

Dementia

Fact Sheet for Medical Professionals



Dementia

Dementia is impairment in short-term and long-term memory and can involve difficulties with abstract thinking, impaired judgment, other disturbances of higher cortical function, or personality change. Dementia can interfere with a person's ability to work and an ability to maintain usual social activities or relationships with others. By mid-century, the number of people affected by dementia will triple, with clear implications for driving risk.

Impact on Driving

A diagnosis of dementia is not, on its own, a sufficient reason to withdraw driving privileges. A significant number of drivers with dementia can drive safely in the early stages of their illness. The determining factor in withdrawing driving privileges is driving ability and the amount and type of driving exposure (risk assessment). When the individual poses a heightened risk to self or others, the result is a suspension of driving privileges.

Private clinicians do not directly measure driving competence. They do, however, review the person's medical history and assess the person's cognitive and other functional abilities. Physicians can refer the patient to occupational therapists and driving rehabilitation specialists for further evaluation and behind the wheel assessments.

Clinician's Role

Conduct or refer a patient for a functional evaluation of the person's fitness to drive if dementia is a possible diagnosis. NHTSA's Driver Fitness Medical Guidelines provide these indicators that can help determine if the person needs an evaluation:

- » The person is 80 or older;
- » The person had a recent crash or moving violation;
- » The patient uses psychoactive medications such as benzodiazepines, neuroleptics, antidepressants, or use of medications for Alzheimer's disease;
- » There is a history of falls; or
- » Scores from simple screening tools indicate the possibility of a cognitive deficit.

If the diagnosis involves dementia, take the following action:

- » Address the issue of driving safety with the patients and their families.
- » Encourage patients to develop a driving cessation plan that includes alternative transportation options and recommend the plan be coordinated with family members and caregivers. If necessary, refer the patient to the local Area Agency on Aging.
- » Perform a focused medical assessment (and serial assessments when needed) that includes information on any new impaired driving behaviors (e.g., motor vehicle crashes) and an evaluation of cognitive abilities, including memory, attention, judgment, and visuospatial abilities.

The practice of "co-piloting," or having another individual guide a driver with dementia through the driving task, is not safe and should be strongly discouraged.

Source: *Driver Fitness Medical Guidelines, National Highway Traffic Safety Administration, DOT HS 811 210, September 2009; Physician's Guide to Assessing and Counseling Older Drivers, American Medical Association and NHTSA, 2nd Edition, 2010.*