

DEMENTIA NEWSLETTER FOR PHYSICIANS



Sault Ste Marie and Algoma District

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Driving and Dementia – What are the issues?



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Should seniors still be on the road? The answer to this question depends on the overall health status of the person. Current demographic changes in Canada are influencing the percentage of drivers over age 55 on the road. It is expected that the number will double in the next 50 years.

Several medical conditions that affect the aging driver have been linked to declining driving ability and increased crash rates. These include Parkinson's, cardiac disease, diabetes, seizure disorders, stroke and dementia. Crash rates have been reported to be up to 2-5 times increased in persons with dementia. It is felt that impairments in divided attention, visual spatial skills, slowed reaction time and judgment that occur with increasing cognitive loss, particularly place individuals with dementia at increased risk of motor vehicle accidents. There is no graduated licensing system in place for seniors at this time, unlike the system for younger drivers learning to drive. Many seniors voluntarily restrict their driving (eg. driving only in daylight hours, avoiding highways or busy areas) and benefit from refresher courses (55 Alive). However, those with cognitive abilities may not necessarily realize the importance of this, and may put themselves and others at risk. There is mounting evidence that seniors who crash, are much more likely to get injured or die. Many individuals continue to drive despite these impairments and the increased risk.

In Canada, most provincial jurisdictions hold medical practitioners responsible to evaluate if their patients are safe to drive. If the physician fails to report the person who is at risk, they can be held accountable if an accident occurs (as per the CMPA guidelines).

In Ontario, in order to renew their driver's licences, every two years starting at age 80 years, drivers must complete a vision and knowledge test and participate in a 90-minute group education session. Those who have significant cognitive loss can often pass this test as they are skilled in driving under normal conditions and are knowledgeable about rules of the road. However, they can get into difficulty when complex driving situations arise.

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At this time, there is no “gold standard” test supported by adequate evidence based research that can be used to evaluate the skills in a person with dementia required to safely operate a motor vehicle. Screening tests for cognitive loss such as the Folstein MMSE are not sensitive enough to meet this requirement in certain circumstances such as in the early stages of cognitive loss.

Additional office based tools including MOCA (www.mocatest.org) or Trails B (www.angelfire.com/retro/michaelpoon168/trail_making_test.htm) may help in determining the degree of impairment. On the road testing by specialized centers such as The Sudbury Regional Hospital Driver Assessment and Rehabilitation Center, which is recognized by the Ministry of Transportation, can assist in evaluating those that need more in depth testing. This can be arranged by payment of a fee (around \$410.00).

Although seniors are involved in fewer crashes than middle-aged drivers, when adjusted for kilometers driven, crash rates in this age group approach those in the high risk group of 16-20 year olds.

Crash rates have been reported to be 2-5 times increased in dementia. Research shows that within two years of diagnosis, the crash risk increases by 50%. The diagnosis of dementia should not by itself indicate an immediate license suspension. However, a preliminary discussion of the issue of safe driving should be addressed as early as possible, to allow the patient and caregiver to develop strategies in developing alternatives in transportation.

Driving and Dementia: How do I tell my patients they need to stop driving?

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It is a disservice to let unsafe drivers continue driving. Ignoring this recommendation could result in a motor vehicle crash which may involve legal sequelae, emotional trauma of injuring or killing others and the driver with dementia.

How to break the bad news about driving and dementia:

Discussion of driving cessation is often a very sensitive and challenging task in dementia care, which may impact on the patient-physician relationship.

Results of a study conducted by the Geriatric Program of The Ottawa Hospital, consisting of interviews with patients with dementia who were instructed to cease driving and their caregivers, has given us some directions. In this study, some patients accepted the physicians' instructions to stop driving, but others rejected the evaluation. Reactions included shock, anger and denial. However, almost all caregivers were supportive of the professional evaluations and recommendations.

Recommendations for Health Care Professionals who are caring for patients who have dementia and drive include:

1. Prepare the patient for the inevitable fact that sooner or later they will lose their license. “...*they hit you with that, bang, you should be warned*”.
2. Understand that normal reactions may include anger, bargaining, depression, a sense of demoralization. Health care workers need to be prepared to deal with emo-

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tions that arise.

3. Be prepared to offer transportation alternatives; discuss subsidized transportation system for persons with disabilities, volunteer drivers, taxis (eg. these can be much more economical than upkeep of a car if driven < 4000 miles per year).
4. Involve family and caregivers in the discussion, solicit their support and advice regarding how to help the patient accept this difficult recommendation.
5. Recognize your own discomfort in having to discuss this with your patients. Solicit support and evidence from as many sources as necessary.
6. Patients often request information regarding why they cannot drive and they want more detailed explanation of test results. Be prepared to provide concrete information regarding why a patient can no longer drive.
7. Focus on a physical problem, such as vision loss or medications. This may make the reason to cease more acceptable to the patient.
8. Be firm, yet empathic and avoid getting into argumentative discussions. Emphasize your ethical and legal responsibility and the fact that dementia is progressive and irreversible.
9. Provide a letter to the patient explaining the reasons for driving cessation. This can help the family refer to a written account of what was discussed, should the patient forget.
10. If necessary, explore ways to deter the person from driving with caregivers. This may include removing the keys, disabling or physically removing the car.
11. Referral to another physician such as a neurologist or geriatrician for a second opinion if needed to help preserve the patient-family-physician relationship.
12. Given the negative reactions of some patients (eg. anger toward the physician, threat of legal action) and the fact that some patients continue to drive despite a recommendation to stop, it is strongly recommended that health care professionals clearly document the date and the content of the discussion regarding driving cessation, as well as the names of the caregivers present.

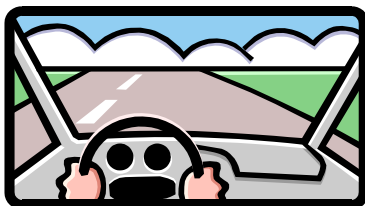
Source: Clinical Gerontologist: The Journal of Mental Health and Aging, 2008 - in print

In summary, the driving risk of patients with dementia needs to be addressed as soon as possible when the diagnosis of dementia is made. The decision to eventually stop driving takes time and may be easier to accept if the person has time to come to accept the inevitability of driving cessation, before the time to “hang up the keys” arrives.

Strategies outlined above may facilitate this process and ensure safety of both the patient and the public at large. The national CanDRIVE project (www.candrive.ca) is looking at issues of the older driver.

References:

1. Determining Medical Fitness to Operate Motor Vehicles: CMA Driver’s Guide 7th edition 2006 (one copy free to all CMA members 613 731- 8610 ext. 2307)
2. 3rd CCCDTD 2007: Third Canadian Consensus Conference on Diagnosis and Treatment of Dementia <http://www.cccdttd.ca> page 18.



Driving Assessment

Location	Phone & Fax Number	Cost	Additional Info
Driver Assessment and Rehabilitation Service—Sudbury Regional Hospital, Laurentian Site 41 Ramsey Lake Road Sudbury, ON P3E 5J1	705-533-2200 Ext. 3136	\$410.00	Dr. referral
Our Driving School 589 Second Line West Sault Ste. Marie, ON P6B 4K2	705-253-0929 Fax: 705-253-0937	\$135.00	Dr. referral
Young Driver's of Canada 1124 Great Northern Avenue Sault Ste. Marie, ON P6A 5K7	705-759-4545 Fax: 759-7832	\$50.00	No Dr. referral required

Top Three Reasons to Refer Your Patients to the Alzheimer Society



- 1. Caregiver support**
- 2. Dementia education**
- 3. Info about community services**

When you refer a patient to the Alzheimer Society of Sault Ste. Marie & Algoma District they receive a personal phone call from the Family Support Case Worker, an information package about Alzheimer's disease and dementia, guidance, and information about community resources and care issues.

Did You Know That...

You can download all previous editions of the Dementia Newsletter for Physicians at the Dementia Network Algoma website www.dementiaalgoma.org.

THANK YOU

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