



QUICK QUERIES

Topical Questions, Sound Answers



Road Rules: Dementia & the Elderly Driver

Marcel Arcand, MD, MSc, FCMF



Presented at Université de Sherbrooke, Programme de téléconférences avec les centres de santé, 2004

A significant number of elderly dementia patients retain their driving competency, at least through the milder stages of illness. However, as the disease progresses, patients should not be allowed to drive. Most dementia patients lack insight into their decline in driving competency and tend to stop driving only after they have had one or more accidents, which makes screening very important.

► Are cognitive tests valuable screening tools?

Poor performance on cognitive testing is generally not enough to stop people from driving unless it is accompanied by documented alterations in behaviour or function.

► What about the MMSE score?

The Mini Mental Status Exam (MMSE) is a useful and widely used screening instrument, but the score is very much influenced by education. Scores of $\leq 17/30$ are generally incompatible with safe driving. In the presence of a decreasing or low MMSE score, one should look for deterioration of behaviour and daily functioning. If such a deterioration is present, the patient should be advised to stop driving.

► Are road tests important?

Such tests are not widely used due to controversy over administration and interpretation. Universal road testing is not presently an option due to prohibitive costs and, furthermore, it has not been

shown to significantly reduce crash rates. Nevertheless, in-car driving assessment does have some advantages. It allows drivers to demonstrate their own abilities and sensitizes individuals to their own lack of capabilities. Therefore, it will remain an important component of any evaluation program. In this context, patients who are borderline cases should be referred to a specialized assessment centre that normally provides some form of road testing.

▶ ***What should you do if patients are unfit to drive?***

If patients' cognitive problems appear irreversible, they must be reported to licensing authorities. The physician must also advise patients to stop driving immediately. If patients are unaware of their problems or try to deny them, the physician must inform family members. Indeed, it is not the doctor, but the licensing authorities who ultimately decide whether patients keep or lose driving privileges. If patients contest the decision, they may be referred to a driving assessment centre.

▶ ***What if patients continue to drive?***

The family is asked to be more authoritative. However, a spouse may not be the best person to stop a patient from driving; children often have more influence. Children should insist on the legal consequences for the patient, and explain the risk of injuring other people. They may also help find alternate means of transportation. If patients still do not comply, the keys, or even the car, should be hidden.

▶ ***How do you maintain good relationships?***

Ideally, discuss driving alternatives with all patients at risk of losing their license in advance. Offer hope; tell patients you will advocate on their behalf if their condition improves significantly. Always show compassion because the loss of driving privileges represents a major loss for most patients.



References available—contact *The Canadian Journal of CME* at cme@sta.ca.



Dr. Arcand is a professor, department of family medicine, faculty of medicine, Université de Sherbrooke, Sherbrooke, Quebec.