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An Approach to Driving and Dementia

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Learning Objectives

1. To appreciate existing guidelines and limitations of evidence on the topic of driving and dementia.
2. To develop a practical approach to driving assessment and to supporting people after driving cessation.
3. To utilize the online educational resource, the Driving and Dementia Roadmap (DDR) to support people with dementia and their family/friend carers through the decision-making and transition to non-driving.

Int'l Consensus Recommendations on Fitness to Drive in Dementia

1. **Dx of dementia alone is not sufficient to withdraw driving privileges (A)**
2. **Severe dementia is a contraindication to driving (C)**
3. **It is unlikely that safe driving can be maintained in moderate dementia (some basic ADL impairment) and it should be strongly discouraged; if the person with dementia (PWD) wants to keep driving, they should be formally assessed and very carefully monitored (B)**

Rapoport et al., Current Psychiatry Reports 2018

Int'l Consensus Recommendations (Cont'd)

4. People with dementia with progressive loss of 2+ IADLs due to cognition (but no basic ADL impairment) are at higher risk of driving impairment (A); if the PWD wants to continue driving, a formal assessment and ongoing monitoring of driving fitness is recommended (B)
5. No in-office test or test battery (e.g., MMSE, MoCA) has sufficient sensitivity or specificity to be used as a sole determinant of driving ability (A); however, abnormalities on these tests may indicate a driver at risk who needs further assessment (B), or substantially impaired scores may preclude safe driving (C)
6. People with dementia who are deemed fit to continue driving should be re-assessed every 6-12 months or sooner, if indicated (B)

Rapoport et al., Current Psychiatry Reports 2018

Int'l Consensus Recommendations (Cont'd)

7. **Any clinician who has concerns about whether a PWD's cognitive problems may adversely affect driving but is uncertain, should refer the patient for a functional driving assessment (C)**
8. **If there are clear aspects of the Hx, P/E and cognitive assessment that place the PWD and public at high risk, the PWD and caregiver should be advised not to drive, and this should be documented in the clinical record (C)**
9. **Clinicians should be aware of the legal driving reporting requirements in their jurisdiction (C)**
10. **Caregiver concerns about driving should be taken seriously (B); the possibility of COI must be considered if caregiver concern is absent (C)**

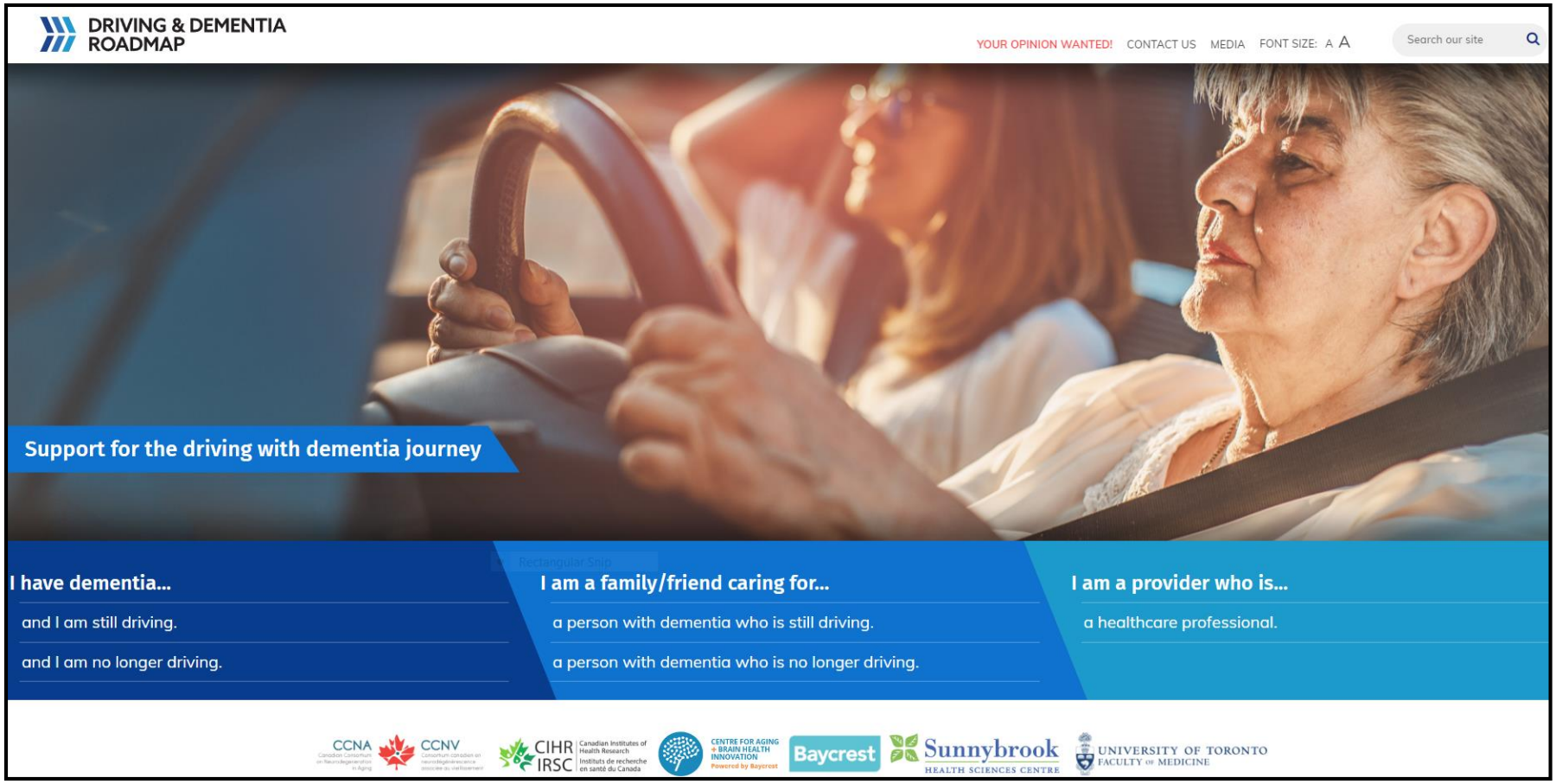
Rapoport et al., Current Psychiatry Reports 2018

Int'l Consensus Recommendations (Cont'd)

11. A formal evaluation is recommended if behavioural disturbances may be interfering with safe driving (C)
12. Patients with prominent language impairment cannot be adequately screened with typical language-based tests and require a specialized assessment (e.g. SLP, neuropsychologist, formal driving assessment (C)
13. Conversation about eventual retirement from driving should be held as early as possible (C)
14. Driving cessation has been associated with social isolation, depression and other adverse health outcomes (C); it is important to monitor for these problems after a person with dementia has stopped driving (C)

Rapoport et al., Current Psychiatry Reports 2018

DRIVING & DEMENTIA ROADMAP



www.drivinganddementia.ca

Stasiulis et al. International Psychogeriatrics 2023

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