MEDISAVE FOR CHRONIC DISEASE MANAGEMENT PROGRAMME (CDMP)

The use of Medisave for chronic disease management programme (CDMP) was implemented on 1 Oct 2006 for Diabetes. This was extended to three additional diseases in Jan 2007, namely Hypertension, Lipid Disorders and Stroke. Asthma and Chronic Obstructive Pulmonary Disease (COPD) were added in Apr 2008. Since 1 Oct 2009, CDMP was also extended to cover Schizophrenia and Major Depression.

Starting with just over 7000 patients in Oct 2006, the CDMP has grown and as of Dec 2010, there are about 112,000 patients in this Programme, with an annual Medisave withdrawal of about S$27 million in 2010.

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Submission of clinical data is an essential component of the Programme. Participating clinics are required to monitor the quality of care that patients receive and submit clinical data to the Ministry of Health (MOH). To facilitate quality improvement, the clinical data submitted had been routinely fed back to the clinic via the online CDMP outcome reports through the Mediclaim system since 2008.

INCLUSION OF DEMENTIA INTO CDMP

From 1 Nov 2011, Dementia will be included into the CDMP. This is expected to bring about better health outcomes for patients who will have better control of their conditions with close supervision from their doctors.

It is recognised that the treatment of chronic diseases is costly when administered collectively over a long period. However, this Programme will help reduce out-of-pocket payments and also reduce the barriers for patients to seek medical treatment. With the implementation of the CDMP for Dementia, GPs will be able to take on a greater role in the management of chronic diseases of their patients.

TREATMENT ALGORITHM FOR DEMENTIA

For new diagnosis of dementia or suspected cognitive impairment, when in doubt, it is advisable to consult or refer to a geriatrician/ psychiatrist/ neurologist for confirmation as these diagnoses carry long term medical and legal implication.

Patients who are already enrolled under the existing DMPs (i.e. Diabetes Mellitus, Hypertension, Lipid Disorders, Stroke, Asthma or COPD, Schizophrenia and/or Major Depression) but who also suffer from dementia, should, in addition, be enrolled into the programme. See Figure 1.

Patients who are assessed to be suitable for community follow-up will be able to use Medisave to pay for management of all these ten chronic diseases (existing rules and regulations for Medisave claims apply). Clinical outcomes will be tracked for all the DMPs that the patient has been enrolled into.

Existing patients with dementia in the restructured hospitals (RHs) or Institute of Mental Health (IMH) are recommended to be assessed by geriatricians/psychiatrists/their primary care physician to be suitable for follow-up in the community by GP clinics or polyclinics, which are participating in Shared Care or GP Partnership Programmes.

ESSENTIAL CARE COMPONENTS FOR DEMENTIA FOLLOW-UP MANAGEMENT IN DEMENTIA DISEASE MANAGEMENT PROGRAMME

Clinics enrolled under the Medisave for CDMP are required to provide all the essential care components detailed in the DMP. The basis for diagnosis and management of dementia should

Figure 1. ENROLLING PATIENTS WITH MULTIPLE CHRONIC DISEASES
(source: Annex 2-A of CDMP Handbook 2011 page 11)

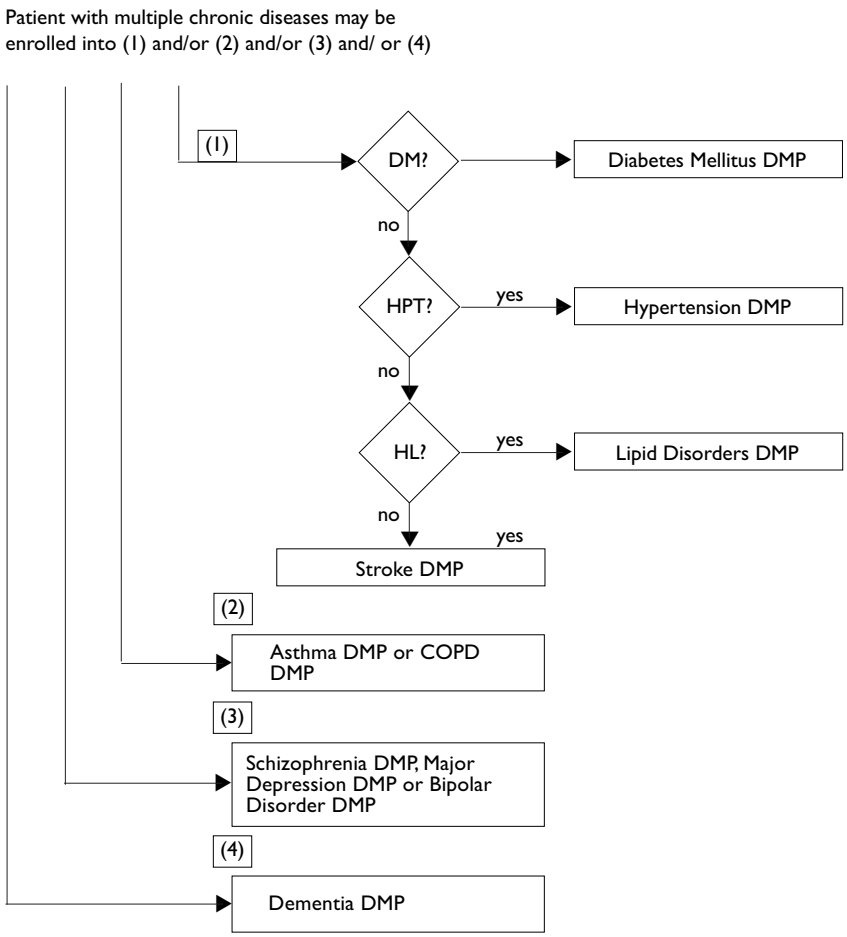
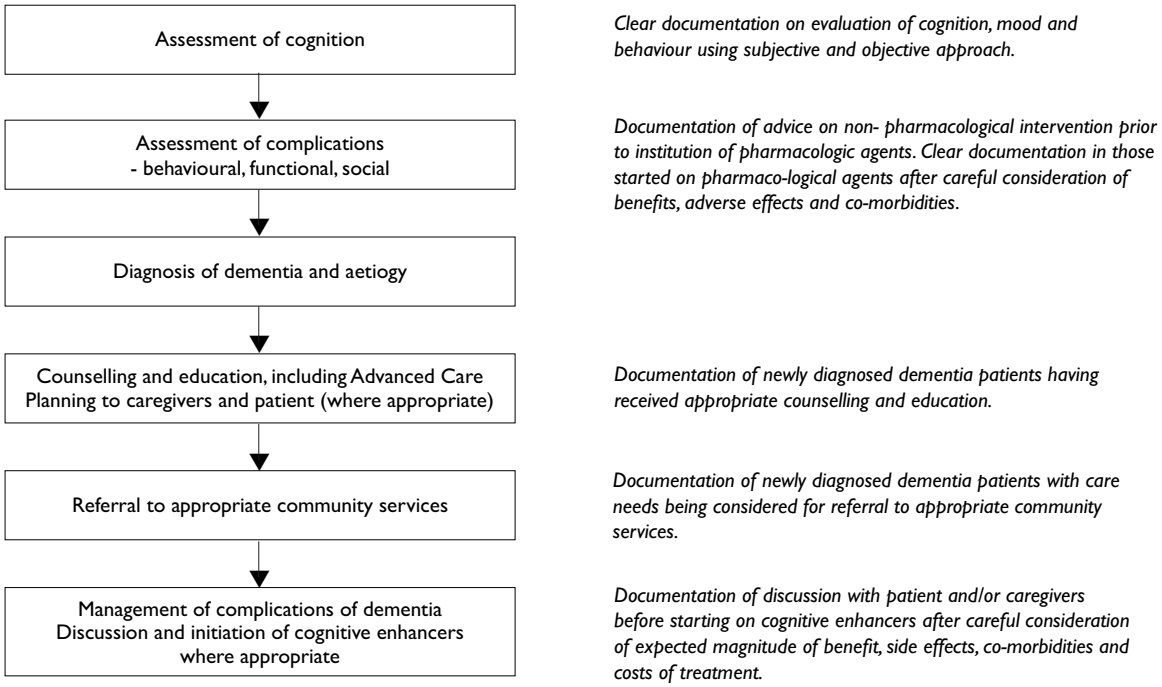


Figure 2. TREATMENT ALGORITHM FOR DEMENTIA



conform to the prevailing MOH Clinical Practice Guidelines. Shared Care Programmes or GP partnership programme with an RH must provide the essential care components for the continuing evaluation and management of dementia and bipolar disorder as set out in the Tables 2.1 and 2.2.

The care components in each DMP are recommended by the Clinical Advisory Committee appointed by MOH. These care components are recommended based on current available medical evidence

Some clinics have found it administratively easier to package their services for their patients. Packages should contain the care components detailed in the DMPs. Additional components, if any, can only be offered as add-ons.

Figure 2 shows the treatment algorithm for dementia. Details regarding each of the essential care components can also be found in the MOH Clinical Practice Guidelines, available at http://www.moh.gov.sg/mohcorp/publications.aspx?id=16266.

Medisave can also be used for doctor follow-up, nurse follow-up evaluation, physiotherapy, occupational therapy, speech therapy, home visit evaluation as clinically indicated and ordered by the attending doctor but not for home meal delivery, transport or other non-medical aspects of care.

PATIENT EDUCATION AND MONITORING

As part of the national effort under this Programme, the Health Promotion Board has prepared Patient Education Booklets for dementia.

These materials will be distributed to all CDMP clinics for the doctors to use in patient education. Specialist Outpatient Clinics (SOCs) and Polyclinics will also use the same materials to facilitate integration of care across the various care settings.

It will be useful to explain the contents of the patient education booklet to the caregiver and patient (if appropriate) as this will help enhance the doctor-patient relationship.

GUIDELINES FOR CONTINUING CARE

To facilitate integration of care across the various levels so that patients are able to continue and receive the appropriate management of their conditions, MOH has developed the following guidelines:

Referral from Specialist to Primary Care

- Suitable patients must be assessed by specialist to be stable and suitable for community follow-up.
- They should have a clear diagnosis of dementia.
- The caregivers should have been counselled on their condition, natural history and progression of illness.
- The patients should not have significant behavioural issues or significant caregiver stress. If they have behavioural issues, these should be stable before transfer to their primary care physician.
- If prescribed antidepressant and/or antipsychotic agents, the patients should be on stable doses of these medications for at least 3 months.

Referral from Primary Care to Specialist

- GPs should refer for specialist's review, patients in whom diagnosis of dementia is uncertain. GPs should also refer for specialist's review, complicated cases of bipolar disorder such as co-morbidities, pregnancy, patients 19 years or younger or other complications which in the family physician's opinion would require specialist opinion.
- Patients who, under special circumstances, require specialist opinion for medication titration for their condition (i.e. side effects or complications from conventional medication).

Clinical Indicators for Dementia

Participating medical institutions must monitor the quality of care that patients receive. The following are for management of dementia patients after establishing diagnosis:

a) Documentation in follow-up of dementia patients
   - Documentation of assessment of memory.
   - Documentation of assessment of mood and behaviour.
   - Documentation of assessment of functional and social difficulties (if any).
   - Documentation of assessment of rehabilitation needs.

b) Consultation for CDMP Dementia

c) For patients on cognitive enhancers, objective documentation of memory assessment must be performed, by way of a bedside cognitive screening instrument (such as the Mini-Mental State Examination (MMSE) or Chinese Mini Mental State Examination (CMMSE).

d) Blood test for sodium and liver function tests (only for patients on SSRIs or mood stabilisers).

e) Full blood count (for patients on mood stabilisers or considered anti-platelet therapy).

f) Clinical parameters (HR/BP) (especially for patients on cholinesterase inhibitors and antidepressants or antipsychotic medication).

g) Physical examination of extrapyramidal side effects (for patients on antipsychotics).

h) Electrocardiogram (especially for patients being considered for or on cholinesterase inhibitor. Also for patients on antipsychotics).

For those patients with stroke and dementia:

- Documentation of thromboembolism risk assessment.
- Clinical evaluation including atrial fibrillation, cardiac mumurs and need for anti-thrombotic therapy.
- Documentation of rehabilitation need assessment.

The Clinical Practice Guidelines details the good clinical practices required in dementia evaluation and management. The documentation of the important care component process in dementia evaluation and dementia management is captured in the first two clinical parameters to indicate good clinical dementia care.

As following up patients to detect complications early and prevent the morbidity and mortality associated with complications is an important aspect of care for dementia patients, the Consultation for CDMP Dementia (at least twice per year) is a key care compliance indicator for the Programme.

For dementia patients who are prescribed antidepressants or antipsychotic medications, biochemical tests should be performed at least once yearly.

For dementia patients who are prescribed cholinesterase inhibitors and antipsychotic agents, they should have clinical parameters taken during consultation visits and if there are concerns, electrocardiogram should be done. Recent evidence has shown association of cardiac rhythm abnormalities with cholinesterase inhibitor use.

Table 2.3 summarises the clinical indicators for patients with dementia required for submission via electronic channels to MOH:

RECOMMENDED INVESTIGATIONS, DRUGS AND THERAPIES

Tables 2.1 to 2.3 lists the investigations, drugs and therapies for the evaluation and management of dementia disorder for which Medisave use can be allowed.

REFERENCE FOR FURTHER READING

MOH. Chronic disease management programme handbook for healthcare professionals, 2011.

Table 2.1. ESSENTIAL CARE COMPONENTS FOR DEMENTIA FOLLOW-UP MANAGEMENT IN DEMENTIA DISEASE MANAGEMENT PROGRAMME

	Essential Component*	Minimum Recommended Frequency (per year)	Remarks
A1	Assessment of memory (if on cognitive enhancers to document MMSE/CMMSE scores)	At least once yearly or as clinically indicated	Enquiring about memory and/or performing cognitive screening test
A2	Assessment of mood and behaviour	At least once yearly or as clinically indicated	Enquiring about mood and behaviour and initiating appropriate non-pharmacological and/or pharmacological treatment where appropriate
A3	Assessment of social difficulties and and caregiver stress	At least once yearly or as clinically indicated	Assessment and referral to care co-ordinator or medical social worker or appropriate community services
A4	Functional needs assessment	As indicated	To initiate if there are concerns with regards home safety, driving safety, reports of recurrent falls, functional decline, swallowing difficulties
A5	Clinical parameters (HR/BP)	At least once yearly or as clinically indicated	Especially patients on cholinesterase inhibitors and antidepressants or antipsychotics which might affect cardiac rhythm
A6	Blood test for sodium and liver function tests	At least once yearly or as clinically indicated	Only for patients on SSRIs
A7	Full Blood count	At least once yearly or as clinically indicated	For patients on mood stabilisers or antiplatelet
A8	Physical examination for extra-pyramidal side-effects	At least once yearly or as clinically indicated	Only for patients on antipsychotics
A9	Electrocardiogram	As indicated	Especially patients who are being considered for cholinesterase inhibitor and/or on cholinesterase inhibitor but concerns regarding heart rhythm and patients on antipsychotics

**The diagnosis of dementia needs to be already established*

Table 2.2: ADDITIONAL CARE COMPONENTS FOR PATIENT WITH DEMENTIA AND STROKE

Essential Component		Minimum Recommended Frequency (per year)	Remarks
S1	Thomboembolism Risk Assessment	Annually	Clinical evaluation including atrial Fibrillation, cardiac Mumurs and need for anti-thombotic therapy
S2	Rehabilitation need assessment	As clinically indicated	

Table 2.3 CLINICAL INDICATORS FOR PATIENTS WITH DEMENTIA FOR SUBMISSION VIA ELECTRONIC CHANNELS TO MOH

Clinical Indicator	Frequency
Documentation of: i. assessment of memory ii. assessment of mood and behaviour iii. assessment of functional and social difficulties (if any) iv. assessment of rehabilitation needs	At least once yearly or as clinically indicated
Consultation for CDMP Dementia	Twice yearly
For patients on cognitive enhancers, documentation of objective assessment of memory (MMSE or CMMSE testing or other validated instruments)	At least once yearly or as clinically indicated

Table 2.4 – DOSING INFORMATION FOR DEMENTIA PATIENTS*

Drug class	Drug name	Examples of brand names	Usual adult starting dose	Usual adult dose range (per day)	Max. adult recomm. dose (per day)
SSRI	Escitalopram	Lexapro®	5 – 10 mg/day	10 – 20 mg	20 mg
	Fluoxetine	Prozac®	10 – 20 mg OM	20 – 60 mg	80 mg
	Fluvoxamine	Faverin®	25 – 50 mg/day	50 – 300 mg	300 mg
	Paroxetine	Seroxat CR®	10 – 12.5 mg/day	12.5 – 50 mg	75 mg
	Sertraline	Zoloft®	25 – 50 mg/day	25 – 200 mg	200 mg
SNRI	Duloxetine	Cymbalta®	30 – 60 mg/day	30 – 60 mg	120 mg
	Venlafaxine	Efexor XR®	75 mg/day	75 – 225 mg	225 mg
NASSA	Mirtazapine	Remeron Soltab®	15 – 30 mg/day	15 – 45 mg	45 mg
RIMA	Moclobemide	Aurorix®	150 mg/day	150 – 600 mg	600 mg
Cholinesterase Inhibitors	Donepezil	Aricept®	2.5 – 5 mg once daily {Tablet (5 mg, 10 mg)}	5 – 10 mg	10 mg
	Rivastigmine	Exelon®	1.5 mg bid after meals {Capsule (1.5mg, 3mg, 4.5mg, 6 mg) Transdermal patch (4.6mg/24 hours, 9.5mg/24 hour)}	6 – 12 mg 4.6mg – 9.5mg (Transdermal patch)	12 mg
	Galantamine	Reminyl®	8 mg once daily after meals {PR Capsule (8mg, 16 mg and24 mg)[2] Solution (4mg/ml; 100 ml bottle)[3]}	16 – 24 mg	24 mg
NMDA Antagonists	Memantine	Ebixa®	5 mg once daily {Tablet: 10 mg, Solution: 10 mg/g oral drops (10 drops = 5 mg)}	20 mg/day (CCT[4] >60) 10 mg/day (CCT 40-60)	20 mg
Others	Bupropion	Wellbutrin SR®	150 mg OM, increase to 150 mg BD on day 4 if well tolerated	150 – 300 mg	300 mg
	Tianeptine	Stablon®	25 – 50 mg/day in 2 – 4 divided doses	25 – 37.5 mg	50 mg
	Trazodone	Trittico®	25 – 150 mg/day in divided doses	50 – 300 mg	600 mg

[2] PR: prolonged release once-a-day formulation. The immediate-release formulation has been phased out.
[3] Solution can be mixed with non-alcoholic beverage, but must be consumed immediately.
[4] Creatinine clearance

Abbreviations:
- SSRI: Selective Serotonin Reuptake Inhibitor:
- SNRI: Serotonin and Noradrenaline Reuptake Inhibitor
- NASSA: Noradrenaline and Specific Serotonin Antidepressant
- RIMA: Reversible Inhibitor of Monoamine Oxidase

Important Notes:
- For details, please consult the manufacturers most current product literature or other standard references.
- Lowest effective doses should be used. Elderly patients should be carefully initiated at lower doses of a suitable antidepressant. Individualized dosing for any antidepressant should be based on an in-depth evaluation of the individual patient's therapy requirement with considerations to issues such as contraindications, warnings, precautions, adverse reactions and interactions with other drugs.
- There are many adverse drug interactions with antidepressant drug use, please refer to drug literature for details. Some examples of potential clinically significant interactions with general medicines when initiating/increasing an antidepressant dose can be:
- Triptans (e.g. Sumatriptan), St. John's Wort: Risks of serotonin syndrome with SSRIs and related antidepressants.

- Insulins, oral hypoglycaemic agents: Risks of hypoglycaemia with some antidepressants (e.g. Fluoxetine)
- Theophylline, Clozapine: Risks of toxicity with Fluvoxamine
- Digoxin: Risks of toxicity with Fluoxetine
- Anticonvulsants: Levels affected by many antidepressants. Seizure threshold reduced by TCAs, bupropion.
- Warfarin: Risks of bleeding with many antidepressants (e.g. Fluvoxamine)
- Precautions when switching antidepressants: Other antidepressants should not be started until at least 2 weeks after Moclobemide has been stopped. Moclobemide should not be started until at least 1 week after a TCA or SSRI or related antidepressant has been stopped (2 weeks in the case of Sertraline, and at least 5 weeks in the case of Fluoxetine). Combinations of SSRIs and related antidepressants may cause serotonin syndrome, hypotension and drowsiness.

References:
British National Formulary Vol. 57 (Mar 2009) & Geriatric Dosage Handbook (11th Ed)
MICROMEDEX (DRUGDEX) Healthcare Series Vol. 140 (2009)
American Hospital Formulary System (2009 Edition)
Manufacturers' Product Information

Table 3.1: RECOMMENDED INVESTIGATIONS FOR PATIENTS RECEIVING SELECTED PHARMACOTHERAPY

S/N	Investigation	Indication
DEMENTIA		
1	Full Blood Count	Patients on mood stabilisers. Patients for consideration or on antiplatelet agent
2	Renal Panel (U/E/Cr)	Patients on antidepressants or mood stabilisers
3	Liver Function Test	Patients on antidepressants, atypical antipsychotics, mood stabilisers
4	Electrocardiogram	Patients for consideration or on cholinesterase inhibitors and antipsychotics (both typical and atypical) and in whom there is concern with regards to cardiac rhythm abnormalities

TABLE 3.2: LIST OF MEDISAVE CLAIMABLE DRUGS FOR TREATMENT OF PSYCHIATRIC CONDITIONS

S/N	Drug	S/N	Drug
1	Amisulpride	24	Lithium*
2	Amitriptyline	25	Maprotiline
3	Aripiprazole	26	Memantine#
4	Benzhexol	27	Mirtazepine
5	Benztropine	28	Moclobemide
6	Bupropion	29	Nortriptyline
7	Carbamazepine*	30	Olanzepine
8	Chlorpromazine	31	Paliperidone
9	Clomipramine	32	Paroxetine
10	Clozapine	33	Perphenazine
11	Donepezil	34	Quetiapine
12	Dothiepin	35	Risperidone
13	Doxepin	36	Rivastigmine #
14	Duloxetine	37	Sertraline
15	Escitalopram	38	Sodium Valproate*
16	Fluoxetine	39	Sulpiride
17	Flupenthixol	40	Tianeptine
18	Fluphenazine	41	Trazodone
19	Fluvoxamine	42	Trifluoperazine
20	Galantamine#	43	Trimipramine
21	Haloperidol	44	Venlafaxine
22	Imipramine	45	Ziprasidone
23	Lamotrigine	46	Zuclopenthixol

Notes
NB: The list will automatically include any other new psychiatric drugs (excluding benzodiazepams) that are approved by the Health Sciences Authority (HSA)
**Mood stabilizers*
 # Drugs which are specific for the treatment of dementia

TABLE 3.3: LIST OF ALLOWABLE THERAPIES FOR TREATMENT OF PSYCHIATRIC CONDITIONS

- Psychological therapy in specific cases
- Electro-convulsive therapy (ECT)
- Occupational Therapy
- Physiotherapy
- Speech therapy

CMMSE scoring sheet

Attention (forward digit span): 4719 582036 (1) Intact (2) Impaired [ ]

ITEMS	(61) CMMSE
What day of the week is it?	(1)
What is the date today?	(1)
What is the month?	(1)
What is the year?	(1)
Where are we now?	(1)
What floor are we now?	(1)
In which estate are we?	(1)
In which country are we?	(1)
* Repeat the following words: "Lemon, Key, Balloon"	(3)
Subtract $7 from $100 and make 5 subtractions	(5)
* Can you recall the three words	(3)
What is this? (show a pencil)	(1)
What is this? (show a watch)	(1)
Repeat the following: a) "No ifs, ands or buts" (English) b) "Forty-four stone lions" (Chinese)	(1)
Follow a 3-stage command: "Take this piece of paper, fold it in half, and put it on the floor."	(3)
Say a sentence of your choice	(1)
Read & obey what is written on this piece of paper. "Raise your hands"	(1)
Copy this drawing on a piece of paper	(1)
TOTAL SCORE	(28)

LEARNING POINTS

- **From 1 Nov 2011, Dementia will be included into the CDMP.**
- **This is expected to bring about better health outcomes for patients who will have better control of their conditions with close supervision from their doctors.**
- **For new diagnosis of dementia or suspected cognitive impairment, when in doubt, it is advisable to consult or refer to a geriatrician/ psychiatrist/ neurologist for confirmation as these diagnoses carry long term medical and legal implication.**
- **Existing patients with dementia in the RHs or IMH are recommended to be assessed by geriatricians/ psychiatrists/their primary care physician to be suitable for follow-up in the community by GP clinics or polyclinics, which are participating in Shared Care or GP Partnership Programmes.**
- **Clinics enrolled under the Medisave for CDMP are required to provide all the essential care components detailed in the DMP.**
- **The basis for diagnosis and management of dementia should conform to the prevailing MOH Clinical Practice Guidelines.**
- **There is a list investigations, drugs and therapies for the evaluation and management of dementia for which Medisave use can be allowed.**
- **As part of the national effort under this Programme, the Health Promotion Board has prepared Patient Education Booklets for dementia.**
- **Participating medical institutions must monitor the quality of care that patients receive.**

SLAS ☐ 1 ☐ 2 **Date:** _____

SUBJECT NO: ☐☐☐☐ **Name:** _____

MINI MENTAL STATE EXAM
迷你精神状况测试
PEPERIKSAAN KEADAAN ROHANI MINI

Instructions: Read the instructions for each item to the participant **word for word** as provided. Due to colloquial differences between the Chinese dialects, some minor deviations from verbatim instructions is acceptable only for Hokkien and Cantonese. However, examiners are recommended not to deviate overly from the provided instructions to avoid giving too much or too little information to the participants and potentially biasing their performance. For each of the 30 items, check the appropriate box (correct or incorrect) and record the subject's verbatim response in the spaces provided.

Orientation/Orientasi

Correct	Incorrect	
☐	☐	1. What is the year? 现在是哪一年? Sekarang tahun apa? _____
☐	☐	2. What is the month? (OK to accept Chinese calendar equivalents, but ask if subject knows Western calendar equivalent) 现在是几月? Sekarang bulan apa? _____
☐	☐	3. What is the date today? 今天几号? Apakah tarikh hari ini? _____
☐	☐	4. What day is today? 今天是星期几? Hari ini hari apa? _____
☐	☐	5. Without looking at your watch, what time is it? 不要看表，现在几点钟? Jangan melihat jam; sekarang pukul berapa? Subject's response _____ Current time _____
☐	☐	6. What area are we in? 我们在哪一个地区? Kita berada di kawasan mana? _____
☐	☐	7 What building are we in now? If necessary, ask for name or block number of building. 我们现在在哪一个建筑物? If necessary, 这个建筑物叫什么名/ 是什么号码? Sekarang kita berada di bangunan apa? If necessary, tanyakan nama bangunan atau nombor blok. _____
☐	☐	8. What floor are we on? 我们现在在几楼? Sekarang kita berada di tingkat berapa? _____
☐	☐	9. What country are we in? 我们现在在哪个国家? Kita berada di negara apa? _____
☐	☐	10. Which part of Singapore is this place (North, South, East, West or Central)? 这个地方在新加坡的那个方向，东，南，西，北或中? Di manakah kedudukan tempat ini di Singapura? (Utara, selatan, timur, barat atau pertengahan) _____

Immediate Recall / 即时回忆 / Pengingatan Kembali Segera

"I'm going to name three objects. When I am through, I want you to repeat them."
"我要说三样东西的名称。当我讲完后，我要你再重复一遍，
"Saya akan sebutkan tiga benda. Selepas ini, saya ingin anda ulanginya lagi."

The first repetition determines his/her score (0-3), but keep saying them until he/she can repeat all three, up to six trials.

Correct	Incorrect				
☐	☐	11.	Ball	Bola	柠檬
☐	☐	12.	Flag	Bendera	锁匙
☐	☐	13.	Tree	Pokok	气球
_____		13a.	Number of trials (Range = 1-6)		

"Please remember them as I will ask you to repeat them again later on."
"请把他们记住因为过后我会要你重复一次。"
"Cuba mengingatinya kerana saya akan menyuruh anda sebutkan benda-benda itu sebentar lagi."

Attention / 注意力/ Perhatian

"Subtract 7 from 100 and keep on subtracting 7 from each answer until I tell you to stop. Tell me your answer for each subtraction".
"请从一百减去七，然后从所得到的数目再减七，一直这样的计算下去。把每个答案都告诉我，直到我叫你停为止"。
"Sila tolak 7 dari 100 dan terus menolak 7 dari setiap jawapan yang didapati sampai saya berhenti. Berikan jawapan setelah setiap tolakan."

Each answer must be independently compared to the prior answer to ensure that a single mistake is not unduly penalised.

Correct	Incorrect			
☐	☐	14.	93	_____
☐	☐	15.	86	_____
☐	☐	16.	79	_____
☐	☐	17.	72	_____
☐	☐	18.	65	_____

Delayed Recall / 延缓回忆 / Peringatan Kembali Perlambatan

"Can you tell me the three objects that I asked you to remember earlier?"
"现在请告诉我， 刚才我叫你记住的三样东西是什么？ "
"Cuba namakan tiga benda yang saya suruh ingatkan tadi."

Correct	Incorrect				
☐	☐	19.	Ball	Bola	柠檬
☐	☐	20.	Flag	Bendera	锁匙
☐	☐	21.	Tree	Pokok	气球

Language / 语文 / Bahasa

Correct	Incorrect	
☐	☐	22. Show the subject a wrist watch and ask "**What is this**?" If subject gives a function say, "**Yes, but what is this called**?" or "**What is its name**?" **"这是什么？"，"是的，但是它叫什么？" 或 "它的名字是什么？"** **"Apakah ini?", "Ya, tetapi ia dipanggil apa?"** or **"Apakah nama nya?"**
☐	☐	23. Repeat for pencil / 铅笔 / pensil.
☐	☐	24. Say: "**I will say this once only, please listen carefully and repeat after me: An apple a day keeps the doctor away.**" **"现在我要说一句话，请听清楚后跟我重复一遍。 我只能说一遍，所以好好地听这句话是： 家家有本难念的经."** **"Saya akan menyatakan sekali sahaja, sila dengar baik-baik dan ikut apa yang saya cakap: marah,merah,murah."**

Hold a piece of paper in front of subject, do not allow him/her to take it until all three commands are given and say **"Listen carefully, take the paper in your right hand, fold it into half and put it on the floor."**

"请听清楚，用你的右手拿着张纸，把它折成一半后放在地板上。"

"Dengar baik-baik, ambil kertas dengan tangan kanan anda, lipatnya setengah dan letak di lantai."

Correct	Incorrect	
☐	☐	25. Takes paper in right hand.
☐	☐	26. Folds paper in half.
☐	☐	27. Puts paper on floor

Correct	Incorrect	
☐	☐	28. Present the piece of paper which reads 'Close your eyes' and say: **"Read this and do what it says"** "读这个，并按上面说的去做" **"Baca ini dan patuhi/lakukan apa yang tertulis"** *Score correct only if the subject actually closes his/her eyes.*
☐	☐	29. Say: **"Say a complete sentence"** The sentence must have a noun, a verb, and be meaningful.If needed, prompt the subject: **"For example, say something about the weather"** Write down the sentence provided. **"**请讲一个完整的句子。**" , "**比如，讲一个关于天气的句子。**"** **"Sebutkan sebuah ayat lengkap" , "Misalnya, bina sebuah ayat berkenaan cuaca."**

Note down the sentence _____

Construction / 图案构画 / Pembangunan

30. Present the subject with the Construction Stimulus page.
Say, **"Copy this design" / "照着纸上的图案来画" / "Cuba lukis gambar ini".**

Do not allow erasure. The subject may request a second attempt. (Clearly label the first and second attempts.)

☐ **Correct** ☐ **Incorrect**

Languages/Dialects used _____

Remarks: _____

The subject is having the following problem(s) at the time of interview:

- ☐ 0. Mute
- ☐ 1. Cannot see
- ☐ 2. Paralysed
- ☐ 3. Illiterate
- ☐ 4. Tired
- ☐ 5. Cannot hear

Total Score:

Assessor: _____

Close your eyes

关/闭上眼睛

關/閉上眼睛

Tutup Mata