

Driving and Dementia

COMMON QUESTIONS

- When is driving with Alzheimer's disease or another dementia no longer safe?
- What is the role of the person with Alzheimer's disease in making the driving decision?
- Who decides when a person with Alzheimer's disease or another dementia should no longer drive?

BACKGROUND INFORMATION

The declining cognitive abilities of a person with Alzheimer's disease or another dementia will ultimately lead to the need for the individual to stop driving. It is difficult to determine when restrictions are needed because little solid evidence exists linking various stages of dementia with driving behavior. However, at some point in the progression of the disease, driving performance errors will present a safety risk to both the individual and the public.

The need to restrict or give up driving can cause significant stress for individuals with dementia and their families. The ability to drive represents freedom and independence, and alternate transportation options may be limited or not exist at all. While some families can step in to provide transportation as needed, others may not live nearby or may not be able to offer transportation when the person with dementia needs it.

For some individuals, the loss of the ability to drive may result in the need to move to another location or to a residential facility. Furthermore, many people with dementia and their families are not aware how the disease affects a person's driving abilities until there has been an incident involving an accident, getting lost or another driving-related crisis. The need for overall education around this issue is critical.

In spite of much research into the best methods or tools to determine when it is no longer safe to drive, current evidence does not provide a clear solution. However, there is some consensus on areas to consider when making a decision around driving, including cognitive abilities, visual impairments, changes in motor and sensory skills, caregiver concerns about driving and instrumental activities of daily living (e.g. handling finances, cooking) and self-restrictions on driving from the person with dementia.

While there is no universal standard to determine when driving should cease, the time will come when the person with dementia will no longer be capable of driving safely. Planning ahead for this eventuality can ease the transition from driver to passenger, and it also provides an opportunity for individuals with dementia to participate in the decision-making process, thereby respecting their autonomy.

Discussing driving early in the disease process allows the person with dementia to share how they want the situation handled if the time comes when they have limited insight into their abilities. This discussion can also reduce the stress experienced by families who have to make the decision. It also allows families and caregivers time to identify other transportation alternatives.

While driving continues, the person with dementia and his or her family members, friends and other caregivers should be aware of dangerous driving and be prepared to address it. Placing certain restrictions on driving or utilizing location management tools can be helpful. Example of restrictions may include: driving only in daytime hours, limiting driving to certain areas, or implementing a location management device to help locate the individual if he or she becomes lost or travels outside a specified area. It is important to note that while driving restrictions can be helpful in the early stages of dementia, when the time comes that the person can no longer drive safely, driving should cease altogether.

Appropriate limits to driving can often be mutually agreed upon through open communication among the person with dementia, family members and health care professionals. Individual responses to proposed limits will vary from immediate acceptance to strong resistance. When there is uncertainty about the person's ability to drive safely, a third party driving evaluation is recommended, and can be conducted by an occupational therapist or another trained professional. When the person with dementia can no longer drive safely, it is appropriate for the physician to order driving to be halted. In ideal situations, the physician will have discussed the issue of driving early in the disease process. When the person with dementia continues to be resistant, family members may have to take more drastic measures, such as disabling or removing the vehicle.

ASSOCIATION POSITION

The Association asserts the following regarding driving and dementia:

- A diagnosis of Alzheimer's disease is never by itself a sufficient reason for loss of driving privileges.
- Planning ahead for the time when driving is no longer possible is essential.
- Early in the disease process, the person with Alzheimer's disease or another dementia should participate in decision-making and planning regarding the cessation of driving early.
- Alzheimer's disease is progressive and all persons with a diagnosis will eventually be unable to drive.
- It can be helpful to work with the person's physician to determine the ability to drive safely.
- An "on the road" driving evaluation, conducted by an occupational therapist or other professional, is a practical way to assess driving ability.
- Driving privileges must be withheld when the individual poses a serious risk to self or others. Interventions to prevent driving in individuals who lack insight include

physician oral or written recommendations, taking the keys, removing the car, changing the locks, filing down the ignition key and revoking the license.

- Laws vary so it is important to check your state's laws on driving and dementia.

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