Driving and Dementia

The Facts…

1. By 2028, there will be more than 98,000 drivers in Ontario with dementia (Hopkins, et al., 2004).
2. Patients with mild dementia have a two to eight- fold increase in accidents per mile driven compared with age – matched controls (Retchin, 1994).
3. Only patients with very mild dementia, intact visual spatial skills, relatively intact instrumental activates of daily living (IADLs), should be allowed to drive. (CMA 7th Edition)

Who is required to report driving safety concerns in Ontario?

Physicians: The Ontario Highway Traffic Act s. 203 mandates that all physicians **"shall report"** any person suffering from a medical condition that "may make is dangerous for that person to operate a motor vehicle"

Optometrists: The Act s. 2004 mandates that every optometrist "shall report" any person who is "suffering from an eye condition that may make it dangerous to operate a motor vehicle"

Interprofessional Healthcare Disciplines:
Currently, the Ministry of Transportation can only process reports regarding driving safety that are filled by a physician, optometrist or an occupational therapist who is specifically affiliated with a Driving Rehabilitation Fitness Centre

Interprofessional healthcare professionals who do not have a legal obligation to report **do have an ETHICAL obligation** to inform the patient's family physician or their concerns

Legal Considerations Regarding Reporting Unsafe Drivers

Reporting (as of June 2008)

All Canadian provinces and territories have enacted some form of legislation regarding physician reporting of patients with medical conditions that may affect driving safety (Arnold, 2006). However, in some jurisdictions reporting is mandatory in others it is discretionary. In Ontario physician reporting is mandatory. The "physician is obligatedto report even if the driving issue has been discussed with the patient, and that person is no longer driving" (Byszewski, 2004)

Protection

Each jurisdiction provides some form of statutory protection to physicians for complying with their legal obligation of reporting unfit drivers (Arnold, 2006) . Again this protection differs in each jurisdiction. In Ontario, the Highway Traffic Act section 230. (2) & (3) states that:

- A Medical Conditions Report filed by a physician to the Ministry of Transportation "is privileged for the information of the Registrar only and shall not be open for public inspection"
- "No action shall be brought against a qualified practitioner" for complying with mandatory reporting standards

Penalties

The Ontario Highway Traffics Act provides no specific penalty for failure to report a medical condition; however, there is a general penalty s. 214(1) for "every person who contravenes this Act" and upon conviction "is liable for a fine "of not less than $60 and not more than $500".

Though the penalty laid out in the Highway Traffic Act is not that substantial other "penalties" for failure to report include "prosecution under regulatory stature, professional misconduct, and civil liability"(Arnold, 2006)

Driving and Dementia: General Principles

The Facts… **The diagnosis of dementia does not automatically mean no driving**

- It does mean that you must ask whether the person is still driving and assess and document following provincial reporting requirements

The Facts… **The MMSE can help in the assessment of driving safety**

- MMSE abnormalities should prompt further testing of driving ability and should not be the sole determinant of driving ability (3rd CCCDTD)
- Early on, even with mild disease severity, Lewy body and Frontotemporal dementia patients often score surprisingly high on the MMSE but are more unsafe to drive because of visuospatial problems, altered attention, hallucinations, or poor judgement

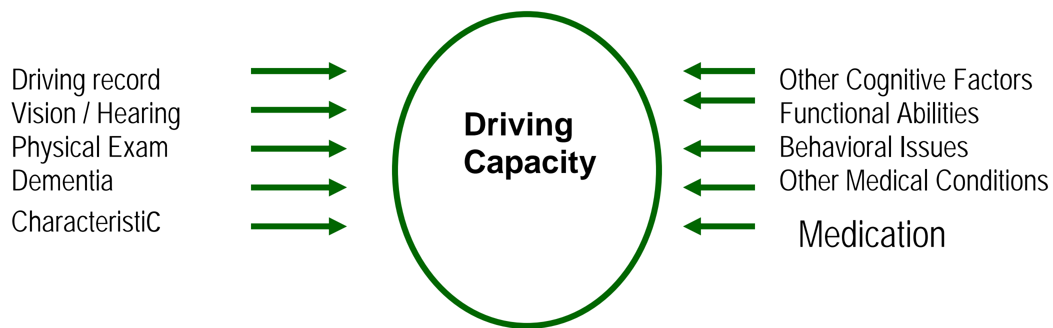
The Facts… While patients with moderate to severe dementia should not drive, the fitness to drive of patients with mild dementia should be tested on an individual basis. (CMA 7th Edition)

The Facts… No in-office cognitive screening tool or test battery has been demonstrated to accurately predict collisions among patients with dementia (Molnar, et. Al., 2006) and driving capacity assessments need to take a multi-factorial assessment approach.

The Facts… Driving is contraindicated in persons who, for cognitive reasons, have an inability to independently perform multiple instrumental activities of daily living (eg. Medication management, banking, shopping, telephone use, cooking) or any of the basic activities of daily living (e.g. toileting, dressing).

The Facts . . .The gold standard for assessing driving safety is a specialized on-road driving test (CMA 7th Edition)

A multi- factorial model for assessing the safe driving capacity



(Dementia Toolbox: Education Resource for Family Physicians, 2004)

General Guidelines Regarding the MMSE and Driving Capacity

1. MMSE < 20* — Unsafe to drive

   MMSE 20 – 23* — Probably unsafe to drive

   Unless other factors are entirely normal. If so, and continued driving is being considered, suggest referral to specialized assessment** including road testing.

2. MMSE 24 – 26* — Unsure safety to drive Depends on other factors. If unsure refer to specialized assessment ** with or without road testing

3. MMSE 27 – 29 * — Probably safe to drive Unless concern with other factors (if so consider referral to specialized assessment** with or without road test)

* MMSE score assuming. Grade 8 education and age less than or equal to 85
** Specialized assessment includes services such as geriatric / psychogeriatric / memory disorder clinics or day hospital, usually involving physician and occupational therapy testing.
(Dementia Toolbox: Education Resources for Family Physicians 2004)

The facts … Driving cessation is typically stressful and clinicians should counsel persons with a progressive dementia (and their families) that giving up driving will be an inevitable consequence of their disease. Strategies to ease this transition should occur early in the clinical course of the disease" (3rd CCCDTD)

Now perform "The Dementia and Driving Quick Screen"