

Driving and Dementia

Practical Tips to Support Patients with Dementia and Their Families
 Family Medicine Forum
 November 2, 2019
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Key Points

- 1) Driving safety must be assessed in all patients with dementia
- 2) Think 123 and ABC (+P)
- 3) Know when to STOP
- 4) Be firm, yet empathic



not if but when

Start the conversation early

Why is driving important to you?

What would it mean to you to stop driving?

If you stopped driving, how would you get around?

Do you think at some time you will need to stop driving?

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Is there another medical reason why your patient should not be driving?
Sensory loss?
Medications?

1. **Type of Dementia**
2. **Functional Status**
ADLs
IADLs
3. **Family Concerns**
Would you feel safe if a 5 year old grandchild was in the car?

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Testing ABC (+P)



- Trailmaking A
- Trailmaking B
- Clock drawing test
- Intersecting Pentagons

<http://apps.usd.edu/coglab/schieber/psyc423/pdf/howtoTrailMaking.pdf>
<https://www2.gov.bc.ca/assets/gov/health/practitioner-pro/bc-guidelines/cogimp-clock-drawing-test.pdf>

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Is your patient safe to continue driving?



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Is your patient safe to continue driving?



1. Lewy Body Dementia or Frontotemporal Dementia
2. 2 or more IADLs or 1 or more ADLs impaired due to cognition
3. Family feels the person is unsafe to drive
4. Demonstrated unsafe driving (e.g. accidents, getting lost)

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Is your patient safe to continue driving?



- A. Trailmaking A > 2 minutes or 2 or more errors
- B. Trailmaking B > 3 minutes or 3 or more errors ("3 or 3")
- C. Major abnormalities in visuospatial testing (clock drawing numbers, intersecting pentagons)

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Next Steps



1. Inform the patient to stop driving - give written notification to patient/family and document in chart
2. Notify the provincial/territorial vehicle licensing authority
3. Follow up

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Is your patient safe to continue driving?



- Trailmaking B 2-3 minutes or 2 errors
- You are unsure whether patient is safe to drive

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Next Steps



1. Refer for further assessment and document discussion
2. Notify the motor vehicle licensing authority that further assessment is recommended
3. Know your local resources
e.g. Geriatric Clinic, DriveABLE, DAMP in Manitoba
Is dementia the only issue or are there other driving-related issues?
Inform patient of cost
4. "May need to retire from driving soon. Better if you make the decision than someone else"

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Is your patient safe to continue driving?



- Trailmaking B < 2 minutes and < 2 errors (0 or 1)
- No red light issues identified and patient appears safe to drive

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Next Steps



1. Follow-up every 6-12 months
2. Ask patient's family to monitor and notify you if patient deteriorates
3. Notify motor vehicle licensing authority if patient refuses to return for follow-up
4. Ongoing discussion re driving retirement

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Resources

- RGPEO Driving and Dementia Toolkit
<http://www.rgpeo.com/media/30695/dementia%20toolkit.pdf>
- CMA Determining medical fitness to operate motor vehicles
<https://joulecma.ca/evidence/CMA-drivers-guide>
- Driving and Dementia e-Learning Module
<https://brainxchange.ca/Public/Resource-Centre-Topics-A-to-Z/Driving-and-dementia/Driving-and-Dementia-e-Learning-Module.aspx>

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Small Group Discussion

- How do you approach the disclosure meeting when your patient is unfit to drive?
- How do you engage the family in this process?
- How can we preserve our relationship with our patient?

"People will forget what you said, people will forget what you did, but people will never forget how you made them feel."

- Maya Angelou

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