Driving and Dementia.

By Alison Morris OT.
Introduction.

Early memory assessment has meant that more people are being diagnosed sooner with MCI or early dementia. This means that professionals are having to assess their safety to continue driving.

- Within the MAS the OT staff have been involved in the off road assessment for driving and have established links with the driving assessment centre for on-road testing in Haydock.
Statistics.

- 800,000 people in the UK have dementia. (Alzheimer’s society 2012)
- By 2021 there will be over 1 million people living with dementia in the UK.
- 2/3rds of people with dementia live in the community.
- Only 44% of people with dementia in the UK have a diagnosis. (Alzheimer’s Society 2013).
Scores and diagnosis.

- Ace 111 >90/100 or MMSE > 27/30 = No dementia or cognitive impairment.
- Ace 111 80-90/100 or MMSE 24-27/30 = Mild cognitive impairment re forgetfulness, disorientation, problem solving but generally independent in IADL. Should be tested at least with off road and warning signs.
Scores and diagnosis (continued)

ACE 111 65-76/100 or MMSE 18-23/30
Mild dementia re definite cognitive decline and impairment, moderate memory loss, impaired problem solving, can no longer do complex tasks. More urgent testing needed and should have an on-road test.

Those with moderate dementia should stop driving straight away and if necessary should be referred for on-road testing.
Other types of dementia

- Those people with Frontal lobe dementia can score well on MMSE in spite of high levels of impairment or behavioural disturbance.
- Parkinson's dementia patients and those with Lewy body dementia can have physical problems as well as visuo-spatial deficits.
- These patients should be told to stop driving and have a full on and off road driving assessment at the centre in Haydock.
Physical conditions.

- CVA
- TIA
- Angina
- Myocardial infarction.
- Epilepsy
- Visual impairment
- Vertigo/Meniere’s
- Diabetes
- Severe mental disorder.
Medications

- The following prescribed medications can affect a person's driving:
  - Clozaneepam; Diazepam, Flunitrazepan; Lorazepam; Methadone; Morphine or Opiate based drugs e.g. codeine, tramadol; Oxazepam, and Temazepam.
  - You can drive after taking these medications if they are prescribed and you follow the advice from an HCP. Also they are not causing you to be unfit to drive.
Warning signs.

- Car accidents or near misses.
- Driving convictions/offences or warnings
- Increased agitation or irritation when driving.
- Scrapes or dents on the car.
- Delayed responses to unexpected situations.
- Not anticipating potential dangerous situations.
- Getting lost in familiar places.
Warning signs (continued)

• Hitting kerb’s or gate posts.

• Confusing brake or accelerator pedals.

• Avoiding strategies i.e. driving at night, in bad weather, restricting to locality and avoiding busy times of day etc.
Pathway

- This is a sample pathway from the North East, we are working on our own but have these available for discussion today.
Rookwood Assessment.

- The Rookwood driving battery (RDB) is a screen of the neuropsychological skills needed to drive and can be used as a tool to aid the clinicians decision making about the persons ability to drive.

- The core cognitive components necessary for safe driving such as: Visual perception, Praxis skills, Attention and Executive function.
Rookwood overall score interpretation.

- An overall score of 10 or more is considered a fail and is considered to correspond to a 90% chance of the individual failing an on-road driving assessment.

- Scores of 10, 9 and 8 also suggest a level of impairment which may well reduce driving ability. Any score ranging from 6-10 may suggest difficulties with driving and that referral for an on-road assessment is appropriate.
On road driving assessment.

- This takes place after a referral to the North West driving assessment centre in Haydock.
- The assessment consists of a pre-driving assessment r.e medical history, physical and visual abilities.
- Static assessment rig that measures reaction times, brake pressure, steering strength and ability.
- In car assessment that is dual controlled with an OT assessor and driving instructor. The assessment route is 17 miles long on roads of various speeds and traffic conditions.
Yearly reviews.

- All patients that come for a memory assessment and are still driving are depending on their diagnosis and level of impairment are referred to OT staff for the off road driving screen etc.

- However if they are considered safe to continue, they should be reviewed yearly by the GP. The DVLA gives guidance and will instruct patients if they are under a yearly review.
Driving cessation.

- For those drivers who have to stop driving this is a devastating loss and can be worse than receiving the diagnosis of dementia. This may lead to social isolation, depression and difficulties carrying out ADL tasks such as shopping, attending appointments etc.

- Patients and their families may need support and counselling, written information, transport advice etc.
Service strengths

- Empowering patients by giving them a chance to continue to drive safely or give up driving in a timely considered manner.

- Engaging the PWD, family members and other professionals in discussions with the process of assessment and if necessary retirement from driving.

- Patients are given the chance to have an on-road test at the North West driving assessment centre free of charge if referred by OT staff. (£50)
Ongoing work.

- The OT staff are carrying out an ongoing audit of all new patients referred for a driving assessment.
- Developing a working protocol to use when patients are referred for a driving assessment.
- Produce a leaflet on driving and the assessment process for patients, carers and other staff.
- Improve and modify a Warning signs checklist.
- Continue to develop links with OT staff at the North West driving assessment centre.
Any Questions?