

Resources

Virginia Department of Motor Vehicles

Post Office Box 27412
Richmond, VA 23269-0001
804-367-6203; fax: 804-367-1604
Email: medreview@dmv.virginia.gov
www.dmvnow.com

Virginia Department for the Aging

1610 Forest Avenue, Suite 100
Richmond, VA 23229
804-662-9333; fax 804-662-9354
www.GrandDriver.net

Alzheimer's Association Chapters in Virginia:

Central and Western Virginia Chapter

Phone: (434) 973-6122; Fax: (434) 973-4224
Toll Free: (800) 272-3900
1807 Seminole Trail, Suite 204
Charlottesville, VA 22901
www.alzcvva.org

Greater Richmond Chapter

Phone: (804) 967-2580; Fax: (804) 967-2588
Toll Free: (800) 598-4673
4600 Cox Road, Suite 130
Glen Allen, VA 23060
www.richmondalzheimers.org

National Capital Area Chapter

Phone: (703) 359-4440; Fax: (703) 359-4441
Toll Free: (866) 259-0042
11240 Waples Mill Road, Suite 402
Fairfax, VA 22030
www.alz-nca.org

Southeastern Virginia Chapter

Phone: (757) 459-2405; Fax: (757) 461-7902
Toll Free: (800) 272-3900
#20 Interstate Corporate Center, Suite 233
Norfolk, VA 23502

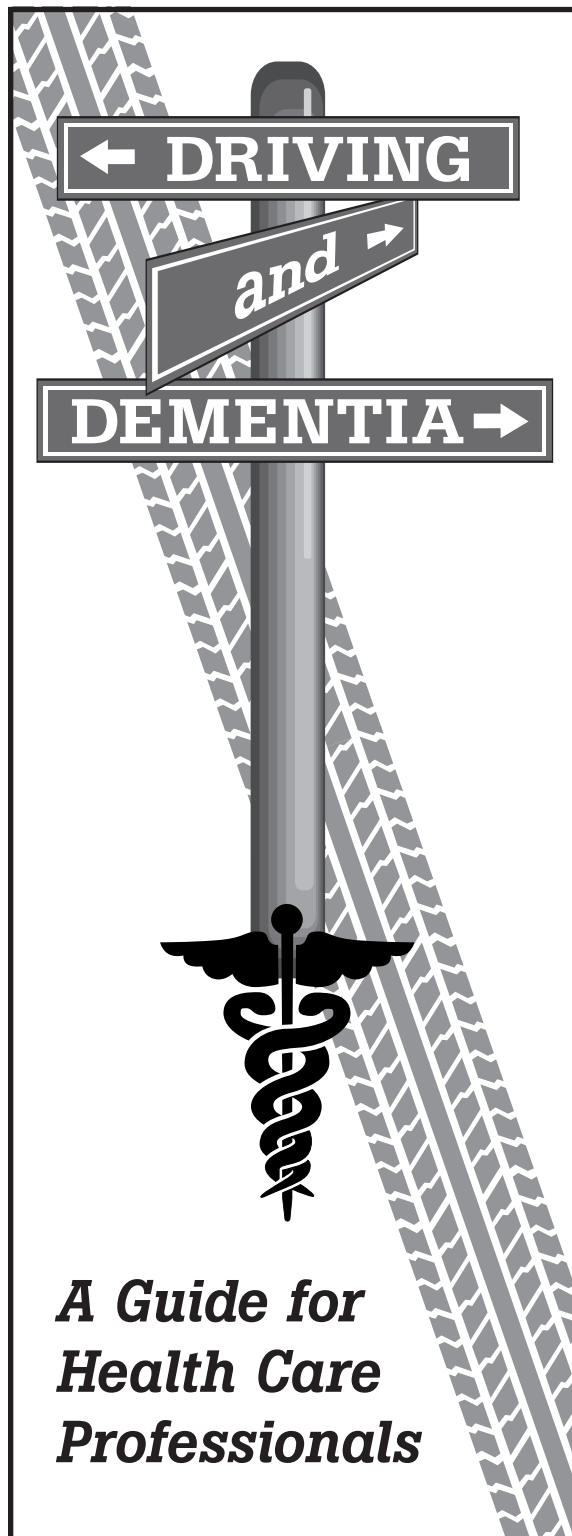
When to Yield: Questions and Answers About Dementia and Driving - A guide for families and caregivers is available from any of the above resources

U.S. Department of Transportation's National Highway Traffic Administration Safe Mobility for Older People Report
www.nhtsa.dot.gov/people/injury/olddrive/safe

AARP Web Site on Caregiving: Driving and Transportation Concerns
www.aarp.org/contacts/caregive/transportation.html

American Medical Association Physician's Guide to Assessing and Counseling Older Drivers

This brochure was developed by the Alzheimer's Association Greater Richmond Chapter with support of USDOT/NHTSA funds through the Virginia Department of Motor Vehicles in partnership with the Virginia Department for the Aging



A Guide for Health Care Professionals

According to the US Department of Transportation's 1999 National Highway Traffic Administration report, Safe Mobility for Older People, "drivers with dementia are less likely to report driving problems than cognitively unimpaired drivers, and their perception of their driving ability does not correspond either to that of their caregivers (as assessed by questionnaire) nor their actual driving performance (Cushman, 1992; Tallman, Tuokko, and Beattie, 1993). Thus, they are less likely to limit their exposure to high risk driving situations than are drivers who have diminished visual and physical capabilities, but intact cognitive capabilities." Studies also suggest that older drivers with dementia are at greater risk for accidents compared to other older drivers - they tend to be more prone to errors and have twice as many "close calls" perhaps because they have significant problems in such areas as processing visual information.



Determining whether or not a patient is an unsafe driver and telling a patient he or she should no longer drive is increasingly falling on the medical profession. As our population ages, health care professionals will more frequently be faced with the issue of driving and dementia.

Presently, there are over 100,000 individuals in Virginia affected by Alzheimer's disease and that number is expected to double by 2030. However, as a health care professional you are not alone in facing this increasing problem. Family caregivers, the Department of Motor Vehicles, the Department for the Aging, and the Alzheimer's Association are all concerned about the driving safety of individuals and the total safety of our highways.

Health Care Professional's Role

The cessation of driving often becomes a difficult issue for families and persons with dementia. Thus family members often turn to the individual's physician for assistance with this emotional issue. Physicians are seen by many as authority figures, therefore their opinions and suggestions may be taken more seriously than the concerns of family or friends. In some cases a patient may ask if he/she is safe to drive or family members may express their concerns regarding the patient's driving ability.

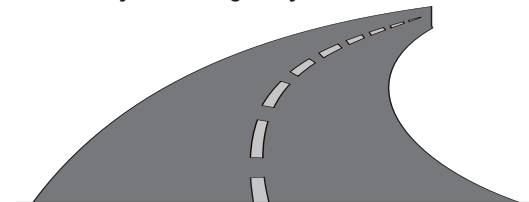
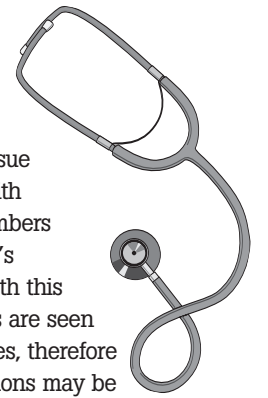
The AMA suggests that if a patient's presentation raises concerns about his/her driving, the health care professional should first learn if the patient is still driving and if so assess his/her abilities. The AMA suggests that patients complete the "Am I a Safe Driver?" questionnaire found in this brochure.

The AMA also recommends that physicians perform a focused medical assessment that includes:

- a history of driving difficulty obtained from a family member or caregiver
- an evaluation of cognitive abilities, including memory, attention, judgement, and visuospatial abilities
- a complete medication check
- an ongoing assessment, rather than a one-time evaluation

To assist in a driving assessment of those with dementia, Barbara Freund, Ph.D., the director of clinical research at the Glennan Center for Geriatrics and Gerontology at Eastern Virginia Medical School and director of the Driving Simulation Center suggests that the well known Clock Drawing Test is "a useful measure of executive control function." Dr. Freund's research indicates that the Clock Drawing Test "appears to be a valid tool to screen for driving performance."

According to the American Academy of Neurology patients and their families should be informed that patients with Alzheimer's disease with a Clinical Dementia Rating (CDR) of 1 or more have a higher



crash rate and thus should no longer drive. A CDR of 0.5 can cause driving problems and patients should be referred for a driver evaluation. There are a number of organizations that can conduct driver evaluations for older drivers and a list of these organizations is available at www.GrandDriver.net.

The AMA report recommends that if a physician assessment is that a patient's driving is impaired the physician have a "tactful but candid discussion with the patient and family, may suggest further treatment such as occupational therapy, and may encourage patient and family to decide on a restricted driving schedule." The report further suggests that "where clear evidence of substantial driving impairment implies a strong threat to patient and public safety, and where the physician's advice to discontinue driving privileges is ignored, physicians have an ethical duty to notify DMV."



How the Department of Motor Vehicles Can 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 (§46.2-322, §46.2-204, §46.2-314, §46.2-315) 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)
- judgment, or
- motor skills

Reporting an Impaired Driver

DMV relies strongly on information provided by physicians or other licensed medical professionals, such as nurse practitioners, physician assistants, pharmacists, and others as defined in Code of Virginia § 38.2-602, 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, physician or other licensed medical professional, the Code of Virginia §46.2-322 prohibits DMV from releasing information on the source of the report concerning the person's ability to drive safely.

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) which are available on www.dmvnow.com under "Forms and Publications" to:

DMV Medical Review Services
 Post Office Box 27412
 Richmond, VA 23269-0001
 Fax: 804-367-1604
 or by email to medreview@dmv.virginia.gov

Medical Review Process:

In accordance with the Code of Virginia §46.2-322, 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 or nurse practitioner
- pass the two-part driver's license knowledge exam
- pass the road skills test

DMV sends the driver a notice advising him or her of the requirement to submit a medical/vision report and/or to pass driver licensing tests. The driver must comply with this requirement



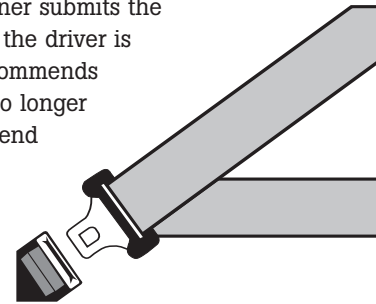
within 30 days. If the initial requirement is a medical or vision report and it is approved, DMV may follow up by requiring the driver to successfully complete driver license testing. The driver is notified in writing and given an additional 15 days to comply. To arrange for testing, drivers are asked to call DMV's toll free number to speak with a driver licensing specialist who administers tests to drivers under medical review by DMV. If the driver fails the knowledge or road test, his/her driving privilege is immediately suspended and license surrender is required. Based on DMV's evaluation of the medical information, the customer's driving record, and/or test results, DMV will determine whether to:

- suspend driving privileges,
- restrict driving privileges, or
- require periodic medical and/or vision reports

In cases where the driver's physician or nurse practitioner submits the initial report that the driver is impaired and 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 or nurse practitioner is not sure whether it is safe for the individual to drive, the physician or nurse practitioner may recommend that DMV require the person to pass the knowledge and/or road skills tests, or refer the individual for a complete driver evaluation conducted by a driver rehabilitation specialist.

Restrictions imposed by DMV can range from driving with corrective lenses or during daylight hours only, to driving within a certain radius of a particular location, 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.



Am I a Safe Driver?

Check the box if the statement applies to you.

- I get lost while driving.
- My friends and family members say they are worried about my driving.
- Other cars seem to appear out of nowhere.
- I have trouble seeing signs in time to respond to them.
- Other drivers drive too fast.
- Other drivers often honk at me.
- Driving stresses me out.
- After driving, I feel tired.
- I have had more "near misses" lately.
- Busy intersections bother me.
- Left-hand turns make me nervous.
- The glare from oncoming headlights bothers me.
- My medication makes me dizzy or drowsy.
- I have trouble turning the steering wheel.
- I have trouble pushing down on the gas pedal or brakes.
- I have trouble looking over my shoulder when I back up.
- I have been stopped by the police for my driving recently.
- People will no longer accept rides from me.
- I don't like to drive at night.
- I have more trouble parking lately.

If you checked any of these boxes, your safety may be at risk when you drive. Talk to your doctor about ways to improve your safety when you drive.