

# Driving and Dementia

## Practical Tips for the Family Physician

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### 7.3 Specific assessment

Factors that should be considered in the assessment of older drivers spell out the mnemonic SAFEDRIVE.\*

<b>S</b> afety record	Is there a history of driving problems?
<b>A</b> ttentive skills	Does patient experience lapses of consciousness or episodes of disorientation?
<b>F</b> amily report	What are family's observations of driving ability?
<b>E</b> thanol	Screen for alcohol abuse
<b>D</b> rugs	Review medication, especially for psychoactive drugs
<b>R</b> eaction time	Are neurologic and musculoskeletal disorders slowing reactions?
<b>I</b> ntellectual impairment	Complete Mini-mental State Examination
<b>V</b> ision	Test for visual acuity
<b>E</b> xecutive function	Does the patient have trouble planning and sequencing tasks and self-monitoring behaviour?

Canadian Medical Association. Determining fitness to operate motor vehicles:  
CMA Driver's Guide, 7th ed. Ottawa, 2006

## Canadian Medical Association position...

Moderate to severe dementia is a contraindication to driving. Moderate dementia is defined as the inability to independently perform two or more instrumental activities of daily living (including medication management, banking, shopping, telephone use, cooking) or any basic activity of daily living (eating, dressing, bathing, toileting, transferring).

No test, including the Mini-mental State Examination (MMSE) has sufficient sensitivity or specificity to be used as a single determinant of driving ability. However, abnormalities on tests including the MMSE, clock drawing and Trails B should trigger further in-depth testing of driving ability.

- New impairment due to cognition
- Grade B, Level 3 evidence (based on expert opinion)

Canadian Medical Association. Determining fitness to operate motor vehicles: CMA Driver's Guide, 7th ed. Ottawa, 2006

## Activities of Daily Living

### INSTRUMENTAL ADL's

- Manage medications
- Handle money, bills, shop
- Use telephone
- Prepare food

### BASIC ADL's

- Bathe/shower
- Walk
- Toilet
- Transfer (bed/chair)
- Feed self

## Canadian Medical Association position...

**“Physicians should err on the side of reporting any potentially medically unfit driver.”**

- Discretionary reporting in
  - Alberta
  - Nova Scotia
  - Quebec
- MD protection for reporting in all provinces; in most, not admissible as evidence in legal proceedings

Canadian Medical Association. Determining fitness to operate motor vehicles: CMA Driver's Guide, 7th ed. Ottawa 2006

## CMA Driver's Guide revisions, 8<sup>th</sup> Ed...

- Cognitive screening alone cannot determine driving fitness
- It is recommended that physicians administer more than one cognitive screening tool
- In patients with dementia, driving fitness should be reassessed every 6 to 12 months, or more frequently if the cognitive impairment progresses
- The legal duty is to report concerning findings, rather than to assess driving fitness. It's up to the transportation authorities to decide which patients with dementia or MCI are safe or unsafe to drive.

Canadian Medical Association. Determining fitness to operate motor vehicles: CMA Driver's Guide, 8th ed. Ottawa, 2013

## CMA Driver's Guide revisions, 8<sup>th</sup> Ed...

- If cognitive tests such as MMSE, MOCA, Clock, Trails, or other in-office tests are markedly abnormal (where the results are specific and believable)...
  - Is the test result consistent with other evidence?
  - Use common sense – consider the severity of findings

Canadian Medical Association. Determining fitness to operate motor vehicles: CMA Driver's Guide, 8th ed. Ottawa, 2013

## CMA Driver's Guide revisions, 8<sup>th</sup> Ed...

**To help you “get off the fence,” ask yourself four questions:**

1. Given the results of your clinical assessment, would you get in the car with the patient driving?
2. Given the results of your clinical assessment, would you let a loved one get in a car with the patient driving?
3. Given the results of your clinical assessment, would you want to be crossing a street in front of a car with the patient driving?
4. Given the results of your clinical assessment, would you want to have a loved one cross a street in front of a car with the patient driving?

Canadian Medical Association. Determining fitness to operate motor vehicles: CMA Driver's Guide, 8th ed. Ottawa, 2013

## Questions to Ask the Family

1. Do you or would you feel uncomfortable being a passenger when the person is driving?
2. In the last year has the person had any accidents or near misses or tickets for traffic violations (driving too slowly, failure to stop)?
3. Have you noticed the person self-restricting their driving habits (driving less or only familiar routes, or avoiding driving at night, in bad weather, or busy streets)?
4. Have there been occasions where the person has gotten lost or shown navigational confusion?
5. Have you or others seen unsafe or abnormal driving behavior or are cues/directions needed from a “copilot”?

Ontario 's Strategy for Alzheimer Disease and Related Dementia: Initiative #2

## Considerations in Fitness to Drive

- History of driving accidents or near-accidents\*
- Family member concerns\*
- Trails A & B – for ‘task switching’, visuospatial and executive function
- Clock draw – for visuospatial and executive function
- Pentagon draw / cube draw – for visuospatial function
- Cognitive test scores – maybe
- CMA guidelines – inability to independently perform 2 instrumental ADLs or 1 basic ADL

\* Ask patient and family member separately

**Trails B**

**Trails B**

“On the paper are the numbers 1 through 13 and the letters A through L, scattered across the page. Starting with 1, draw a line to A, then to 2, then to B, and so on, alternating back and forth between numbers and letters until you finish with the number 13. I’ll time how fast you can do this. Are you ready? Go.”

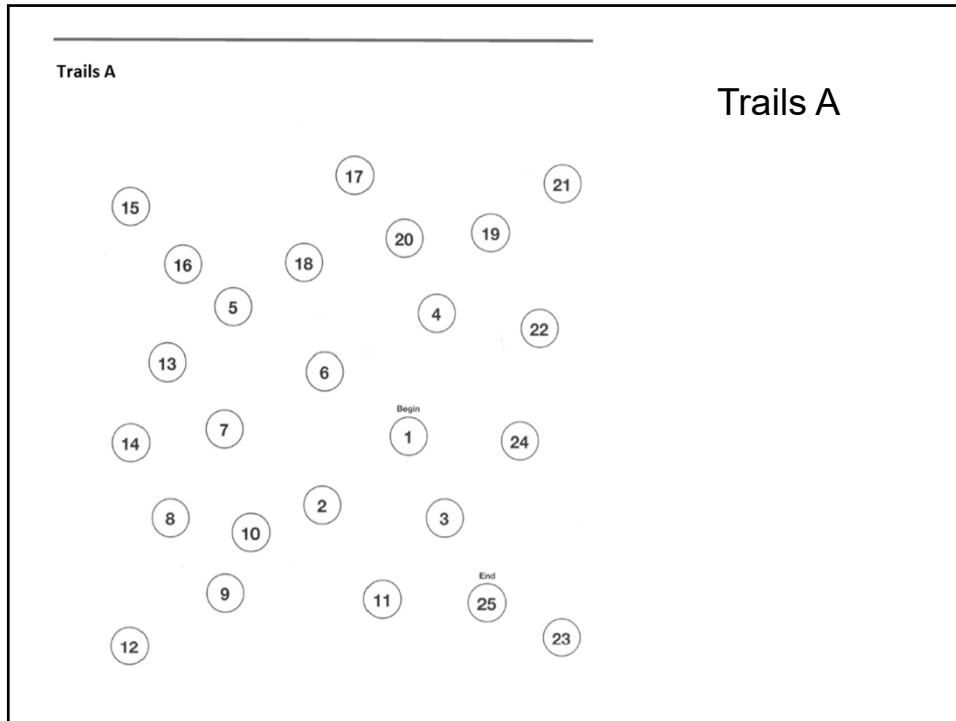
If education or language is a concern, ask the patient to write down numbers 1-13 and letters A-L

## Trails B


Tests “task switching”

- Completion time > 3 minutes or 3 or more errors suggests an unsafe driver
- Completion time of 2 – 3 minutes or 2 errors is unclear
- Completion time of < 2 minutes and 0 or 1 error is acceptable

Roy M, et al. Systematic review of the evidence for Trails B cut-off scores in assessing fitness-to-drive. *Canadian Geriatrics Journal* 2013;16(3)  
 Molnar, F.J. et al. Practical experience-based approaches to assessing fitness to drive in dementia. *Geriatrics & Aging* 2009;12(2)



Patients with Frontotemporal Dementia  
or Lewy Body Dementia or Parkinson's  
Disease Dementia are generally  
UNSAFE to drive!



A circular sign with a diagonal slash through it, indicating prohibition. Inside the circle is a cartoon illustration of a person driving a car, with smoke coming out of the exhaust pipe.

# Fitness to Drive

The gold standard for assessing driving safety is a comprehensive on-road assessment.

**Medical Condition Report**

Section 203 of the Highway Traffic Act requires that all legally qualified medical practitioners must report to the Registrar of Motor Vehicles the name, address and clinical condition of any patient sixteen years of age or older who, "is suffering from a medical condition that may make it dangerous for the person to operate a motor vehicle". To simplify the reporting process, the Ministry of Transportation has created this form.

Mail or fax to: Registrar of Motor Vehicles, Medical Review Section, Ministry of Transportation, 2500 Keele Street, Downsview, ON M3M 3E5. Tel. No. 416 235-1773 or 1 800 269-1481. Fax No.: 416 235-3400 or 1 800 304-7889.

**Patient Information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Fee Schedule Code: K035  
 Street No. and Name or Lot and Conc. and Township: \_\_\_\_\_ Apt. No.: \_\_\_\_\_  
 City, Town or Village: \_\_\_\_\_ Postal code: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Sex:  Male  Female Driver Licence No (if available): \_\_\_\_\_

For your convenience, the following is a list of the more common medical conditions that are reported to MTO, to be marked with an "X". If the condition you are reporting is not listed, please indicate it in the section marked "Other".

<input type="checkbox"/> Alcohol Dependence	<input type="checkbox"/> Visual Field Impairment
<input type="checkbox"/> Drug Dependence	<input type="checkbox"/> Diabetes or Hypoglycemia - Uncontrolled
<input type="checkbox"/> Seizure(s)-Cerebral	<input type="checkbox"/> Other metabolic diseases (specify) _____
<input type="checkbox"/> Seizure(s)-Alcohol related	<input type="checkbox"/> Mental or Emotional Illness-Unstable
<input type="checkbox"/> Heart disease with Pre-syncope/Syncope/Arrhythmia	<input type="checkbox"/> Dementia or Alzheimer's
<input type="checkbox"/> Blackout or Loss of consciousness or Awareness	<input type="checkbox"/> Sleep Apnea-Uncontrolled
<input type="checkbox"/> Stroke/TIA or head injury with significant deficits	<input type="checkbox"/> Narcolepsy-Uncontrolled
<input type="checkbox"/> Both Visual Acuity and Visual Field Impairment	<input type="checkbox"/> Motor Function/Ability Impaired
<input type="checkbox"/> Visual Acuity Impairment	<input type="checkbox"/> Other (specify) _____

**Optional**  
 To expedite your patient's file, please provide further elaboration of clinical condition (if available) or attach as a separate report. Diagnosis, Other Relevant Clinical Information (if current status - including results of investigations, medication(s), treatment and prognosis), and whether or not the condition is a serious risk to road safety, threat to road safety is unknown or condition is temporary - weeks/months.

Date of examination upon which this report is based: \_\_\_\_\_ How long has this person been your patient? \_\_\_\_\_

Patient is aware of this report.  
 I wish to be notified if my patient requests a copy of this report, as releasing this report pursuant to a request under the Freedom of Information Act may threaten the health or safety of the patient or another individual.

Physician's Last Name, First Name and Middle Initial: \_\_\_\_\_  
 Street No. and Name or Lot and Conc. and Township: \_\_\_\_\_ Apt. No.: \_\_\_\_\_  
 City, Town or Village: \_\_\_\_\_ Postal code: \_\_\_\_\_ Telephone No.: \_\_\_\_\_  
 Family Physician  Emergency Room Physician  Specialist (specify) \_\_\_\_\_  Other \_\_\_\_\_

Doctor's Signature: \_\_\_\_\_ Date of Report: \_\_\_\_\_

© Queen's Printer for Ontario, 2009 [Print Form](#)

Examples of ways to report to Ministry of Transportation

List the concerning history and/or impaired activities of daily living and cognitive test scores (minimum legal requirement)

**OR**

"This is to notify the Ministry of Transportation that the patient is currently under investigation for cognitive concerns and an on-road driving assessment has been arranged to determine fitness to drive" (exceeds legal requirement)



## How to tell the patient he or she may be unsafe to drive

1. Be firm and non-negotiable in your instructions.
2. Discuss implications with patient and family.
3. Communicate your legal obligation and intention to notify the MOT, but that any decision to revoke the license rests with the MOT
4. Explore transportation options.
5. Focus on positives.
6. Provide a written statement.
7. Document and report to MOT.

### Sample of written statement for the patient

Date  
Name  
Address

Dear Mr (Mrs):

It is my legal responsibility to notify the Ministry of Transportation if there is any concern regarding driving safety.

You have undergone assessment at

\_\_\_\_\_

I am recommending that you do not drive for the following reasons:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_, MD

## Follow-up

- For patients with mild dementia who are able to drive, reassessment of driving safety is required every 6 – 9 months
- Discuss eventual need to stop driving

## Risk Management Considerations

- Inform the patient of your intention and/or obligation to report
- Remind the patient that any decision to revoke the license rests with the MOT
- Caution the patient not to drive until the MOT has made a determination
- Document your assessment, discussion, warning and advice to the patient regarding driving, and your intention to report
- Limit the information in the report to what is required by legislation
- If the patient says you are not permitted to send this information to the MOT or they will sue you....
- Address driving issues early!

CMPA 2011

## Further reading

- Molnar FJ, et al. Practical experience-based approaches to assessing fitness to drive in dementia. *Geriatrics & Aging*. 2009;12(2):83-92
- Roy M, et al. Systematic review of the evidence for Trails B cut-off scores in assessing fitness-to-drive. *Canadian Geriatrics Journal* 2013;16(3)
- Canadian Medical Protective Association: Reporting patients with medical conditions affecting their fitness to drive. Originally published December 2010, revised February 2011