

DRIVING AND DEMENTIA

A diagnosis of dementia does not mean that a person should stop driving immediately, but it does mean that at some point the ability to drive safely will be lost.

Safe driving involves a series of complex brain activities and quick physical responses. The degenerative brain damage caused by dementia leads to a gradual decline in functioning that inevitably makes driving unsafe.

Studies have shown that people with dementia are four to seven times more likely to have a motor vehicle crash.

The issue of driving is complex, affecting both the person with dementia and the caregiver. The discussion about driving should start soon after receiving a diagnosis of dementia. It needs to encompass three main areas: safety, loss of independence, and loss of identity.

1. Safety

- Lack of insight about one's driving skills increases with the progression of the illness, making the conversation about driving more difficult. It's important to discuss driving issues with the person as early as possible in the course of the illness.
- Due to increasing brain damage, the person with dementia gradually loses the ability to drive safely, which puts them, their passengers and others on the road at risk.
- It is the responsibility of the person, the person's physician and the caregiver to address the issue of safety and driving cessation.

2. Loss of Independence

- Giving up driving is one more loss in a series of losses that are characteristic of dementia.
- The resulting loss of independence can be felt more acutely by those who rely heavily on the use of their car to access services or to meet people.
- The caregiver also feels that loss if they rely on the person with dementia to drive them around.

3. Loss of Identity

- Beyond the loss of independence, people who have been driving most of their adult lives may feel a loss of identity when they give up their car or driver's licence.
- For many men, losing the use of a car can be especially difficult because the car is a symbol closely associated with manhood.

Determining Driver Fitness in BC

- Receiving a diagnosis of dementia does not mean that the person will automatically lose his/her driving licence.
- Anyone can send a written report to the Office of the Superintendent of Motor Vehicles (OSMV) regarding concerns about a driver's fitness. Reports must be from a person with first hand knowledge, be in writing, and give supporting reasons.
- Every psychologist, optometrist and medical practitioner has the responsibility to report patients who have a medical condition that makes it dangerous for them to drive to OSMV.
- The physician conducts the initial assessment of the patient's driving capability in his/her office using the SIMARD MD screening test. If the patient is flagged as unfit to drive or the results are in the 'indeterminate' zone, the physician must report this score to OSMV, which may refer the patient to be tested by DriveABLE.
- DriveABLE consists of a computer based test to assess cognitive abilities and an on-road evaluation if the cognitive assessment is "inconclusive".
- If OSMV determines a driver is not fit to drive, a letter is sent to the driver to let them know the decision to revoke their driver's licence.
- If the person is found fit to drive, he/she will not receive a notice from OSMV. Connect with your physician to find out the result of your driving test.
- If the person is found fit to drive, he/she may have their driving capability reassessed every six month by their physician.
- OSMV will pay for the DriveABLE assessment when the OSMV refers the patient. If a physician refers a patient directly to DriveABLE, the patient must pay the \$300 fee.

Strategies for Discussing Driving

- Wherever possible, introduce the topic of driving early in the illness when insight about driving ability is strongest.
 - Be prepared to have several conversations. This gives time for the person to get used to the idea of driving cessation, and process some of the losses associated with it.
 - In most cases, it is easier for the person if **they** make the decision to stop driving for themselves, rather than have someone else make that decision against their will.
 - Try to discuss the topic in a way that will encourage the person to come to their own conclusions regarding driving cessation.
- Keep in mind the person's feelings and possible threat to their self-esteem and independence. Acknowledge their feelings, and allow time to talk about them.
- Who is the best person to initiate the discussion? The person with dementia might be more receptive to talking about driving with someone else, perhaps a family friend or another family member. Some men might prefer talking to other men about this issue.
- Make safety – their safety, passengers' safety and the safety of others on the road – the focus of the discussion.
 - Take responsibility for your own feelings and use “I” statements instead of “you” statements in your conversation. For example, instead of: *“You are no longer a safe driver, you need to stop driving.”* try: *“I am worried about your safety when you are driving; this is why I would like to discuss driving with you.”*
 - Help the person recognize that their own assessment of their driving ability might be impaired by the illness. Share your observations. Suggest using others' input in order to provide a more complete picture of the situation.
 - Recognize the person's past good driving record, but once this is done, refocus the discussion on the effect of dementia on their present driving abilities.
 - Acknowledge that even the best of drivers will be affected negatively by a medical condition. Focus on the illness, not on their lack of skills.
 - Stay calm, respectful, and positive. Do not use an accusatory tone, since this may incite a defensive attitude.

- Present alternatives to driving as a way of preserving independence.
 - Encourage the use of alternative modes of transportation before the person gives up their driver’s licence. For example, suggest that the two of you take the bus or a taxi to go shopping downtown or to go to an appointment.
 - Demonstrate to the person how the savings of selling the car cover a lot of the expenses of using alternative modes of transportation.

COST OF DRIVING	
Monthly vehicle payment _____ x 12	\$
Monthly gas and oil costs _____ x 12	\$
Monthly parking costs _____ x 12	\$
Auto insurance	\$
Registration / licence costs	\$
Yearly car maintenance	\$
Annual parking tickets	\$
Accident costs this year	\$
Vehicle value if it is sold	\$
Total money available if I sell the car	\$

Source: Driving Skills Can Change, DriveABLE brochure

- Talk to the family physician ahead of time about your concerns.
 - Physicians are recommended to administer a SIMARD MD screening test when they first suspect a patient has a cognitive impairment, when the patient shows a significant decline and at least every six month for a patient who is still driving.
 - Ask the person’s doctor to write “Do not drive” on a prescription pad.

Alternatives to Driving

Among other things, driving cessation is associated with the loss of independence. The conversation with the person with dementia might go more smoothly if you can present alternate ways of getting around instead of using of car.

- Encourage the use of other modes of transportation prior to the cessation of driving in order to encourage comfort with alternatives to driving and an understanding of how they can be integrated into daily life.
- Find reasons to take public transportation. For example, suggest a change of pace from driving or mention avoiding traffic and the cost of parking.
- Organize a driving pool of relatives and friends.
- Have Taxi Saver coupons on hand to use on short notice.
- Consider having groceries and other purchases delivered to the home.

Resources – Alternatives to Driving

- **BC Transit** (schedules, passes and Taxi Savers)
(250) 385-2551, www.bctransit.com
- **HandyDart**
www.busonline.ca (Type 'Handydart' in the search box)
to register (778) 452-2860, booking (604) 575-6660 or (250) 727-7811
- **Taxi Savers + HandyCard** (provides a 50% subsidy on cost of using taxis)
(778) 452-2860 or (250) 995-5618
www.translink.ca/en/rider-info/accessible-transit/handycard-taxi-saver.aspx
- **Driving Miss Daisy** (door to door driving and assistance)
1-877-613-2479, www.drivingmissdaisy.ca
- Some communities have **volunteer driver programs** to assist seniors and people with disabilities.
- Some organizations, social clubs, religious organizations and senior centres offer **transportation or pick-up services** (often free) to their members.

Suggestions to Prevent the Use of the Car

- Gently mention that you prefer to drive because it's dark out or there is a lot of traffic, or that is the person's turn
- It may be necessary to remind the person of their physician's recommendation not to drive, or if their licence has been revoked.
- Take the car keys from the person.
- Substitute the car keys with other keys, to let the person hang on to their keys if this is important to them.
- Make the car non-operational (install a kill switch, disconnect the sparkplugs, remove distributor cap, disconnect the battery...).
- Sell the car.

Note: If the person is a member of BCAA make sure that BCAA is informed as they may receive phone calls asking for assistance to start the car.

Resources – preventing the use of the car

- Alzheimer Store, www.alzstore.com

References:

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Canadian Medical Association: *Determining Medical Fitness to Operate Motor Vehicles*, 2006, p.16-17.

Candrive: Driving Research for Older Adults, www.candrive.ca.

DriveAble, www.driveable.com.

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Providence Care: *Driving and Dementia*, www.pccchealth.org/cms/sitem.cfm.

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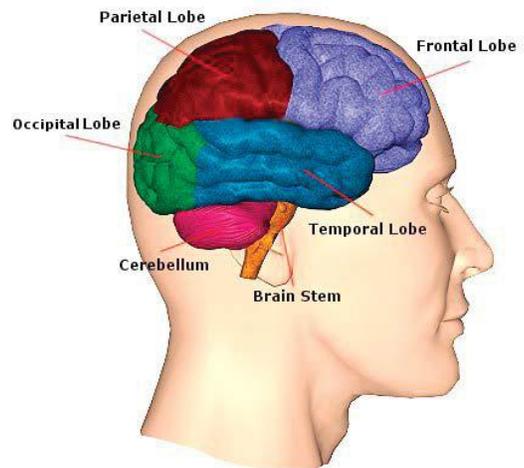
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DRIVING AND DEMENTIA

Driving is a complex activity involving many regions of the brain working simultaneously. Due to the progression of brain damage, the person with dementia gradually loses the ability to drive safely.



Source: The Hartford, www.thehartford.com/alzheimers

BRAIN PARTS	FUNCTIONS
Frontal lobe	<ul style="list-style-type: none"> • Anticipates potential danger • Decides how to respond to situations • Helps plan, organize and carry out activities • Controls the ability to multi-task • Controls emotional response • Oversees problem-solving and decision-making • Controls memory of habits, muscles, and body movement
Parietal lobe	<ul style="list-style-type: none"> • Involves visual-spatial perception • Recognizes movement and manipulation of objects • Integrates signals from all senses • Coordinates visual attention and touch perception
Occipital lobe	<ul style="list-style-type: none"> • Controls visual response
Temporal lobe	<ul style="list-style-type: none"> • Controls hearing • Manages memory acquisition/storage • Processes some visual perceptions • Categorizes objects
Cerebellum	<ul style="list-style-type: none"> • Coordinates voluntary muscle movement • Maintains balance • Holds memory for reflex motor actions
Brain stem	<ul style="list-style-type: none"> • Controls reflexes • Affects alertness • Affects sense of balance