



DEMENTIA AND DRIVING

Most dementia victims drive over two years following onset of symptoms. These individuals have four times more accidents than other elderly drivers. Many (30% - 47%) dementia patients who continue to drive will crash. Older drivers (i.e., those over age 60) have more crashes per miles driven than middle-aged drivers.

Driving a motor vehicle requires a complex mixture of hearing, eyesight, memory, motor skills, judgment and self-control. The operation of a motor, vehicle by a person requires intact intellectual function, sensory abilities and physical skills. Family caregivers should consider each skill prior to determining the safety of a dementia victim's driving.

Dementia is the permanent loss of multiple intellectual functions and Alzheimer's disease causes most dementia in the elderly. Most dementia patients become worse over time. Many elderly Alzheimer victims reside in rural areas where automobile transportation is essential for survival. Most rural areas do not have public transportation or other means of transporting older citizens. Many rural elders live alone in single family dwellings without assistance from family. The Alzheimer patient may be the only means of transportation for a physically impaired spouse. The decision to take the automobile car keys away from an Alzheimer patient becomes a complicated judgment and family or guardian must consider necessity, safety and legal liability. In general, families and physicians should strongly discourage dementia patients from driving. Patients can continue to renew licenses by simply appearing at the local drivers license office. No testing is done.

Families who allow Alzheimer patients to continue driving expose the patient and spouse to potential legal liability and the patient to potential harm. Dementia patients involved in motor vehicle accidents might be assumed at fault even if they did not cause the accident. Liability judgments involving injury to another party could exceed the limit of the patient's insurance and bankrupt both the patient and the family. Dementia patients who injure other parties as a result of a motor vehicle accident can be judged criminally liable and placed in jail.

Dementia victims may become temporarily more confused (delirium) as a result of medication, physical illness or health problems that affect thinking. Dementia is a progressive disorder and the patient's symptoms will worsen over months or years. The Folstein Mini-mental Status Examination (MMSE), a brief dementia screen, is helpful in assessing impairment. Most mental health centers can perform this test in 20 minutes. Dementia patients who drive should be re-evaluated frequently by family and health professionals to determine ongoing driver competency. When an Alzheimer patient drives, an intellectually intact person should accompany them to prevent them from becoming lost.

REMEMBER:

Most Alzheimer patients are forgetful and may forget when to turn or use directional signals, etc. Every dementia patient who drives needs to be evaluated by the family at the time the patient leaves the house. The patient's level of concentration and memory may fluctuate and the patient's driving safety may vary from day to day.

GUIDELINES FOR THE PATIENT, FAMILY, AND DOCTOR TO USE WHEN MAKING DRIVING RECOMMENDATIONS

1. All patients with dementia are at risk for vehicular accidents and should be regularly evaluated by family, physician and experts. The Folstein Mini-Mental Status Examination (MMSE) is the minimum cognitive (intellectual) assessment and more should be considered.
2. Patients with MMSE below 16 should not drive unless evaluated by a specialist.
3. Patients with MMSE below 21 and other problems such as impaired vision, hearing, or use of limbs should not drive without a specialist evaluation.
4. Dementia patients with psychiatric complications such as depression, hallucinations, delusions, or impulsive behavior should not drive.
5. Patients with no physical problems and MMSE below 20 are at a significant risk for accidents and should be allowed to drive only after consultation with a dementia expert.
6. Physically healthy patients with MMSE between 20 and 26 require careful consideration by family and healthcare professionals to determine safety for driving and periodic re-evaluation.
7. Patients who exhibit difficulty in dressing or other complex motor tasks should not drive until evaluated by an expert.

REMEMBER:

Every dementia patient is different. The family and physician must regularly evaluate every patient.

REFERENCES

1. David B. Reuben, Dementia and Driving, Journal of the American Geriatrics Society, Volume 39, Number 11, November 1991.
2. Jonathan D. Trobe, MD; Patricia F. Waller, PhD; Carol A. Cook-Flanagan, PhD; Susan M. Teshima, MA; Crashes and Violations Among Drivers with Alzheimer's Disease, ARCH NEUROLNOL 53, May, 1996.
3. Gilley D, et al., Cessation of Driving and Unsafe Motor Vehicle Operation by Dementia Patients, Arch Intern Med, Volume 151, May 1991.
4. David T. Levy, PhD; Jon S. Vernick, JD, MPH; Kim Ammann Howard, Relationships Between Driver's License Renewal Policies and Fatal Crashes Involving Drivers 70 Years or Older, JAMA, October 4, 1995, Volume 274, No. 13.
5. Robert P. Friedland, Elisabeth Koss, Anand Kumar, Sean Gaine, Diane Metzler, James V. Haxby, Angela Moore, Motor Vehicle Crashes in Dementia of the Alzheimer Type, Ann Neurol 1988; Volume 24, pages 782-786.