Assessing Driving Skills

Health care providers will discuss driving safety including whether or not it is safe to drive.

Some states allow family members to report driving concerns to the state DMV. Contact the state agency for information.

Some VA Medical Centers have Driver Rehabilitation Clinics to evaluate a person's driving skills. Ask your primary care provider to request a consult.

Driving evaluations are also offered in the community. Check with the American Occupational Therapy Association at <u>aota.org</u> or the Association for Driver Rehabilitation Specialists at <u>aded.net.</u> There is usually a fee for this service.

Identification Cards

All states provide identification cards to non-drivers. These are similar to a driver's license and can be used for identification purposes.

Finding Transportation Services

Families and friends are often willing to assist with transportation needs, if asked.

Specialized transportation services in many communities provide the supervision and personal assistance often required by persons later in the disease. Check with the Area Agency on Aging for assistance at 1-800-677-1116.

Public transportation, including city buses, taxis, and specialized vans, may be an option for those with mild dementia. For most older and disabled individuals, there are special fares that make this an attractive option.



Department of Veterans Affairs Office of Geriatrics and Extended Care IB 10-82 P96107 (Revised August 2017)

DRIVING





WHAT YOU NEED TO KNOW

This information is provided as a service by: Department of Veterans Affairs Office of Geriatrics and Extended Care 810 Vermont Ave NW Washington, DC 20420 Individuals with dementia and their families must plan in many areas: medical, legal, financial, and social. Of all these, driving must be discussed most immediately. A driver with dementia is at increased risk for unsafe motor vehicle operation.

This guide helps persons with dementia and their families as they consider safety and driving risk. It provides suggestions for monitoring, limiting, and stopping driving.

While medical care can help manage dementia, it cannot cure it, and eventually individuals with the disease must stop driving. However, there is no easy answer as to when this decision must be made.

Difficulties

American life is built around the car: distances between home, work, shopping, and school are measured in miles, not blocks. More than just getting around, driving has an emotional component. It represents competence, independence, and freedom: drivers have choices that non-drivers lack. Drivers with dementia often change their driving patterns,

driving only during daylight hours, for instance, or driving only on familiar routes to keep using their cars if they can. It is hard to quit driving, but quitting is something they and their families must consider sooner or later.

Warning Signs

- Getting lost in familiar places
- Near misses
- Moving violations or warnings
- Crashes
- Confusing brake and gas pedals
- Incorrect signaling
- Trouble making turns
- Driving in a wrong lane
- Confusion at exits
- Parking poorly
- Hitting curbs
- Driving too slowly or too fast
- Reacting slowly
- Not seeing danger early enough
- · Being angry while driving
- Not obeying traffic signs

It is important for family members to pay attention to these driving behaviors and take the wheel if necessary. If the warning signs persist on other trips, the family should discuss the dangers with the driver, other relatives, and the health care

team to decide whether further monitoring, limiting the driving, or giving the car up entirely is appropriate.

Easing the Transition

It is best to start such discussions early in the disease before any warning signs appear. This allows the person with dementia to participate fully in the plans before the disease makes such participation difficult. It also allows the entire family to consider transportation alternatives and become comfortable using them while it is still a choice and not a necessity.

Short-term counseling can help some mildly impaired persons understand their driving problems, as well as help them cope with their very real sense of loss.

As the disease progresses, many persons actively resist making changes. They may require more direct approaches. Meeting with respected figures such as doctors, lawyers, or police officers can help. Written instructions may be necessary to reinforce the message that the driver should not drive.