

Duke Dementia Family Support Program Caregiver Connections

Planning the Road Ahead: Dementia and Driving

Why driving is an issue:

- Many older adults live in suburban & rural areas.
- Driving will remain the primary choice and personal mode of transportation.
- Older adults want to age in their communities.
- Want and need to continue driving to maintain health & quality of life.
- Decision to stop driving has adverse consequences.
- Older adults sustain more serious injuries due to frailty and fragility.

What we know about older adults:

- Older drivers are generally safe drivers and as one ages, drivers tend to self-restrict.
- While we all age *differently*, clear evidence shows with aging: slowed processing speed.
- We will outlive our ability to drive by 6-10 years.

Medically-at-risk driver: A driver with a medical condition that impacts driving, making them unsafe. How do we identify or test the medically-at-risk driver without over-restricting our healthy older adults? Making sure the driving privilege is based on **Function – not Age** – through an **evaluation of *Driving Fitness***

Michon's hierarchy of driving behaviors: Help explain why individuals with dementia still can "drive."

Medical fitness to drive:

- Evaluation of motor, vision, & cognition
- Includes Clinical & On Road
- No one test can be used to determine fitness to drive
- Fitness to drive evaluations – best done by **driving rehabilitation specialists who are occupational therapists.**

Why occupational therapists:

Understanding Driving Behaviors*



- Assists individuals with medical conditions with everyday activities.
 - Driving is an important everyday activity.
 - Evaluate / plan interventions for individuals with cognitive, physical, visual/perceptual impairments.
- Also assists individuals to drive after a medical condition interferes – stroke
- From: Schold Davis, E., & Dickerson, A. (2017). *OT-DRIVE: Integrating the IADL of driving and community mobility into routine practice. OT Practice, 22(13), 8–14.* Copyright American Occupational Therapy Association, 2017.



Dementia research with driver computer chips. (Washington University & East Carolina collaboration)

- Cognitively normal older adults, higher values of biomarkers predicted negative outcomes for future on road assessments.
- No association between biomarkers and global cognitive scores
- Navigation: Potentially robust means of identifying drivers with early signs of dementia.

Website dedicated to older adults and transition to non-driving, [Here](#). Includes:

- Information about aging
- Self-assessments for driving fitness
- Who are the pros to see
- Assessment of mobility readiness (interactive)
- Transportation plan (interactive)
- Cost calculator
- Other resources



[Warning signs for Drivers with Dementia](#) (link to resource)

Film “Between the Lines” about an older woman with possible dementia

Link here: <https://www.dropbox.com/s/5hnj003c92uqb2g/Between%20the%20Lines%204-8-24.mp4?dl=0>

NC DMV Medical Review Unit

*The Medical Review Unit requires **confirmed** medical information in order to cancel a driver’s license.* www.ncdot.gov/dmv/license-id Look for *Medical Review Program*

***Forms on-line can be download.**

Report Process – Key points

- A report is handled in order of the *age and date* of the document coded.
- **Exception:** If a physician sends in a [Medical Report Form](#)* stating the **patient is not medically fit to drive**; this one will be **expedited**.

Summary of information by Dr. Anne E. Dickerson

- Family Members, health care providers, or any citizen can use *Request for Driver Re-examination Form** (one page) to report or write a letter; It is not anonymous.
- Request for report is **always** sent to the driver, as person whose privilege to drive is in question.

*Information Form Letter** sent – the driver has 30 days to have the *Medical Report Form* submitted. If after 30 days, no response, another letter sent at 15 days (sent certified). If not response, license is cancelled, total is about 45 days. A driver can request an extension for justified reason (e.g., cannot get an DRS appointment).

*Medical Review Report** - must be completed by primary care provider

Page 1: Always need the signature of the operator/driver.

Page 2: Critical to answer **every** question and causes delay when form not completed correctly.

- Section E. Five conditions: yes or no, If yes, complete **ONLY** the related section.
- Section F is critical.
 - Q 1. Do they follow medical recommendations (e.g., medications, use CPAP).
 - Q 2. Periodic medical evaluations recommended: Yes, if progressive condition (e.g, dementia, Parkinson); No if unlikely to change over time.
 - Q 3. Medically fit to drive?**
 - “No” expedites process; **Only with completed Medical Reporting Form and page 1, signature of driver/power of attorney;** A certified letter will be mailed advising the customer they have 15 days to surrender their NCDL.
 - No with no page 1, signature sheet, it will be the regular Information Form Letter giving 30 days to get a Medical Review Form completed.
 - “I don’t know” – acceptable
 - Q 4. Medically fit to drive commercial vehicle or school bus – Yes or no; there are higher guidelines. Example, over A1C sugar =10, no school bus; ok personal vehicle.
 - Q 5. Only answer if you feel the driver needs restrictions or for evaluation by OT
 - Q 6. Recommend road test?** Local DMV test only. Check **NO**.
 - Q 7. Occupational Therapist Evaluation?** Check **YES** for evaluation of *medical fitness* to drive.
 - Q 8.** Accident due to medical condition – yes or no

Last Section: Give overall assessment and provider information.

Page 3: *DL77* – *Vision Specialist Form** – only need when an issue of vision only.

Occupational Therapist Evaluation

- DMV provides a list of six specialists with one being for VA only.
- Does **not** need to be Driver Rehabilitation Specialist/Certified DRS

Outcomes from Medical Review Unit.

- Approved to have unrestricted license.
- Approved to have restricted license: 45 mph, no interstate, daylight only, mile radius from home, corrective lenses, hand controls, left foot accelerator, others
- Additional information needed – from physician, occupational therapist evaluation
- License canceled

In event of crash:

1. When a law enforcement officer indicates specific codes on the **DMV-349 Crash Report**, this report is sent directly to the MRU, and starts the same process.

When you give up your driver's license, the DMV will replace it with a Real ID card that looks much like a driver's license.