Appendix D
Driving and dementia toolkit

The following information is from The Driving and Dementia Toolkit that was developed by members of the Dementia Network of Ottawa-Carleton and the Regional Geriatric Assessment Program — modified for purposes of this guide. The full document can be found at www.rgapottawa.com/dementia/default.asp (©2001 Regional Geriatric Assessment Program of Ottawa-Carleton).

Strategies

10 questions to ask the patient

1. Have you noticed any change in your driving skills? ☐ ☐
2. Do others honk at you or show signs of irritation? ☐ ☐
3. Have you lost any confidence in your overall driving ability, leading you to drive less often or only in good weather? ☐ ☐
4. Have you ever become lost while driving? ☐ ☐
5. Have you ever forgotten where you were going? ☐ ☐
6. Do you think that at present you are an unsafe driver? ☐ ☐
7. Have you had any car accidents in the last year? ☐ ☐
8. Any minor fender-benders with other cars in parking lots? ☐ ☐
9. Have you received any traffic citations for speeding, going too slow, improper turns, failure to stop, etc.? ☐ ☐
10. Have others criticized your driving or refused to drive with you? ☐ ☐

10 questions to ask the family

1. Do you feel uncomfortable in any way driving with the patient? ☐ ☐
2. Have you noted any abnormal or unsafe driving behaviour? ☐ ☐
3. Has the patient had any recent crashes? ☐ ☐
4. Has the patient had near-misses that could be attributed to mental or physical decline?  
5. Has the patient received any tickets or traffic violations?  
6. Are other drivers forced to drive defensively to accommodate the patient’s errors in judgement?  
7. Have there been any occasions where the patient has gotten lost or experienced navigational confusion?  
8. Does the person need many cues or directions from passengers?  
9. Does the patient need a co-pilot to alert them of potentially hazardous events or conditions?  
10. Have others commented on the patient’s unsafe driving?  

**Cautionary note:** In some cases the answers may not reflect the full picture as the family or patient may want to preserve the driving privilege.

**What to tell your patients**

Explain compensatory strategies, if appropriate  
1. Drive only familiar routes  
2. Drive slowly  
3. Don’t drive at night  
4. Don’t use the radio because it can be distracting  
5. Avoid busy intersections  
6. Don’t drive with a distracting companion  
7. Take a 55 Alive course (a classroom refresher course designed for seniors to improve and/or refresh their driving status)  
8. Avoid expressways  
9. Avoid rush hour traffic  

**How to tell the patient he or she is unsafe to drive**

1. Discuss your concerns about driving with the patient and their caregivers. Be firm and non-negotiable in your instructions that they do not drive.  
2. Provide a **written** statement to the patient of your reasons to challenge their fitness to drive and give a copy to the caregiver (see sample below).  
3. Communicate in writing your legal obligation and intention to notify the ministry of transportation.
4. Explore transportation options and alternative ways of promoting autonomy for patient with progressive dementia.
5. Explore options such as Para Transpo, volunteer drivers or contracts with taxi companies.
6. Explain your concern for his/her safety and safety of others.
7. Some individuals may be more receptive to stopping driving based on concomitant medical disorders (such as impaired vision).
8. For non-compliant drivers, encourage family to confiscate keys, change locks, deactivate ignition or battery or park at a distant location. The caregiver may have to consider selling the car.
9. Avoid arguing with the person (who may have limited insight).
10. Spend your time and energy on helping to preserve the patient’s dignity by focusing on the activities he or she can still do and enjoy.

Sample of written statement for the patient

Date

Name
Address

Dear Mr (Mrs):

It is my legal responsibility to notify the Ministry of Transportation if there is any concern regarding driving safety.

You have undergone assessment at

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

I am recommending that you do not drive for the following reasons:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Best regards,

____________________________, MD
Cognitive loss and driving: the resources algorithm for physicians

**Initial contact**

If patient drives and cognitive deficits warrant diagnosis of dementia

Ensure the diagnosis of dementia is accurate (Canadian Consensus Conference on Dementia. *CMAJ* 1999; 160 [12 suppl]: S1-S15.)

If patient drives and unclear whether cognitive deficits warrant diagnosis of dementia and/or there is concern about possible MD–patient relationship breakdown

Refer to local resources for assessment of cognition (e.g., memory disorder clinic)

Comprehensive cognitive assessment received at appropriate site

**Diagnosis of dementia**

**Mild dementia**

- Physician sure of driving safety

  - Currently safe to drive
    - reassessment of driving ability in 6–12 months
    - discuss need for driving cessation in future

- Physician unsure of driving safety

  - Refer for specialized on-road driving assessment

**Moderate or severe dementia**

- Physician sure of driving safety

  - Unsafe to drive
    - notify ministry of transportation
    - inform patient and family
    - counsel on transportation alternatives
    - For additional information see Section 4: Driving cessation and Appendices A and E.