Driving and Dementia

COMMON QUESTIONS

- When is driving with Alzheimer’s disease or other 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 other dementia should no longer drive?
- What are the implications of mandatory reporting by physicians of an Alzheimer’s disease diagnosis to a state’s department of motor vehicles?

BACKGROUND INFORMATION

The declining cognitive abilities of a person with Alzheimer’s disease 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 Alzheimer’s disease and their families are not aware how dementia affects a person’s driving abilities, often until there has been an incident involving an accident, getting lost while driving or other driving crisis. The need for overall education around this issue is critical.

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 when driving is no longer possible is essential.

The person with Alzheimer’s disease should participate in the planning and decision-making regarding the cessation of driving.

Driving demands quick reaction time and fast decision-making; because of this, a person with Alzheimer’s disease will eventually become unable to drive.

Driving privileges must be withheld when the individual poses a serious risk to self or others.

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

Involving the person with dementia early in the process can also reduce the stress experienced by family members when the decision to stop driving must be made and the person has limited insight into his or her driving abilities. It allows families and caregivers time to identify other transportation alternatives.

While driving continues, the person with dementia and his or her family members, friends or other caregivers should be aware of signs of dangerous driving and be prepared to address them. Placing certain restrictions on driving or utilizing location management tools can be helpful. Examples of restrictions might include driving only in the daytime hours; limiting driving to certain areas; or implementing a location management program (GPS device) designed to help locate the individual if he or she becomes lost or travels outside a specified area.

Appropriate limits to driving can often be mutually agreed upon through open communication among the person with Alzheimer’s disease, family members and health care professionals. Individual responses to proposed limits will vary from immediate acceptance to strong resistance. A third party driving evaluation, conducted by an occupational therapist or other trained professional, can be helpful to determine if the person is at risk for unsafe driving. When the person with dementia can no longer drive safely, it is appropriate for the physician to order that driving 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 disablimg or removing the vehicle.

California and other states have driving legislation that requires the reporting of a probable diagnosis of Alzheimer’s disease to a state’s department of motor vehicles. The Association does not support mandatory reporting as a solution to the driving and dementia issue because it can have unintended consequences, including an unwillingness for individuals to seek early diagnosis; risk to the relationship between the physician and patient; and even an unwillingness of physicians to appropriately diagnose Alzheimer’s disease. Instead, the Association recommends that the person with dementia, along with his or her family and friends, are educated about the need to plan and address the issue of driving with dementia.

Alzheimer’s Association National Board of Directors, approved September 2011
Driving & Dementia Bibliography


###