

DRIVING AND DEMENTIA

A diagnosis of dementia does not mean that a person should stop driving immediately, but it does mean that at some point the ability to drive safely will be lost.

Safe driving involves a series of complex brain activities and quick physical responses. The degenerative brain damage caused by dementia leads to a gradual decline in functioning that inevitably makes driving unsafe.

The issue of driving is complex, affecting both the person living with dementia and the caregiver. The discussion about driving should start soon after receiving a diagnosis of dementia. It needs to encompass three main areas: safety, loss of independence, and loss of identity.

1. Safety

- Lack of insight about one's driving skills increases with the progression of the illness, making the conversation about driving more difficult. It's important to discuss driving issues with the person as early as possible in the course of the illness.
- Due to increasing brain damage, the person living with dementia gradually loses the ability to drive safely, which puts them, their passengers and others on the road at risk.
- "Depending on where the damage is located in the brain, the person living with dementia may have difficulty coordinating their movements accurately (e.g. correct foot on the intended peddle), reacting quickly and appropriately to unexpected road events, and recalling and understanding the rules of the road.
- It is the responsibility of the person, the person's physician and the caregiver to address the issue of safety and driving cessation.

2. Loss of Independence

- Giving up driving is one more loss in a series of losses that are characteristic of dementia.
- The resulting loss of independence can be felt more acutely by those who rely heavily on the use of their car to access services or to meet people. It may be particularly difficult for those living in rural areas where alternative transportation options are more limited.
- The caregiver also feels that loss if they rely on the person with dementia to drive them around.

- Beyond the loss of independence, people who have been driving most of their adult lives may feel a loss of identity when they give up their car or driver's licence.

Determining Driver Fitness in BC

- Receiving a diagnosis of dementia does not mean that the person will automatically lose his/her driving license.
- Anyone can send a written report to RoadSafetyBC regarding concerns about a driver's fitness. Reports must be from a person with first-hand knowledge, be in writing, and give supporting reasons.
- Every psychologist, optometrist, medical practitioner, and nurse practitioner has the responsibility to report patients who have a medical condition that makes it dangerous for them to drive to RoadSafetyBC.
- The Driver's Medical Examination Report (DMER) is the primary tool used to assess the effects of a medical condition on the person's fitness to drive. RoadSafetyBC will mail a DMER to the driver and require that they have their physician complete it.
- RoadSafetyBC may also require the driver to complete an Enhanced Road Assessment (ERA) to assess driver medical fitness. Drivers required to complete the ERA will be able to do so at no cost.
- The ERA is conducted by ICBC on behalf of RoadSafetyBC. The assessment is completed in a vehicle the driver provides. It is designed to evaluate driving skills and behaviour in real-world driving situations that require increased cognitive demand. The test will consist of a pre-trip vehicle orientation, on-road drive with a feedback component, and a post-trip review.
- If RoadSafetyBC determines a driver is not fit to drive, a letter is sent to the driver to let them know of the decision to revoke their driver's license.
- If the person is found fit to drive, he/she will not receive a notice from RoadSafetyBC. The person's physician will have access to the result of the driving test.
- If the person is found fit to drive, he/she may have their driving capability reassessed in intervals determined on a case-by-case basis. Typically for drivers with a progressive cognitive impairment a yearly reassessment is recommended.

- If someone disagrees with the final assessment by the RoadSafetyBC, they can write to the RoadSafetyBC office to request the decision be reconsidered with a different adjudicator or case manager.

Strategies for Discussing Driving

- Wherever possible, introduce the topic of driving early in the illness when the person has the most insight.
 - Be prepared to have several conversations. This gives time for the person to get used to the idea of driving cessation, and process some of the losses associated with it.
 - In most cases, it is easier for the person if **they** make the decision to stop driving for themselves, rather than have someone else make that decision against their will.
 - Try to discuss the topic in a way that will encourage the person to come to their own conclusions regarding driving cessation.
- Keep in mind the person's feelings and possible threat to their self-esteem and independence. Acknowledge their feelings, and allow time to talk about them.
- Who is the best person to initiate the discussion? The person with dementia might be more receptive to talking about driving with someone else, perhaps a family friend or another family member. Some men might prefer talking to other men about this issue.
- Make safety – their safety, passengers' safety and the safety of others on the road – the focus of the discussion.
 - Take responsibility for your own feelings and use "I" statements instead of "you" statements in your conversation. For example, instead of: *"You are no longer a safe driver, you need to stop driving"* try: *"I am worried about your safety when you are driving; this is why I would like to discuss driving with you."*
 - Help the person recognize that their own assessment of their driving ability might be impaired by the illness. Share your observations. Suggest using others' input in order to provide a more complete picture of the situation.
 - Recognize the person's past good driving record, but once this is done, refocus the discussion on the effect of dementia on their present driving abilities.

- Acknowledge that even the best of drivers will be affected negatively by a medical condition. Focus on the illness, not on their lack of skills.
- Stay calm, respectful, and positive. Do not use an accusatory tone, since this may incite a defensive attitude.
- Present alternatives to driving as a way of preserving independence.
 - Encourage the use of alternative modes of transportation before the person gives up their driver's licence. For example, suggest that the two of you take the bus or a taxi to go shopping downtown or to go to an appointment.
 - Demonstrate to the person how the savings of selling the car cover a lot of the expenses of using alternative modes of transportation. "For example, when we drive we need to pay for gas, maintenance, insurance, parking etc."
- Physicians play an important role in the driver fitness assessment process. Talk to the family physician ahead of time about your concerns.
 - Physicians are required to administering a cognitive screening test every year for a patient with a progressive cognitive impairment who is still driving or when their medical status changes.
 - Physicians are mandated to report to RoadSafetyBC any patients who continue to drive after they have recommended they stop.
 - Ask the person's doctor to write "Do not drive" on a prescription pad.

Alternatives to Driving

Among other things, driving cessation is associated with the loss of independence. The conversation with the person with dementia might go more smoothly if you can present alternate ways of getting around instead of using the car.

- Encourage the use of other modes of transportation prior to the cessation of driving in order to encourage comfort with alternatives to driving and an understanding of how they can be integrated into daily life.
- Find reasons to take public transportation. For example, suggest a change of pace from driving or mention avoiding traffic and the cost of parking.
- Organize a driving pool of relatives and friends.
- Have TaxiSaver coupons on hand to use on short notice.

- Consider having groceries and other purchases delivered to the home.

Suggestions to Prevent the Use of the Car

- Gently mention that you prefer to drive because it's dark out or there is a lot of traffic.
- It may be necessary to remind the person of their physician's recommendation not to drive, or if their licence has been revoked.
- Take the car keys from the person.
- Substitute the car keys with other keys, to let the person hang on to their keys if this is important to them.
- Make the car non-operational (install a kill switch, disconnect the sparkplugs, remove distributor cap, disconnect the battery). Note: if the person is a member of BCAA make sure that BCAA is informed as they may receive phone calls asking for assistance to start the car. These types of measures should be used as last resort.
- Sell the car.

Alternatives to Driving: Resources

- **BC Transit** (schedules, passes and TaxiSaver)
(250) 385-2551, www.bctransit.com
- **HandyDart**
Metro Vancouver: www.translink.ca (Type 'Handydart' in the search box)
604-953-3680

BCTransit: www.bctransit.com (Select your location. Click 'handyDART' under 'Trip Planner')
250-385-2551
- **Taxi Savers + HandyCard** (provides a 50% subsidy on cost of using taxis)
Translink: (604)-953-3680 or (778) 452-2860
<https://www.translink.ca/Rider-Guide/Accessible-Transit/HandyCard.aspx>

BCTransit: (250) 995-5618
- **Driving Miss Daisy** (door to door driving and assistance)
1-877-613-2479, www.drivingmissdaisy.ca

- Some communities have **volunteer driver programs** to assist seniors and people with disabilities.
- Some organizations, social clubs, religious organizations and senior centres offer **transportation or pick-up services** (often free) to their members.

References

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