

DUKE DEMENTIA FAMILY SUPPORT PROGRAM

Caregiver Connections

An Educational Webinar Series With The Experts

**The presentation will begin shortly.
Thank you for your patience!**

dukefamilysupport.org

919-660-7510



The Road Ahead: A Discussion about Comprehensive Driving Evaluation

Presented by:

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DukeHealth



Discussion Will Include:

- How *mild cognitive impairment* (MCI) and *dementia* impact driving
- *Warning signs* to stop driving or get an evaluation
- How to *discuss* driving concerns with a loved one
- *Before, during* and *after* of a driving evaluation
- Who is notified of the *results* of the driving evaluation
- What happens if someone continues to drive when it has been recommended that they *stop driving*



Unique Challenges

- Driving is a *privilege*
- *Public safety*
- Self-rating of driving ability is *not accurate*
 - *Family/caregiver's rating* is often an *accurate predictor* of medical fitness to drive.
- *May not recognize changes*
- Thoughtful *planning*



Warning Signs

- ***Family reports concerns*** to medical provider
- ***History of accident/crashes/fender benders***
- Need ***reminders*** on how to get to familiar places
- ***Failing*** to observe traffic signs
- Making slow or ***poor decisions*** in traffic
- Driving too slow or fast for road conditions
- Agitation/periods of confusion
- ***Confusing*** the brake and gas pedals
- ***Poor lane control***



Cognition

- Driving ***Implications***:
 - Ability to ***recognize*** traffic conditions and destinations
 - Ability to ***process*** information and make ***appropriate*** decisions in a ***timely*** manner
 - Ability to ***understand*** and operate own vehicle
 - Ability to ***recall directions*** and routes



Physical Function

- Strength
- Sensation
- Range of motion
- Gross/fine motor skills
- Balance
- Endurance
- Neck flexibility
- Mobility
- Managing mobility device
- Hearing loss



Rapid Pace walk test: *Scores >9 seconds may be indicative of decreased driving ability.*
Hill, et al., 2019

Physical Function: Reaction Time

- ***Motor control***
 - Activating pedals and steering
 - Applying even pressure and maintaining speed
- ***Vision***
 - Scanning
- ***Cognition***
 - Divided attention
 - Memory
 - Cognitive processing



Vision

90% of all sensing clues while driving come through the eyes

- Driving ***implications***:
 - Ability to **see**
 - other ***vehicles***
 - Traffic ***signals***/signs
 - ***Lane*** markings
 - Road ***conditions***
 - ***Pedestrians***
 - Equipment and controls





Other Considerations

- Obstructive sleep apnea (CPAP compliance)
- Seizures
- Diabetes (peripheral neuropathy, retinopathy)
- Cerebrovascular disease
- Cardiovascular disease (syncope)
- Psychiatric disease
- Eye diseases
 - Glaucoma, cataracts, macular degeneration

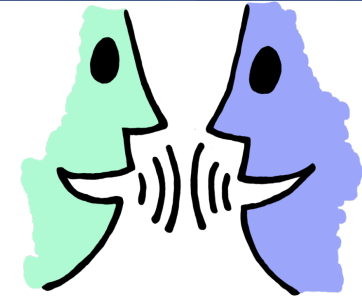
Medications

Polypharmacy increases potential for side effects that can impact driving

- Medications that alter consciousness require special attention
- ***New medications*** and ***dose adjustments*** should be ***reviewed carefully*** for efficacy and adverse effects



“We Need to Talk”



- Start the conversation in the ***early stages of the disease***
 - Understand that this may be the ***first of many*** conversations about driving
 - Consider an ***objective*** third party evaluation
 - Discuss ***specific symptoms*** that may impair driving; slow response time, gait instability, memory loss
 - Reinforce ***medical diagnoses and legal liability***.
 - Driving skills ***progressively decline*** over time, recommend frequent re-assessment (***every 6 months***)



When the Conversation Does *NOT* Go Well

- Be *patient*
- Demonstrate *understanding & empathy*
- **Acknowledge** the pain of the change
- Consider an **objective** third party evaluation
- As a last resort, remove keys, disable car or remove vehicle completely
 - Be sure to provide safe, reliable, alternative transportation

Objective Third Party Evaluation

- **Occupational Therapy Comprehensive Community Mobility Evaluation**
- 2-3 hour evaluation performed by an occupational therapist/certified driving rehab specialist
- Provides an objective measurement as related to crash risk
- Cost: \$200 for clinical
- Medical provider referral



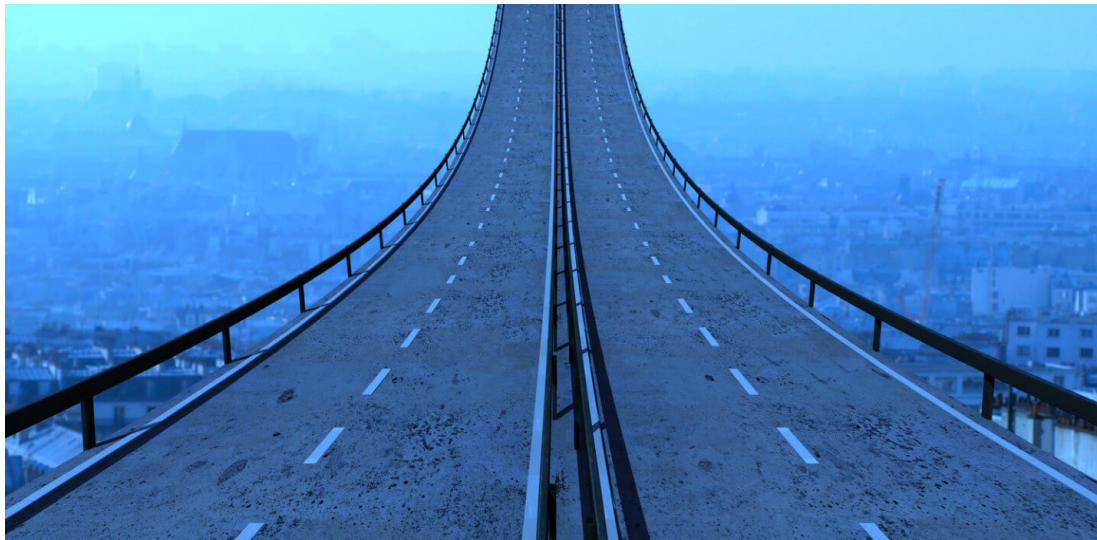
OT Clinical Assessment

- Assesses Four Areas of Driving
 - Physical
 - Cognition
 - Vision
 - Reaction time



Possible Outcomes

- Return to driving with ***NO*** restrictions
- Return to driving ***WITH*** restrictions
- Referral to an ***on-road*** driving evaluation
- ***Discontinue*** driving



Results

- **Reports** shared with:
 - **Referring** physician
 - **Patient/Family** members
- OT is **NOT** permitted to share results with NC DMV (unless they were referred by the DMV)
- NC **does not have a mandatory** DMV notification of diagnosis of dementia



Planning for Driving Retirement

- Never too *early*
- Involve *family* and close *friends*
- Develop *agreement*
- *Alternative* transportation options
- Sign a driving *contract*



Alternative Transportation

- Transition driving responsibilities
 - Family members
 - Friends
- Arrange transportation services
- Reduce need to drive
 - Mail prescriptions, grocery delivery, meal delivery





Alternative Transportation

- [Ridesinsight.org](https://ridesinsight.org)
- Center for Volunteer Caregiving (Free – Wake County)
- Transportation Solutions for Caregivers
- National Association of Agencies on Aging
- Local Area Agency on Aging
- AARP Mobility Resources
- Local Alzheimer's disease chapters



Driving Against Medical Advice

- Legal implications
- Patient will be held at fault for an accident



Clinical Resources in North Carolina

- Department of Veteran Affairs Medical Center (Veterans only)
 - Salisbury, NC
- Duke University Health Center at Lenox Baker
 - Durham, NC
- Frye Regional Rehabilitation Hospital
 - Hickory, NC
- Driver Rehabilitation Services, P.A.
 - McLeansville, NC
- Forsyth Medial Hospital
 - Winston-Salem, NC
- Care Partners Health Systems
 - Asheville, NC



References

- Alzheimer's Association (2019) Dementia and Driving: Available at : <http://www.alz.org/care/alzheimers-dementia-and-driving.asp>
- Hill, L., Pignolo, R., Tung, E. Assessing and Counseling the Older Driver: A Concise Review for the Generalist Clinician. *Mayo Clin Proc.* August 2019: 94(8) 1582-1588
- Korner-Bitensky NA, Mazer BL, Sofer S, et al. Visual testing for readiness to drive after stroke: a multicenter study. *Am J Phys Med Rehabilitation.* 2000; 79(3): 253–259.
- Meador, Kimford. To drive or not to drive, roles of the physician, patient, and state. *Neurology.* 2007;68:1170-1171.
- North Carolina General Assembly (2019) Physicians, psychologists ,and other medical providers providing medical information on drivers with physical or mental disabilities or disease: Available at: www.ncleg.gov/EnactedLegislation/Statute



Questions?





Duke's Comprehensive Community Mobility Evaluation

- Melissa Werz, OTD, OTR/L
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Thank you for joining us today!

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