

Talking to seniors and their family About dementia and driving



The Facts,...

- Despite the fact that life expectancy exceeds driving expectancy by 9.4 years for women and 6.2 years for men, most drivers do not plan well for driving cessation (Canadian Medical Association: Driver's Guide, 7th Ed)
- Studies found 27.3 % of physicians surveyed in Saskatchewan indicated they were hesitant to report unfit drivers (Rapoport, 2007)
- Automobiles are used for nearly 90% of older adult trips outside the home (Collia, 2003)

Why is it so difficult to tell a patient they are unsafe to drive?

A. The termination of driving privileges may have serious consequences for the individual:

- Violates individual autonomy (Perkinson, 2005)
- Cessation of driving has been shown to increase symptoms of depression for a period of up to 6 years (Marottoli, 1997)
- Impedes access to proper nutrition, medical care, and opportunities for social engagement (Marottoli, 2000)
- The loss of a license may also mean the difference between living at home and having to move to an institution or other accommodation

B. Acrimony and sometimes termination of doctor patient relationship can occur when people who go to their MD with help for cognitive symptoms instead find that they have their license revoked as a consequence. (Fitten, 1997)

The Main Issues related to dementia and driving:

1. **Public Safety** – is the person safe to drive? The person's individual autonomy must be balanced with public safety (Carr, 2006). However, of all the activities of daily living affected by dementia driving can have the deadliest consequence for others (Rapoport, 2007).
2. **Driving Retirement** – the Third Canadian Consensus Conference on Diagnosis and Treatment of Dementia (CCCDTD) held in 2006, states that giving up driving will be an inevitable consequence of their disease. In addition, the CCCDTD state that clinicians should counsel persons with dementia early in the disease process on driving retirement strategies.

Driving Retirement / Driving Cessation Strategies

The Facts...

Years may elapse between the time family members recognize that the driver with dementia should stop and actual driving termination. This delay may be due to a number of factors (Perkinson, 2005):

- Lack of insight into driving difficulties by the individual due to the disease process
- Family lack of insight into dementia and driving
- Families may fear an increase in caregiver burden following the termination of driving (Perkinson, 2005)
- Studies show that in fact family members primarily shoulder the burden of limiting or stopping driving in dementia patients (The Hartford Group, 2000)



Talking about dementia driving with the patient and family...

When the patient with dementia is unsafe to drive

1. Before the appointment, consider asking that the spouse or caregiver be present. This is to provide emotional support as well as ensuring the family understands the persons need to stop driving / implement driving retirement strategies. (CMA Drivers Guide 7th ed.)
2. When making the appointment ask the spouse (or family member if spouse doesn't drive) to bring the patient to the appointment.

Some patients may have driven to the appointment. With their license suspended how are they to get home?

3. Keep the discussion targeted on the need of the individual to immediately stop driving citing their driving assessment, if available, as an appropriate focus (CMA Drivers Guide 7th ed).
 - If a physicians direction to stop driving is not supported by a direct driving assessment (such as the Dementia and Driving Assessment Tool), the patient will most likely continue to keep driving and the caregiver is un-likely to stop them from driving (Herbert, 2002).
4. You may want to consider providing the patient with a written letter informing them that: a) they have under gone an assessment; and, b) providing them with your reasons for challenging their fitness to drive (Byszewski, 2004). This letter should also communicate your legal obligation and intention to notify the Ministry of Transportation of your recommendation to suspend the person's license. Give a copy to the patient and caregiver, and keep a copy for the chart as well.
5. Explain your concern for his / hers safety and the safety of others. (Byszewski, et al. 2004). Stress that the unthinkable can happen.
6. Often patients will talk about his or hers past good driving record. Acknowledge that accomplishment in a genuine manner, but return to the need to stop driving. Sometimes saying "medical conditions can make even the best drivers unsafe: also can help to refocus the discussion (CMA Drivers Guide 7th ed).
7. Be firm. Arguments and long explanations should be avoided (Kakaiya, 2000)

8. Explore transportation options and alternative ways of promoting autonomy for the patient (see “Ways of getting there” worksheet).
 - Para-transpo
 - Taxis contracts
 - Volunteer services

Enlisting Family help if you suspect the patient won't comply with stopping driving

The Facts,...

- “28% of people with dementia continue to drive despite failing on road test” (CMA Drivers Guide 7th ed.)
- Lack of insight into their driving abilities is one of the principle areas of concern for families of drivers with dementia.(Carr, 2006)
- 38% of Alzheimer's patients who failed an on road driving test still considered themselves to be good drivers (Hunt, 1993).
- For many family members the fear of confronting the patient with dementia to stop driving out weighs the knowledge and observation of driving safety (Herbert, 2002). These families could enlist the strategies to help stop dementia patients from driving to avoid confrontation and still ensure the patient does not drive.

Strategies for family members to help stop dementia patients from driving

- Hide keys or make the keys non functional by filing them down (Perkinson, 2005)
- If the door and ignition keys are different substitute another door key for the ignition key (Leopre, 2000).
- Put notification letter from physician or MOT in obvious location and refer to it to remind patient they can't drive. Ie. “ remember the doctor told you can't drive .” or “MOT revoked your license”
- Disable the car – i.e. simplest way is to remove the battery *However*, disabling the car doesn't always work as the driver may call a garage to have the car repaired (Perkinson, 2005). A notice can be placed inside the hood of the car alerting a mechanic as to why the car has been intentionally disabled and requesting that they call a family member prior to repairing the car.

- Remove the car – i.e. have a family member borrow it and never bring it back; or, have a tow truck tow it in for repairs and never return it. (LePore, 2000)
- Buy a new alarm for the car to inform you if they attempt to access the car. This option can be distressing for some individuals due to the load noise, etc.
- Keep tabs on driving – i.e. jot down mileage of odometer and check to ensure the vehicle has not been driven (Lepore, 2000)
- Call the persons friends to ensure they are not borrowing their friends car to drive. (Lepore, 2000)

Talking about dementia driving with the patient and family...



When the patient is currently safe to drive

Driving cessation is an inevitability of the dementia disease process. (3rd CCCDTD)

1. Arrange to have family or spouse present in addition to patient to talk about the need for driving cessation as inevitable. Emphasize hopefulness of the short term situation but be firm about driving cessation planning.
2. Reinforce to the family and patient that you and your team are committed to a long term relationship with the family and patient. That you will continue to be available for the questions that will come later (Friedland, 1997)
3. Discuss the steps involved to maintain a drivers license given a dementia diagnosis.
 - Your physician has a legal obligation to inform the Ministry of Transportation of any condition that may affect driving under the Ontario Highway Traffic Act s. 203. Dementia falls into this category. Though the person is currently safe the MOT must be informed of their condition.
 - Dementia is a progressive disease and although they are currently safe their condition will change. They must come back for a complete driving assessment every 6 months (3rd CCCDTD). This may include a costly on road assessment (approximately \$500) as well.

- You may wish to point out that the individuals car insurance may change with a dementia diagnosis

Not all patients are comfortable or willing to give up their driving status when faced with a dementia diagnosis. For those who wish to continue driving you can provide them with “Strategies for Safe Driving”.

Safe Driving Strategies for Individuals with Dementia

Compensatory strategies are not appropriate for those deemed unsafe to drive (3rd CCCDTD)

1. Keep up with your driving fitness by taking a seniors specific accident prevention program such as “55 Alive” or a similar program which is offered through most driving schools. (Canadian Automobile Association).
2. Keep your car in good running order (nhtsa, 2006)
 - Always ensure there is plenty of gas in the car
 - Good working brakes
 - Tire pressure
 - Working signal lights and head lights
 - Working and effective wipers
 - Take your car in routinely for maintenance servicing
3. Ensure your car is adjusted correctly to meet your needs.
 - There are various programs such as CarFit , available through the Canadian Automobile Association, which is an educational program designed to ensure all of the elements of your car (i.e. seat belts, steering wheel, side mirrors) etc. are properly adjusted to better meet your physical need.
 - Drivers with disabilities – various rehabilitation centers have occupational therapists that can provide adaptive equipment to compensate for some of the losses that occur due to aging. Example, louder directional signals (“clickers”), turning devices, seat belt adapters, full view inside mirrors, etc. (LePore, 2000)
4. Obey the law (Canadian Automobile Association):
 - Always wear a seat belt
 - Never drink and drive
 - Don't speed

5. Keep fit and have your eyesight regularly checked.
6. When driving
 - Don't be rushed – only move into an intersection after check for pedestrians, cyclists, hazards. Don't allow other drivers to pressure you into sudden movements (CAA)
 - Reduce distractions: keep radio volume low, turn off cell phone, keep conversation to a minimum (CAA)
 - Stay alert don't drive if you are tired (CAA)
 - Improve visibility – clean windshield and eye glasses (CAA)
 - Limit driving to familiar routes (Byszewski, 2004)
 - Drive only in daylight hours, in good weather, and in conditions of light traffic (Wild, 2003)

Co-Piloting Is Not the Answer

Some caregivers act as co-pilots to keep a person with dementia driving longer. The co-pilot gives directions and instructions on how to drive. By chance, this strategy may work for a limited time. But in hazardous situations, there is rarely time for the passenger to foresee the danger and give instructions and for the driver to respond quickly enough to avoid the accident. Finding opportunities for the caregiver to drive and the person with dementia to co-pilot is a safer strategy.

The Hartford Group: Safe Driving for a Lifetime
www.thehartford.com/talkwitholderdrivers

Planning for Driving Cessation

Driving: Keeping informed on driving ability

1. Make arrangements to take a drive with the patient at various times. Don't comment on the individuals driving while you are in the car. Take the opportunity to talk about driving after and based upon your observations (National Highway Traffic Safety Administration (nhtsa), 2006)

2. Enlist the help of other community resources, friends, neighbors, to keep family members and spouse informed about the patients driving. (nhtsa, 2006). For example you may ask the clergy at the patient's church to inform you if there are any reported concerns about the patients parking or driving when they go to church. You may contact the Grocery store manager to inform you of any complaints about senior motorists in the parking lot (Lepore, 2000). The key to making your feedback network effective is to routinely call your contacts. (Lepore, 2000)

3. Routinely inspect the car for scrapes or dents.

Alternative Driving Arrangement / Plan

1. Develop a list of all the viable transportation options

Family members – this is the most relied upon resource for alternatives to transportation

Preventing Family Transportation Burnout

- Share driving responsibility with another family member
 - Workout a driving schedule that allows for last minute adjustments
 - Call your family member ahead to confirm pick up time – helps to ensure they will be ready when you arrive
 - Arrange for delivery of goods when possible – prescriptions, newspaper, groceries, etc.
 - Try to keep your loved one involved with friends and activities they previously drove to
 - Seek help from your loved ones friends if they drive
 - Arrange to have your loved one “come along for the ride” when you run your errands. This may allow you to multitask as well as keeping them feeling they are getting out
- (LePore, 2000)

Identifying Local Ride Programs or Transportation Services

Questions to ask regarding non-profit or charity transportation programs. (The Hartfordgroup)

1. What programs are available in the area?
2. Is there a cost? How much.
3. What hours and days of the week does the service run?
4. What are the routes?
5. Are there limits to the number of rides in a given time period.
6. Is there assistance provided to people with disabilities?
7. Is there assistance with bags, etc.?
8. Is pre-registration required.

Questions to ask Transportation Services (The Hartfordgroup)

1. Is there a minimum age or other physical or cognitive criteria for using the service?
2. How much does it cost?
3. Can an account be set up in advance
4. How far in advance do reservations need to be made?
5. Is there a minimum fee?



Alternate Ways of Getting There / Transportation Worksheet

List all of the activities or errands you do routinely

- i.e., hair appointments, doctor appointments, banking, grocery store, visiting friends,
- Don't forget to include special one time events like birthday parties, dinners, etc.

Identify how you currently get to these activities - car, bus, friends.

List ALL of the potential new ways you can either get to your destination. Also include ways that you could have the services provided to you – i.e. pharmacy delivery, in home hair dresser, etc

Using a weekly / monthly calendar write down your events and your chosen new ways of getting there

Activity	How do you get there now	New ways of getting there or having service provided

(National Highway Traffic Safety Administration, 2006)