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Fact Sheet

Dementia & Driving

When an individual is diagnosed with dementia, one of the first concerns that families and caregivers face is whether or not that person should drive. A diagnosis of dementia may not mean that a person can no longer drive safely. In the early stages of dementia, some – though not all – individuals may still possess skills necessary for safe driving. Most dementia, however, is progressive, meaning that symptoms such as memory loss, visual-spatial disorientation, and decreased cognitive function will worsen over time. This also means that a person's driving skills will decrease and, eventually, he or she will have to give up driving. Many people associate driving with self-reliance and freedom; the loss of driving privileges is likely to be upsetting. Some individuals, recognizing the risks, will limit or stop driving on their own. Others may be unable to assess their own driving skills and may insist on driving even when it is no longer safe. Families and caregivers may have to intervene when an individual's symptoms pose too great a traffic risk.

Because the progression of dementia varies from person to person, it is difficult to know at what point an individual can no longer drive safely. This fact sheet provides guidelines to help caregivers and persons with dementia decide when and how to limit or stop driving.

Deciding When to Stop

As a general rule, individuals with *early stage or mild dementia* who wish to continue driving should have their driving skills evaluated immediately (see "Arrange for an Independent Driving Evaluation" below). *Individuals with moderate or severe dementia should not drive.*

Observe Behavioral Signs

You can assess an individual's level of functioning by observing his or her day-to-day behavior *outside of a motor vehicle*. Following are some signs that a person no longer has the necessary skills to drive safely. He or she:

- Has become less coordinated.
- Has difficulty judging distance and space.
- Gets lost or feels disoriented in familiar places.
- Has difficulty engaging in multiple tasks.
- Has increased memory loss, especially for recent events.
- Is less alert to things happening around him or her.
- Has mood swings, confusion, irritability.
- Needs prompting for personal care.
- Has difficulty processing information.
- Has difficulty with decision-making and problem solving.

It is important to compare present behavior with behavior before the onset of dementia. For example, weigh an individual's degree of "difficulty engaging in multiple tasks" in relation to his or her prior ability. Changes in behavior will be most noticeable to family and friends who have closely interacted with the individual over time. Share and discuss your observations with other family members, friends and health care providers.

Arrange for an Independent Driving Evaluation

The safest option for assessing a person's driving skills is to arrange for an independent driving evaluation. Prior to the evaluation, inform the examiners that the person being evaluated has dementia. Evaluations are sometimes available through driver rehabilitation programs or State Departments of Motor Vehicles (DMV).

Although laws vary from state to state, some states require physicians to notify the DMV of any patient diagnosed with dementia. The

person with dementia may then be required to report to the DMV for a behind-the-wheel driver re-examination. In some states, individuals diagnosed with moderate or severe dementia may have their licenses automatically revoked. To find out about driving and dementia laws, you can call the Department of Motor Vehicles for the state in which the individual resides. Because symptoms of dementia are likely to worsen over time, individuals who pass a driving evaluation should continue to be re-evaluated every six months. Individuals who do not pass must discontinue driving immediately.

Continue to Monitor Driving

If an individual clearly demonstrates that he or she can drive safely, it is still important for family and friends to continue monitoring the individual's driving behavior, as the individual's driving skills may decrease significantly in a short period of time. *The objective of monitoring is to detect a problem before it becomes a crisis.* If there are any doubts about safety, the person with dementia should not be driving. It is often helpful to keep a written log of each incident of poor driving behavior. Following are some of the common warning signs.

- Drives too slowly.
- Stops in traffic for no reason or ignores traffic signs.
- Becomes lost on a familiar route.
- Lacks good judgment.
- Has difficulty with turns, lane changes, or highway exits.
- Drifts into other lanes of traffic or drives on the wrong side of the street.
- Signals incorrectly or does not signal.
- Has difficulty seeing pedestrians, objects, or other vehicles.
- Falls asleep while driving or gets drowsy.
- Parks inappropriately.
- Gets ticketed for traffic violations.
- Is increasingly nervous or irritated when driving.
- Has accidents, near misses, or "fender benders."

Discuss any concerns you have with the individual, family members and health care providers. All involved will need to weigh potential risks and decide when the individual needs to stop.

Ask Individual to Co-pilot

You can also estimate an individual's potential for a traffic accident by taking the person along as a passenger and asking him or her to co-pilot. Ask the person to give you specific instructions about using blinkers, changing lanes, and following the rules of the road. If he or she has difficulty or becomes frustrated easily, it may be time for another in-dependent driving evaluation.

Easing the Transition

Involve Person in Discussions

Some individuals are aware of having difficulty with driving and are relieved when others encourage them to stop. Many people, however, will find the loss of driving privileges and the inherent loss of in-dependence upsetting. Encourage the individual with dementia to talk about how this change might make him or her feel. Try to imagine what it would be like if you could no longer drive. Support groups provide a good venue for both the caregivers and the in-dividual to talk about their feelings and get advice from others in a similar situation. *A person often adjusts better if he or she is involved in discussions and decisions about when to stop driving.* If the individual is reluctant to talk about driving, ask the individual's physician or care manager to bring up the subject of driving during health care visits. A lawyer or financial planner may also be willing to discuss driving as part of the individual's legal and financial planning. Begin discussions early and try to establish guidelines about when and how to limit, and eventually stop, driving. Try to reach an agreement regarding which types of driving behavior would signal the need to stop driving. Each family will have to find the solutions that work best in their situation.

Limit Driving

Because the progression of dementia varies, individuals who have demonstrated the ability to drive safely should still begin gradually to modify their driving. This can reduce the risk of an accident if the individual's driving skills decrease significantly between evaluations. Making the transition from driver to passenger over time can help ease the adjustment. Encourage individuals to try some of the following examples:

- Drive only on familiar roads and avoid long distances.
- Avoid heavy traffic and heavily traveled roads.
- Avoid driving at night and in bad weather.

Reduce the Need to Drive

Individuals able to maintain an active life often adjust better to the loss of driving privileges. Following are some ways to reduce the need to drive:

- Have groceries, meals, and prescriptions delivered to the home.
- Arrange for a barber or hairdresser to make home visits.
- Invite friends and family over for regular visits.
- Arrange for family and friends to take the individual on social outings.

Make Arrangements for Alternative Transportation

It will be important to make alternative transportation arrangements so that the individual's mobility and activity level are not unduly restricted. Commonly used transportation options are:

Family and Friends. Family members, friends, and neighbors can offer to drive the individual to social engagements and appointments. Consider making a list with the names, phone numbers, and times of availability of those willing to provide transportation.

Public Transportation. For individuals in the early stage of dementia, public transportation may be a good alternative to driving. It works best for those who are already familiar with the public transportation system in their area. Persons in the later stages of dementia may not be able to figure out routes and schedules.

Taxis. For individuals in the early to middle stages of dementia who do not have behavior problems, taxis can be a good option if someone meets the individual at both ends of the taxi ride. You may be able to set up a payment account with the taxi company so that the individual with dementia does not have to handle money.

Senior and Special Needs Transportation Services. The Yellow Pages of many telephone books have a special section in the front with the names and addresses of various service

organizations. Look under *transportation* or *community services* for the names of agencies that provide transportation for special needs. *Eldercare Locator* at (800) 677-1116, a nationwide directory assistance service designed to help older persons and caregivers locate local support resources, including transportation, for aging Americans.

When Persuasion Fails

Ideally, an individual will limit or stop driving on his or her own. However, some individuals with dementia may forget that they should not drive or insist on driving even though it is no longer safe. While it is important to maintain respect for the individual's feelings, you must put safety first.

As a last resort, you may have to prevent his or her access to a car. Some methods to do that include:

- Hiding the car keys.
- Replacing the car keys with a set that won't start the car.
- Disabling or selling the car.
- Moving the car out of sight.

Caregiver Support

Balancing safety with respect for an individual's desire to drive can be difficult and emotionally trying. Enlist the support of other family, friends, caregiver support groups and health professionals when making and implementing difficult decisions about driving. For further information and support, contact the service organizations under "Resources" at the end of this fact sheet.

Credits

Dobbs, A. R. (1997). "Evaluating the Driving Competence of Dementia Patients."

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The Hartford (2000). *At the Crossroads: A Guide to Alzheimer's Disease, Dementia, and Driving.* www.thehartford.com/alzheimers

The Mayo Foundation for Medical Education and Research (2001). *Dementia: Should Your Patient be Driving?* www.mayo.edu/geriatrics-rst/driving.html

Resources

**Family Caregiver Alliance
National Center on Caregiving**
785 Market Street, Suite 750
San Francisco, CA 94103

(415) 434-3388
(800) 445-8106
Web Site: caregiver.org
E-mail: info@caregiver.org

Family Caregiver Alliance (FCA) seeks to improve the quality of life for caregivers through education, services, research and advocacy.

Through its National Center on Caregiving, FCA offers information on current social, public policy and caregiving issues and provides assistance in the development of public and private programs for caregivers. For residents of the greater San Francisco Bay Area, FCA provides direct family support services for caregivers of those with Alzheimer's disease, stroke, head injury, Parkinson's and other debilitating brain disorders that strike adults.

Alzheimer's Disease Education and Referral Center (ADEAR)

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Alzheimer's Association

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