

Driving

Introduction

The issue of driving and dementia is an area of concern for the person with dementia and their family. Although every effort should be made to preserve the independence and social and emotional wellbeing of the person with dementia, it is equally important to consider public safety. In addition to this, all states and territories of Australia have laws about reporting health conditions, including dementia, that might affect your ability to drive safely. Failure to do so may have legal and financial consequences and may result in a loss of insurance cover.

Determining whether a person with dementia is safe to continue driving may require the involvement of a number of individuals (family, carers and health professionals) and organisations (driver licensing authorities). Generally, the first step in this process is for the person with dementia to see a doctor who will determine if they meet the National Medical Standards to hold a licence. The doctor may require further information, such as a report from an optometrist or information from family members. Often doctors refer the person with dementia to undertake a comprehensive driver assessment.

Driver assessments are usually conducted by an occupational therapist, who has extra training in driver evaluation. There are two parts to the evaluation; an off-road assessment and an on-road assessment:

- The off-road driving test assesses physical abilities, vision, judgment, planning, knowledge of road rules and signs and reaction times. The results of the off road-assessment indicate whether the person with dementia is ready for an on-road assessment and whether there may be a need for modifications to the vehicle
- The on-road driving assessment is completed in a car that has dual controls and includes the person with dementia as the driver, a driving instructor and the occupational therapist. The assessment usually takes 45 minutes and the occupational therapist observes and assesses the driving skills of the person with dementia.

Following the assessment, the person with dementia will be given feedback on their performance, and advised of the licensing recommendations the occupational therapist will make. There may be a number of outcomes, including:

- Safe to continue driving
- Driving lessons and/or course to improve skills
- Conditional license. The occupational therapist will discuss with the person with dementia the nature of the conditions, which may include the distance driven or time of day
- Unsafe to drive and licence should be suspended/cancelled.

The occupational therapist who completed the assessment will forward a report to the relevant driver licensing authority, who will enforce these recommendations. The cost of an occupational therapy driving assessment is not covered by Medicare, and can vary significantly between occupational therapists. It is important to discuss the costs with the occupational therapist prior to commencing the assessment process.

There are some strategies that people with dementia and their families and carers can follow in order to minimise driving risks.


Recommendations

- Monitor driving for warning signs. Consider keeping a written record of any changes in driving behaviour. Look out for driving problems such as:
 - Confusion on familiar routes
 - Difficulties turning or changing lanes
 - Slowed reaction times
 - Increased agitation when driving
- Discuss your concerns with the driver openly and involve other members of the family and carers and health professionals
- Refer the person with dementia, or speak to your doctor about a referral, for an occupational therapy driving assessment
- Reduce the need for the person with dementia to drive by arranging for groceries and medications to be delivered, or organising transportation through family, friends and voluntary organisations
- As a last resort, consider preventing dangerous driving by removing the car keys or immobilising the car.

Ceasing driving is a deeply emotional and personal issue and may be perceived by the person with dementia as a significant loss of independence and control. Families, carers and health professionals must find a balance between the needs of the individual with dementia and safety considerations.

Summary

Driving is a complex task that requires many skills. Although a diagnosis of dementia does not mean that a person is no longer able to drive, progression of the disease will eventually cause a change in the skills needed to drive safely. In addition to this, some medications can also affect driving, by causing drowsiness or nausea. It is important for the person with dementia to have regular medical check-ups to ensure they are still



safe to drive. Family and carers should also be on the look out for any changes in driving skills and behaviour. Planning ahead for changes to driving status is important so that the person with dementia can be a part of the planning process and feel a sense of control.

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Personal story – Bill and Betty



'If I give up my licence I will lose my independence.'

'And if you don't you might end up killing yourself, or someone else.'

'Don't be ridiculous, I'm still a safe driver.'

'Well, there's a scrape on the side of the car. How did that happen?'

'What scrape? I don't know anything about that? Did you do it?'

'No, I haven't driven the car today...I think you must have scraped the gatepost.'

'Why do you always blame me for everything?'

This was how the arguments went every time: Bill would deny that he had caused the mark on the car and get very angry if Betty, his wife, mentioned him giving up driving. So far Bill had only damaged their car. He had hit the gatepost and also bumped the garage door, not realising how close it was. These things had happened in their driveway, but Betty was worried that when he was driving he could hit another car, a parked vehicle or worse.

Bill had Alzheimer's disease and he was now having trouble with spaces and distances. He had backed the car out of their driveway hundreds of times, but lately he couldn't always tell how close or far things were from the car. When asked about it Bill said he did not know how the damage had occurred. Betty knew that he was too embarrassed to admit he had done it. He had always been such a good driver.

Betty wasn't sure when Bill should give up driving or even if he would agree to discuss any problems he was having with driving. Betty thought it would be a good idea to see their doctor and get advice from her. Bill had always had a good relationship with their doctor.

Following a thorough medical check-up, the doctor explained to Bill that his brain wasn't always making sense of the information his eyes were sending to it. This was probably due to Alzheimer's disease. Bill agreed that he was sometimes knocking things over because they were much closer than he thought. The doctor said that it was important for Bill to understand how Alzheimer's disease was affecting his ability to drive. He referred Bill to a local occupational therapist who was specially trained to complete driving assessments. This way both Bill and Betty could make sure that Bill was safe to drive.

Bill was pleased with the results of his driving assessment. The occupational therapist said that Bill was still a good driver but he needed to be more careful because of the changes in his vision. She recommended that Bill have a conditional licence – this meant that Bill could still drive in his local area, during non-busy periods in the daytime. She also said that Bill would need to be re-tested in six months time. Bill knew that his doctor and the occupational therapist were right about Alzheimer's disease affecting his vision and other things, like memory. He didn't want to cause an accident on the road and he knew that he and Betty had to prepare for a time when he could no longer drive.

The nearest shopping centre was accessible by bus and their daughter had said there was a website that explained how to get around on public transport. It was easy - all you had to do was type in the suburb you were travelling from, and the suburb you wanted to get to, and it gave you instructions about which bus to take and so on. Bill and Betty agreed that it would be a good idea to ask their daughter to print out some information for them so they could see what would be useful. The doctor had mentioned that some local councils have volunteer transport schemes. Betty thought she could speak to someone about this when she went to pay the rates next week.

Bill and Betty realised they would have to begin thinking about and planning for alternatives to Bill's driving. Even though it was frightening and not something Bill and Betty wanted to do, they both knew that things would be worse later if they weren't prepared. Planning ahead would make it easier in the long run if Bill could no longer communicate his thoughts.

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Useful contacts

National

AustRoads is the association of Australian and New Zealand road transport and traffic authorities, including the six Australian state and two territory road transport and traffic authorities. Their purpose is to contribute to the achievement of improved Australian and New Zealand transport related outcomes through a variety of strategies and they have developed a publication, Assessing Fitness to Drive, which outlines the medical standards for licensing. For more information:

www.austroads.com.au

☎ (02) 9264 7088

State and territory

The function of the state and territory road transport and traffic authorities is to manage road networks, implement road safety strategies and programs and provide vehicle registration and driver licensing services.

Australian Capital Territory

For further information on driving and/or licensing contact Territory and Municipal Services

www.tams.act.gov.au/move

☎ 13 22 81

☎ (02) 6207 5111 for callers outside NSW/ACT

New South Wales

For further information on driving and/or licensing contact Roads and Traffic Authority NSW

www.rta.nsw.gov.au

☎ (02) 9218 6888

Queensland

For further information on driving and/or licensing contact Queensland Transport

www.transport.qld.gov.au

☎ 13 23 80

Northern Territory

For further information on driving and/or licensing contact the Department of Planning and Infrastructure

www.ipe.nt.gov.au/dtw

☎ (08) 8924 7905

South Australia

For further information on driving and/or licensing contact the Department of Transport, Energy and Infrastructure

www.transport.sa.gov.au

☎ 1300 360 067

Tasmania

For further information on driving and/or licensing contact the Department of Infrastructure, Energy and Resources

www.transport.tas.gov.au

☎ 1300 135 513

Victoria

For further information on driving and/or licensing, contact VicRoads

www.vicroads.vic.gov.au

☎ 13 11 71

Western Australia







For further information on driving and/or licensing contact the Department for Planning and Infrastructure





www.dpi.wa.gov.au






(08) 9427 8191

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Recommended resources

Name of resource and where it is available	Brief description and type of resource	Target setting
<p>Alzheimer's Australia. (2005). <i>Help sheet 2.7: Driving</i>. www.alzheimers.org.au [> Publications & resources > Helpsheets & update sheets > Caring for someone with dementia]</p> 	<p>Help sheet. Describes the effects dementia may have on driving skills and warning signs to be aware of. Provides practical strategies to assist the person with dementia during the transition process from driver to passenger.</p>	
<p>Alzheimer's Australia. (2005). <i>Help sheet 8.4: About you... Driving</i>. www.alzheimers.org.au [> Publications & resources > Helpsheets & update sheets > Information for people with dementia]</p> 	<p>Help sheet. Describes warning signs that may indicate driving skills are declining and briefly outlines the legal obligations of the driver in disclosing their medical condition to the relevant licensing authority. Suggests alternatives to driving. Written specifically for the person with dementia.</p>	
<p>Angley, P. (2001). For Alzheimer's Australia (Vic). <i>Driving and Dementia: A background paper</i>. www.alzheimers.org.au [> Publications & resources > Issues papers > Driving and dementia papers]</p> 	<p>Paper. Provides a summary of some of the research undertaken on issues related to driving and dementia, including legal implications. Also presents the views of people with dementia and their family and carers.</p>	

<p>The Hartford. (2000). <i>At the crossroads: A guide to Alzheimer's disease, dementia and driving</i>. www.thehartford.com/alzheimers [> Brochure] </p>	<p>Brochure. Describes the perspectives of both carers and health professionals on the issue of driving and dementia. Includes a checklist on the warning signs that driving skills are declining and practical strategies on easing the transition from driver to passenger.</p>	
<p>Australian and New Zealand Society for Geriatric Medicine. (2002). <i>Driving and dementia</i>. www.asgm.org.au [> Position statements] </p>	<p>Position statement. Explores evidence about driving and dementia, such as increased risk of accidents and the types of dementia that may result in skill deficits related to driving. Recommends future strategies to address the problem of driving and dementia. For example, subsidising on-road driving assessments.</p>	

Symbol	Explanation
	Community
	General
	Light reading
	Medium level resource
	In depth, detailed resource
<u>Underlined text</u>	Refer to glossary for definition