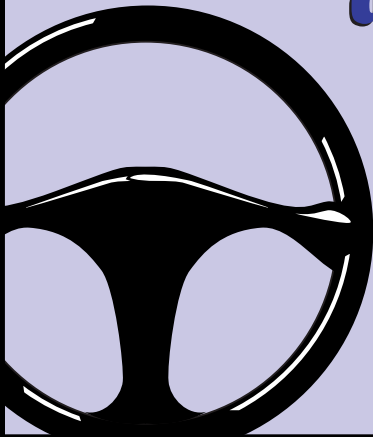
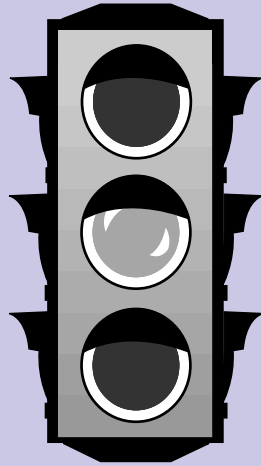




**When to
Yield:
Questions
and
Answers
About
Dementia
and
Driving**



When to Yield:

Questions and Answers about Dementia and Driving

To family and care providers:

When someone you care for is diagnosed with dementia, your world - and theirs - changes.

- Allowing them to continue driving as long as they can do so safely is important to their quality of life.
- Ensuring that they stop driving when they become a danger to themselves or others is equally important.
- Making that transition is not easy - not for you and not for the person suffering from dementia.

This booklet reviews the many hard decisions involved with dementia and driving and gives you approaches, including a sample "safe driving agreement," for dealing with this very difficult and emotional topic. As with most dementia-related issues, it is best to start your conversations early, while everyone is still able to participate.

Warning Signs for Alzheimer's Disease

Memory loss that disrupts everyday life is not part of the normal aging process. It is a symptom of dementia, which is a gradual and progressive decline in memory, thinking, and reasoning skills. The most common cause of dementia is Alzheimer's disease, a disorder that results in the loss of brain cells.

The Alzheimer's Association has developed the following list of the ten most common symptoms of Alzheimer's disease.

1. **Memory loss.** It is normal to forget appointments, names, and phone numbers. A person with dementia will forget such things more often and not remember them later.
2. **Difficulty performing familiar tasks.** A person with dementia may not know the steps for preparing a meal, using a household appliance, or participating in a lifelong hobby.
3. **Problems with language.** A person with Alzheimer's disease often forgets simple words or substitutes unusual words, making his or her speech or writing hard to understand.
4. **Disorientation to time and place.** Persons with Alzheimer's disease can become lost on their own street, forget where they are and how they got there, and not know how to get back home.

5. **Poor or decreased judgement.** Persons with Alzheimer's may dress without regard to the weather, wearing several shirts or blouses on a warm day or very little clothing in cold weather. They often show poor judgement about money, giving away large amounts to telemarketers or paying for products they don't need.
6. **Problems with abstract thinking.** Balancing a checkbook may become hard because the person could forget completely what the numbers are and what needs to be done with them.
7. **Misplacing things.** A person with Alzheimer's may put things in unusual places, such as an iron in the freezer or a wristwatch in the sugar bowl.
8. **Changes in mood or behavior.** Someone with Alzheimer's can show rapid mood swings for no apparent reason, going from calm to tears to anger.
9. **Changes in personality.** A person with Alzheimer's can have a lot of personality changes, becoming extremely confused, suspicious, fearful, or dependent on a family member.
10. **Loss of initiative.** A person with Alzheimer's may become very passive, sitting in front of the television for hours, sleeping more than usual, or not wanting to do usual activities.

Independence and Safety - How to Address Driving and Dementia

Driving is an integral part of American life. The ability to go where you want to go, when you want to go there, is freedom at its most basic level. Yet, a growing number of Americans have to face the hard truth - that, because they're suffering from dementia, there will come a time when they should no longer get behind the wheel.

Aren't all "old" drivers somewhat less skilled? Why should people with dementia be treated differently?

Certainly, age does play a factor in driving difficulties. In their later years, most people have problems with their vision, hearing, or reaction times. Unfortunately, Alzheimer's disease and other forms of dementia gradually multiply those problems, such as:

- Dangerously delayed reaction time
- Poor judgment when driving, parking, and navigating
- Inability to stay attentive behind the wheel
- High levels of frustration, causing the driver to be distracted



Does that mean that everyone with dementia should turn in their keys?

Dementia is a progressive disease. People in the early stages of the disease are often able to continue driving safely, particularly on short trips in familiar places. However, even in cases of mild dementia, it is wise to have another rider along to offer monitoring and guidance if needed.

As the disease takes a greater toll on the driver's motor skills and mental judgments, time behind the wheel should be severely curtailed, carefully supervised, and eventually stopped.

The sad fact is that everyone with dementia will eventually have to stop driving.



Does experience play a part?

Yes. Several studies have shown that those who have spent a great deal of time driving prior to developing dementia may be able to continue to safely drive after others with less driving experience are no longer safe on the road. Still, dementia is a highly variable disease. On-road experience should be only one factor that a driver or family considers when deciding whether to continue driving.

Is it just getting lost or are there serious dangers involved?

One of the first signs drivers might notice in the early stages of dementia or Alzheimer's disease is that they find themselves temporarily lost, even in familiar neighborhoods. While this can be very worrying, the real dangers of driving while suffering from dementia include:

Trouble paying attention while driving

- Missing traffic signs or signals or seeing them too late
- Failing to notice approaching vehicles or pedestrians
- Getting distracted or sleepy behind the wheel

Difficulty making sound judgments

- Problems safely exiting or merging into traffic
- Unsafe passing
- Following too closely
- Turning corners too sharply or too obliquely
- Hitting the curb, cars, or other objects while parking
- Over-reacting
- Driving on the wrong side of the road

Delayed reaction time

- Noticing changing stop lights too late to stop
- Braking too late to avoid a collision or "close call"
- Not taking evasive action in time

Are there any "competency tests" that can tell whether a person is still able to drive safely?

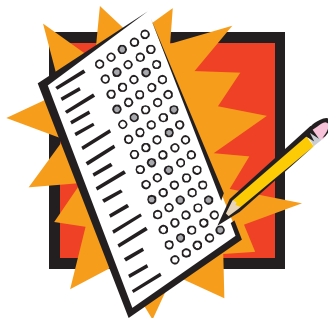
Yes. Competency tests are administered at:

Various Driver Rehabilitation Training Facilities:

Extensive driving evaluations are conducted by driver rehabilitation training facilities. These evaluations assess the person's cognitive functioning, judgement, reaction time (ability to think and react quickly on the road), vision, mobility (strength and coordination) and basic knowledge of the most up-to-date rules of the road and laws. The specialists use a variety cognitive assessment tools as well as driving simulators or behind-the-wheel tests.

Local DMV Customer Service Centers:

DMV administers driver's license knowledge and road skills examinations when required by Medical Review Services to determine whether a person with dementia or Alzheimer's is able to safely operate a motor vehicle. These requirements are imposed if DMV receives reliable information indicating that the person has impairments in cognitive functioning. The following section, "Can the Department of Motor Vehicles Help," further explains DMV's role and responsibilities.



Can the Department of Motor Vehicles (DMV) Help?

The Department of Motor Vehicles' (DMV) Medical Review Services is responsible for the review of individuals who may have a physical or mental condition that impairs their ability to operate a motor vehicle safely. Overall medical review requirements are based on the *Code of Virginia* (§46.2-314, §46.2-315, §46.2-322, §46.2-304) and guidance from DMV's Medical Advisory Board.

In reviewing drivers, DMV's goal is to allow individuals to drive for as long as the driver can exercise reasonable and ordinary control over the vehicle. Although each case is evaluated on its own merits, DMV is concerned about any condition that alters the driver's:

- level of consciousness
- perception (vision)
- judgement, or
- motor skills.

Reporting an Impaired Driver:

DMV relies strongly on information provided by physicians, law enforcement, judges, relatives, and other reliable sources to help identify drivers who may be unable to safely operate a motor vehicle. If the driver is reported by a relative or physician, Va. Code §46.2-322 of the *Code of Virginia* prohibits DMV from releasing information on the source of the report concerning the person's ability to drive safely.

Also, individuals applying for or renewing a driver's license are required to provide information on any physical, visual, or

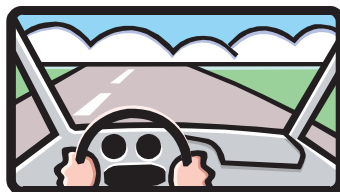
mental condition that may impair their ability to drive safely. On the driver's license application, applicants must respond to questions that help determine if the applicant:

- has a vision condition;
- has a physical and/or mental condition that requires taking medication;
- has ever experienced a seizure, blackout or loss of consciousness; and/or
- has a condition that requires the use of special equipment in order to drive.

DMV promptly reviews all reports of hazardous or impaired drivers. Reports must be submitted in writing or using the Medical Review Request (MED3) or Customer Medical Report (MED2) to:

DMV Medical Review Services
Post Office Box 27412
Richmond, Virginia 23269-0001
Fax: (804) 367-1604
or by e-mail to: medreview@dmv.state.va.us

The Customer Medical Report (MED2) and Medical Review Request (MED3) forms are available on DMV's website under "Forms and Publications."



Medical Review Process:

In accordance with Va. Code §46.2-322 of the *Code of Virginia*, DMV may require the driver to comply with any one or more of the following as part of the medical review process:

- submit a medical and/or vision statement from his/her physician
- pass the two-part driver's license knowledge exam
- pass the road skills test

DMV sends the driver a notice advising them of the requirement to submit a medical/vision report and/or to pass driver licensing tests. The driver must comply with this requirement within 30 days. If the initial requirement is a medical or vision report and it is approved, DMV may follow up by requiring the driver to successfully complete driver license testing. The driver is notified in writing and given an additional 15 days to comply.

Based on DMV's evaluation of the medical information, the customer's driving record and/or test results, DMV will determine whether to:

- suspend their driving privileges;
- restrict their driving privileges; or
- require them to submit periodic medical and/or vision reports

In cases where the driver's physician submits the initial impaired driver report and it recommends that the person no

longer drive, DMV will send the driver a suspension order which is effective in five days. When the driver's physician is not sure whether it is safe for their patient to drive, the physician may recommend that DMV require the person to pass the knowledge and/or road skills tests, or refer the patient for a complete driver evaluation conducted by a driver rehabilitation specialist.

Restrictions imposed by DMV range from driving with corrective lenses or during daylight hours only, to driving within a certain radius of a particular location (home) and no interstate driving. If DMV places the driver on periodic review, medical and/or vision reports may be required every three, six, twelve or twenty-four months. The frequency of required reports may change or even be discontinued, depending upon the merits of the case. DMV notifies the driver in writing once the evaluation is completed, and will tell the driver if they are required to submit to periodic medical and/or vision reports.

What are the problems and benefits of a road test for someone with dementia?

The most significant benefit of on-road testing for people with dementia is that it removes some of the emotion from the issue of driving. It allows the driver to be evaluated by a disinterested and trained observer - not a spouse, child, or friend.

Unfortunately, on-road testing is not a perfect solution. Among the many complicating factors are:

Refusing to comply:

Unless required (in response to a ticket or accident), some people will refuse to take the test, usually because:

- They may think the test is unnecessary and that they are still very skilled behind the wheel, or
- They may realize that they have problems, and don't want to take the chance that their license and/or driving privileges may be restricted, suspended, or revoked.

Medications interfere:

- The driving abilities of some people with dementia are affected, not by their dementia, but by their medications. Their reaction time may be slowed down, or they may become sleepy while driving.

Good Days and Bad Days:

Virtually everyone suffering from dementia has “good days” when they are more capable and lucid, and “bad days” when they suffer more noticeably from the effects of the disease.

- A driver's test given on a good day could give false results, allowing an impaired driver to continue driving.
- A road test given on a bad day could result in a driver having to give up his/her license before it is necessary.

Dementia Gets Worse, not Better:

Even those who pass their on-road driving test need to keep in mind that dementia is a progressive disease and that it is in their best interest and that of others that they be re-tested regularly. Schedule a re-test every six months or any time there are changes in driving abilities.

What if the problem is not yet serious enough to warrant taking away driving privileges?

Some types of driving are more dangerous than others, including:

- Nighttime, dusk, or dawn
- Rain, fog, snow, ice, or glare
- Highway and high speed
- Rush-hour or other congested traffic
- Long-distance trips where drivers can get fatigued or disoriented
- Passing on two-way roads

Many people find that limiting or stopping driving in these situations is an excellent way for those with early dementia to continue driving without putting themselves or others unduly at risk.

What if the person with dementia refuses to stop driving, even after failing the driving test?

It is a sad fact that one of the abilities a person loses when suffering from dementia is the ability to make sound judgments. Add to that the difficulty of having driving privileges taken away after a lifetime on the road.

Convincing individuals to turn over their keys and turn in their license is very emotional and very difficult. One of the best ways to make this transition easier is by bringing up the topic

early in the disease process, when it's easier to make rational decisions. A driving agreement, like the one on page 16, signed by the person afflicted with dementia can be a powerful tool, because it stresses the issue of safety.



Can auto insurance be used as a negotiating tool?

Usually, the issue of auto insurance comes up when a person is already having problems driving. A string of bangs, dents, and crunches is a red flag that the driver has lost crucial driving skills.

Talk about the impact of rate hikes:

After a few such accidents, insurance companies raise the rates. Patients whose disease has not progressed too far can usually see that the increasing cost of the insurance, coupled with the cost of repairs, may make it financially wise for them to stop driving.

Don't cancel insurance without discussing it:

The problem with canceling an impaired driver's insurance without their consent is that they may continue to drive, but without the benefit of coverage. Some do so because they don't remember that they are now uninsured. Others will do so, even though they know they're not covered, because they don't feel they are endangering themselves or others and are angry at the loss of their driving privileges.

Can't we just hide the keys, sell the car, take away their license, or install a "kill switch" to make the car inoperable?

There are a wide variety of tactics families and care providers have used through the years to keep people who should not be driving off the road. There are pros and cons to each:

Selling the family vehicle:

Pros:

- "Out of sight, out of mind." If the family car is not in the garage or the driveway, it won't be as significant an issue.
- Cheaper transportation: This is a good financial argument because of the significant cost savings realized (no car payments, insurance, repair or gas bills).

Cons:

- Need alternate transportation:
 - Mass transit can be too confusing and is not available in many areas.
 - Taxis can be expensive.
 - Family and friends may not be available when needed.
- Other drivers need a car: The person's spouse or other household members may still be able to drive and need to have a car available.

- "My car's been stolen:" There may come a time when a person with dementia, even if aware originally that the family car has been sold, will not recall it and will call to report the car as stolen.
- Sold! It is a simple matter for a motivated person to purchase a replacement car, either new or used.

Disabling the car:

Pros:

- Effective: Stops all but the most mechanically-inclined people from driving when they should not.

Cons:

- Hinders others from using the car: Unless a "kill switch" is installed, which only those authorized to use the vehicle are shown how to use, the car is unavailable to all drivers in the household, not just the one whose driving is impaired.
- Car buffs can fix the car: People who have spent their lifetimes working with cars can often, even while suffering from dementia, determine how to fix the car.
- Drivers can call AAA or other repair services to come fix the car, requiring someone else in the household to intervene further.

Can our doctor help?

Physicians are put in a difficult place when they are asked by family about whether a patient should be made to stop driving because of dementia. Not only is there no ready test to determine whether a person's disease has permanently impaired their driving, doctors also have to worry about patient confidentiality.

While no physician wants to endanger a patient's life by allowing him or her to continue driving when it's not safe to do so, doctors also have to respect their patient's right to privacy. Patients might not share important medical information with their doctors if they feel that their physicians might use that information against them - i.e. forcing them to stop driving.

There are some ways, however, that families can respect the doctor/patient relationship and still get their concerns about a loved one's driving addressed. They include:

- **Tell the doctor what you're noticing:** Call your loved one's physician and alert him/her to your concerns. Say that you're very concerned about whether it's safe for them to drive, and that you want to get their professional medical opinion. Be prepared to share specific information, such as the types and frequency of driving mistakes you're noticing, any tickets for reckless driving or speeding, recent close calls, fender benders or major accidents, or incidents of them getting confused or lost.
- **Explain that you understand about patient confidentiality:** Assure the doctor that you do not want to put him/her in an awkward position, but that you feel it's important to have the concerns noted, both by the physician and in the patient's file.

- **Schedule an appointment with the patient and physician:** Alert the doctor that, at the patient's next appointment, it would be very helpful to have the issue of driving addressed.

Ask if the doctor will consider writing a “prescription”: Depending on the patient's degree of difficulty and the status of the person’s condition, the physician may:

- Refer the patient to a driving rehabilitation facility for an extensive driving assessment conducted by a driver rehabilitation specialist.
- Request that the Department of Motor Vehicles conduct a medical review of the patient.
 - The physician may recommend that DMV require the driver to pass the knowledge and road skills examinations. The recommendation may also include periodic review (medical report and/or knowledge and road tests) by DMV, if the person passes the initial tests.
 - The physician may recommend that DMV suspend the person's driving privilege indefinitely because the patient's condition has progressed to the extent that it is no longer safe for him or her to drive.
 - Refer the patient to a specialist: If the family physician is reluctant to get involved in the driving discussion, for fear of harming a long-term relationship with the patient, ask for a referral to a gerontologist. An outside expert can often remove some of the emotion from the situation and help the patient come to the best short- and long-term decisions.

What about inter-family problems? Not all of us agree that driving is a problem right now.

This is one of the toughest aspects of the whole issue of dementia and driving.

- **"Leave me alone!"** This is the most difficult issue. No driver wants to stop driving while he/she still feels able to do so. The loss of independence is tremendous and it can trigger deep feelings of helplessness.
- **"Protecting" the driver:** A spouse may not want to admit that their loved one is no longer able to drive safely.
 - They might want to protect their spouse's ego and sense of independence.
 - They might be in denial about the reality of their spouse's decline.
 - They might not be able to drive on their own, and need their spouse to continue running errands and driving places, trusting that "nothing bad will happen."
- **The Child Becomes the Parent:** When an adult child begins acting parental to his/her parents, many problems can ensue:
 - The child may over-react, pushing to have the driving privileges removed earlier than necessary.
 - The affected parent may over-react, trying to preserve independence and pushing away interference.
- **Family disagreements:** Unless everyone in the household has an equal opportunity to witness the problems the loved one is having with driving, it will be difficult to gain agreement among the family.

Start Talking Now:

One big part of resolving inter-family squabbles about driving and dementia is to have ongoing discussions, beginning early in the course of the disease, about how to handle the issues involved. This should include everyone in the family, the affected person, spouse, and siblings. The following must be included in the discussion:

1. Everyone must agree on the need for allowing the affected person to continue driving as long as it is safe to do so and continuing to treat that person with the utmost respect.
2. The patient and family must acknowledge that dementia is a progressive and debilitating disease and that, at some point, the person affected will have to stop driving.
3. **There must be a clear plan, ahead of time, for alternate transportation, when it becomes necessary.**
4. The family and the person with dementia will need to agree that the driver's skills will need to be monitored and that, if and when it appears no longer safe for the person to continue driving, that he/she will stop doing so.
5. Everyone must agree that, as difficult as the issue of driving and dementia is, it is of the utmost importance for everyone to work together for the same goal: to safeguard the life and safety of the driver and others.

An excellent approach adopted by many families is to have the person suffering from dementia review and sign a Safe Driving Agreement. Clearly, it is imperative that this agreement be discussed and signed while the patient is in the early stages of the disease and able to make the most sound decisions possible.

Sample Safe Driving Agreement

Because I am showing signs of dementia I feel it is important for me to make decisions now regarding my future driving.

1. I understand that I am suffering from a progressive, debilitating disease that will eventually rob me of my ability to drive safely.
2. I want to continue to drive as long as I can do so without endangering myself or others.
3. Because my disease will impair my judgment, reaction time, and other driving skills, I agree that it is wise to have others monitor my driving and alert me when it is obvious that I am having difficulties.
4. I agree to any necessary limits to the times, distances, destinations, and conditions in which I will be allowed to drive, as my condition declines.
5. I agree to take on-road driving tests with an official of the Department of Motor Vehicles, or other qualified driving expert, and to abide by the recommendations of that expert.
6. I agree to follow-up road tests as needed and recommended by my family, my physicians, the police, or the Department of Motor Vehicles.
7. I agree to stop driving when it is no longer safe for me to drive.

continued on next page

Because dementia can rob a person of the ability to remember signing agreements such as this one, I request that, when it is no longer safe for me to drive, _____ (name) take any and all steps necessary to prohibit me from driving.

By signing this document, I agree that I will abide by any and all limits to my driving that my family feels are necessary to ensure my safety and that of others.

Signed _____

Date: _____

Witnessed by: _____

Date: _____

Witnessed by: _____

Date: _____



The Bottom Line: Keeping Everyone Safe

Dementia is agonizing and unfair. But the reality is that thousands of Virginians, and more than 4 million Americans, are suffering from Alzheimer's or another form of dementia. While it is vital to allow everyone to retain their independence as long as possible, including the ability to drive, the absolute priority for all of us must be to keep our loved ones and others safe.

Alzheimer's Association Safe Return Program

One of the first signs that persons with dementia should no longer drive, at least not alone, may be that they become lost in familiar places. Hopefully, they will have their driver's licenses and other identification with them. However, they may have forgotten to take this information with them. The Alzheimer's Association's Safe Return program assists in the safe return of individuals who become lost. Safe Return is a nationwide identification, support, and registration program. Safe Return provides assistance whether a person becomes lost locally or far from home. Assistance is available 24 hours, every day.

Your local Alzheimer's Association Chapter (listed on page 25) can provide further information and a registration application for the Safe Return Program.

Alzheimer's Association Statement on Driving

1. A diagnosis of Alzheimer's disease is not, on its own, a sufficient reason to withdraw driving privileges. The determining factor in withdrawing driving privileges should be an individual's driving ability. When the individual poses a serious risk to self or others, driving privileges must be withheld.

2. If there is concern that an individual with Alzheimer's disease has impaired driving ability, and the person would like to continue driving, a formal assessment of driving skills should be administered. One type of assessment is an on-the-road driving evaluation by trained personnel. Such an assessment should lead to specific recommendations, consistent with state laws and regulations, as to whether the individual is able to drive and with what restrictions (if any).

3. Physicians and other health professionals, public safety officials and state regulatory agencies are encouraged to address the issue of driving safety with individuals with Alzheimer's disease and their families. When appropriate, those individuals should be encouraged to participate in decisions about driving restrictions and cessation. Physicians and families must decide in the best interests of the individual whose decision-making capacity is impaired.

4. Further research is needed to identify optimal methods for physicians and licensing bureaus to identify impaired drivers and, when necessary, to withdraw driving privileges in a manner that preserves the dignity of the individual with Alzheimer's disease. Specifically, these efforts should lead to: a clarification of the role of state regulatory agencies; a simple, reliable test to predict driving safety at various stages of dementia; and affordable, accessible transportation options for individuals who no longer drive.

- Adopted by the Alzheimer's Association Board of Directors, October 2001.

Resources

Alzheimer's Association Chapters in Virginia:

Central & Western Virginia Chapter
1807 Seminole Trail, Suite 204
Charlottesville, VA 22901
Phone: (434) 973-6122
Fax: (434) 973-4224
Toll Free: (888) 809-7383

Greater Richmond Chapter
4600 Cox Road, Suite 130
Glen Allen, VA 23060
Phone: (804) 967-2580
Fax: (804) 967-2588
Toll Free: (800) 598-4673

National Capital Area Chapter
11240 Waples Mill Road, Suite 402
Fairfax, VA 22030
Phone: (703) 359-4440
Fax: (703) 359-4441
Toll Free: (800) 207-8679

Southeastern Virginia Chapter
#20 Interstate Corporate Center, Suite 233
Norfolk, VA 23502
Phone: (757) 459-2405
Fax: (757) 461-7902
Toll Free: (800) 755-1129

**For the Area Agency on Aging in your community,
contact:**

The Virginia Department for the Aging

1600 Forest Avenue, Suite 102

Richmond, VA 23229

Phone: (804) 662-9333

Fax: (804) 662-9354

Toll Free: (800) 552-3402 (Nationwide/TTY)

E-mail: aging@vdh.state.va.us

Web Site: www.aging.state.va.us

**For your local Department of Motor Vehicles office,
contact:**

Web Site: www.dmvnow.com

For additional information, contact:



Virginia Department for the Aging

1600 Forest Avenue, Suite 102

Richmond, VA 23229

Toll-Free: 1-800-552-3402

(Nationwide Voice/TTY)

Phone: (804) 662-9333

Fax: (804) 662-9354

E-mail: aging@vdh.state.va.us

Web Site: www.aging.state.va.us

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