

# CONNECTIONS

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## ***Driving and Dementia Health Professionals Can Play Important Role***

As a person ages, driving skills change due to both muscle and vision degeneration, slowing reaction time, and the effects of illnesses and medications. Although older drivers are among the safest drivers in the United States, car crashes are the leading cause of injury-related fatalities in 65–74 year olds and the second leading cause of fatalities for those 75 years of age or older, after falls. In 1995, one out of every 11 drivers was over age 70. By the year 2020, one out of every 5 drivers will be over age 65.



Studies suggest that older drivers with dementia are at greater risk for accidents compared to other

drivers. On-road tests of driving skills have shown that drivers with mild dementia were more prone to errors than a control group. Other surveys note that drivers with dementia had twice as many “close calls” as other drivers, perhaps because they have significant problems, for example, in processing visual information.

Although studies have analyzed this problem in different ways—for example, dementia has been classified using different measurement scales—almost all studies point to the same general conclusion: drivers with dementia should undergo regular, on-road testing of skills to ensure safety of the driver, passengers, and others.

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## ***Tips for Caregivers: When Driving Should Stop***

What course of action is open to the caregiver of a person with Alzheimer's disease when faced with clear evidence that driving should stop? How can the caregiver avoid confrontation when suggesting that a driver's license should be surrendered? How does the caregiver balance the dignity of the

person with AD with the safety of others? How can a health care professional help?

Some drivers with dementia will begin limiting their



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## ***Minority Outreach Workshop Blends Spiritual and Practical***

Successful outreach to educate minority communities about Alzheimer's disease is built on relationships that take time to establish. A key ingredient is the ability to achieve rapport with your audience. Rapport helps engender trust, but it takes time, energy, determination, and enthusiasm, especially where loss and grief are ingrained in the culture of the community. Effective education requires knowledge of the minority community's strengths and weaknesses.



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Darlyne Redd, MSSA, LSW, knows about rapport and the time it takes to develop trust. Since 1992, she has worked at the University Memory and Aging Center (UMAC) of University Hospitals of Cleveland/Case Western Reserve University. Ms. Redd is presently the Manager for Minority Outreach.

In her early years, as she was organizing community outreach to African Americans, Ms. Redd

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## Driving and Dementia

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When should a person with dementia due to Alzheimer's disease stop driving? Is a diagnosis of AD an automatic signal that a driver's license should be surrendered?

While there are no "right" answers to these questions, recent studies suggest that a diagnosis of mild or early-stage AD is not necessarily the moment that a driver's license should be forfeited. People with mild dementia sometimes can continue driving safely, but their caregivers

should monitor driving closely, because the progressive nature of dementia will eventually affect driving ability. In addition to the normal process of aging and

its effects on driving, dementia slowly erodes cognitive functions critical to driving, including attention, judgment, reaction time, spatial skills, and problem-solving abilities.

Once a diagnosis of dementia has been made, regular assessments of driving capability should be conducted by trained staff at the State motor vehicle department. Even if the person with dementia demonstrates safe driving, driving should gradually be limited to avoid more challenging situations, such as heavy traffic, unfamiliar roads, night driving, or long distance highway driving.

### Warning Signs

Many of the general symptoms of Alzheimer's disease affect driving ability, including:

- loss of memory, particularly for recent events
- loss of alertness and diminished attention span
- loss of coordination

- difficulty judging distance and space
- becoming lost or disoriented in familiar places
- inability to perform routine tasks and difficulty doing multiple tasks
- mood swings, confusion, irritability
- difficulty processing information
- difficulty with decision-making and problem solving

Symptoms of dementia can lead to the following dangerous driving situations, which could cause a serious accident, fender bender, or near miss:

- driving too slowly
- stopping for no reason
- failing to observe traffic signs or signals
- becoming lost in familiar territory
- lacking good judgment or not anticipating dangerous situations
- having trouble navigating turns (particularly unprotected left turns), lane changes, or highway exits
- drifting into other lanes or driving on the wrong side of the street
- signaling improperly or not signaling at all
- difficulty seeing pedestrians, objects, or other vehicles
- falling asleep while driving or becoming drowsy
- parking incorrectly

### Guidance for Caregivers

Doctors are perceived as authority figures whose opinions may be taken more seriously than those of a caregiver or family member by the person with dementia. According to the American Academy of Neurology, patients and their families should be informed that patients

with AD with a Clinical Dementia Rating (CDR) of 1 or more have a higher crash rate, and therefore should not drive. A CDR of 0.5 can cause driving safety problems when compared to other older drivers, thus a referral to a trained examiner for evaluation of driver skills should be considered. Reevaluation every 6 months is recommended. A CDR stage 1 is roughly equivalent to a Mini-Mental State Examination (MMSE) score of less than 25 but greater than 19; a CDR of 0.5 is roughly equivalent to an MMSE score of 25 or greater.

During the appointment, a physician should evaluate the patient's physical condition, cognitive skills, and medication use, and should take a thorough driving history, including:

- how often the patient drives, where, when, and why
- familiarity with, and types of roads used
- types of traffic conditions
- caregivers' observations of driving skills
- accidents, near misses, traffic tickets

If patients are clearly a risk to themselves or others, the physician should take action to "prescribe" that driving cease, using the prescription pad. The discussion should be open and sensitive to the issues involved, particularly the perceived threat to inde-

pendence. The discussion should be noted in the patient's medical record. The physician should be prepared to offer advice on available alternative forms of transportation and counsel the patient on ways to cope without a car, according to the American Academy of Family Physicians. It's also a good idea for the doctor to follow-up with the caregiver to see if his or her advice is being followed.



Although physicians may find themselves in an ethical dilemma about whether to maintain patient confidentiality, or report driver impairment to legal authorities, their overall goal should be to prevent injury. In some States, physicians are even required to report patients who are no longer capable of driving. If a patient refuses to stop driving despite advice from the physician, the physician can consider a referral for further testing or additional opinions. An on-road test administered by trained personnel is considered the best overall method to evaluate driving abilities.

### Studies Underway

The National Institute on Aging and the National Highway Traffic Safety Administration (NHTSA) are teaming up to fund studies of how Alzheimer's disease affects the ability to drive. One such effort at the Washington University at St. Louis Alzheimer's Disease Center (ADC) will gather opinions on driving with dementia from people with early, mild-stage AD, caregivers, members of advocacy organizations, health care professionals, and insurance experts. This information will help guide the NHTSA in an education campaign. Strategies on how and when to stop driving will also be developed. The Rush-Presbyterian-St. Lukes Medical Center ADC in Chicago is also funded by this NHTSA and NIA grant.


Washington University ADRC Co-Director Dr. John Morris, recently stated, "Some persons with dementia, especially those in the very mild stages, often continue to drive safely, at least for the time being. Some prevailing attitudes are at odds with this viewpoint, however, and support that driving cessation occur at the time dementia is diagnosed, regardless of the driving ability of the individual. The challenge is knowing when and how to initiate a driving cessation process when driving is no longer safe. Our study will begin to address some of these issues by talking to the people most involved."

### For More Information:

Carr, David B. (2000). The Older Adult Driver. *American Family Physician*, 61(1), 141-150. Internet: [www.aafp.org/afp/20000101/141.html](http://www.aafp.org/afp/20000101/141.html).

Dubinsky, Richard M.; Stein, Anthony C.; Lyons, Kelly. (2000). Practice Parameter: Risk of Driving and Alzheimer's Disease: An Evidence-Based Review. *Neurology*, 54, 2205-2211.

Foley, Daniel J.; Helmovitz, Harley K.; Guralnik, Jack M.; Brock, Dwight B. (2002). Driving Life Expectancy of Persons Aged 70 Years and Older in the United States. *American Journal of Public Health*, 92(8), 1284-1289.

Kakaiya, Ram; Tisovex, Richard; Fulkerson, Phillip. (2000). Evaluation of Fitness to Drive. The Physician's Role in Assessing Elderly or Demented Patients. *Postgraduate Medicine*, 107(3), 229-236. 

### Tips for Caregivers

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driving, realizing that they are having problems. But others may not recognize patterns of dangerous driving, or are unable to assess their own skills. They tend to overestimate their driving abilities, and often deny having trouble. Denial can often be attributed to fear of loss of independence, freedom, and control: life without a car is unacceptable.

When trying to determine if driving has become dangerous, a caregiver can ask this question of himself or herself: would I permit my grandchild or any child to ride with this driver? Other family members should be consulted for additional opinions. However, adult children should be alert to the possibility that a caregiver may try to protect their loved one by withholding information about driving problems.



### Involve the Driver in Planning

Taking away the car keys is one of the most difficult decisions facing caregivers of people with Alzheimer's. Planning and honest communication are key. Involve the driver and other family members in discussions. To prepare for this discussion, imagine what it would be like if you had to stop driving. An open discussion with all family members presents an opportunity for all to voice opinions and concerns. Caregivers must also be careful to guard against two extremes: over-reacting to a minor incident and ignoring alarming trends.

### Build a Record

Before confronting a person with dementia with accusations of dangerous driving, it's helpful for caregivers to document incidents, to present a record of observations of driving behavior. The record should note time, date, place, and a brief description of the occurrence. Of course, a serious crash, traffic tickets for moving violations, scrapes and dents, and other physical evidence of accidents are indicators that driving needs to cease immediately.

A plan to gradually limit driving is preferable to a sudden halt. As part of the plan, caregivers can use a document such as one developed by The Hartford Insurance Company, called "The Agreement with My Family about Driving." This document involves the person with mild dementia while that person is still capable of sound reasoning and designates a person to be responsible for taking steps to curtail or stop driving when safety becomes an issue. Adopting a plan allows caregivers to have a course of action mapped out before a crisis occurs. Of course, not everyone with dementia will either agree to this plan or adhere

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to it. The Hartford also provides a "Warning Signs for Drivers with Dementia" worksheet to help document driving incidents.

## Help from Professionals

When caregivers encounter opposition to pleas to stop driving, they can turn to professionals for help. Physicians, attorneys, care managers, financial planners, support groups, and the department of motor vehicles offer objective, third-party opportunities for guidance. A call to the State motor vehicle department to arrange for a driver's test is usually confidential. Attorneys and other planners can help by offering an objective assessment of driving skill, allowing the caregiver to defer to an expert's opinion.

## Finding Alternatives

The perceived loss of freedom from loss of a license can cause depressed mood and social withdrawal. To divert attention away from the loss of driving privileges, caregivers should focus instead on other activities the person may still be able to enjoy. If the car is used to maintain social contact, then a plan to stop driving must address how to continue those contacts. Trips to see friends or to visit the library, barbershop, hairdresser, or grocery store can continue by seeking alternate forms of transportation, so that the person with AD doesn't feel abandoned, isolated, or restricted. These include:

- taxis, but only when there are no problem behaviors, and the driver has clear directions, and a friend or relative meets the person with AD at both the start and end of the trip
- public transportation in urban areas or where available, but

again, only when there are no problem behaviors, and someone can meet the person with AD at the end of the trip, and

- relying on friends and relatives to run errands or help transport to social or religious events.

Another alternative is for caregivers to arrange to have prescription medications, groceries, and meals delivered, and to have hairdressers make home visits. Senior and special needs transportation services can be found in the local phone book, or by contacting the local Agency on Aging. Religious and community groups also may be good sources of help.

Most experts agree that "copiloting," in which the caregiver rides with the person with dementia, is not a safe option. The passenger cannot foresee dangerous situations in time to give instructions, and the demented driver cannot always follow directions.

## Other Solutions

The best course of action for caregivers is to use common sense, communicate openly and frequently, and seek help from professionals. Poor driving by a person with dementia is unlikely to improve. When all else fails, and the person with dementia insists on driving even if he or she poses a hazard, caregivers can:

- hide the car keys
- replace the keys with a set that won't start the car, or file down the ignition key
- disable the car or sell it
- move the car out of sight
- have police confiscate the person's driver's license

In the future, with further research, it may be possible to find technological solutions that could allow drivers

with dementia to reduce their risk of crashes. Research may yet yield more reliable predictors of crash risk for drivers with dementia and help create retraining programs to allow continued safe driving for some period of time.

## For More Information:

Alzheimer's Association. (2001) *Fact Sheet: Driving*. Alzheimer's Association, 919 North Michigan Avenue, Suite 1100, Chicago, IL 60611-1676, 1-800-272-3900. Internet: [www.alz.org/ResourceCenter/FactSheets/FSDriving.pdf](http://www.alz.org/ResourceCenter/FactSheets/FSDriving.pdf).

Family Caregiver Alliance. (2001). *Fact Sheet: Driving and Dementia*. Family Caregiver Alliance, 690 Market Street, Suite 600, San Francisco, CA 94104, 415-434-3388. Internet: [www.caregiver.org/factsheetsdementia\\_driving\\_nationalC.html](http://www.caregiver.org/factsheetsdementia_driving_nationalC.html).

Maryland Motor Vehicle Administration. (1999). *Is it Time to Stop Driving? A Sensitive Guide for Caregivers of People with Alzheimer's and Related Disorders*. Publication DC-169. Available from the Motor Vehicle Administration, 6601 Ritchie Highway, NE, Room 200, Glen Burnie, MD 21062, 1-800-638-8347 in Maryland, or 301-729-4550. Internet: [www.mva.state.md.us](http://www.mva.state.md.us).

National Institute on Aging. (2002). *AGE PAGE: Older Drivers*. Available from the National Institute on Aging, PO Box 8057, Gaithersburg, Maryland, 20898-8057, 1-800-222-2225. Internet: [www.nia.nih.gov/health/agepages/drivers.htm](http://www.nia.nih.gov/health/agepages/drivers.htm).

The Hartford Financial Services Group, Inc. (2000). *Why Dementia and Driving Is a Difficult Issue: Alzheimer's, Dementia & Driving*. Available from The Hartford, 200 Executive Boulevard Southington, CT 06489 860-547-500 (specify English or Spanish). Internet: [www.thehartford.com/alzheimers/](http://www.thehartford.com/alzheimers/). 

