## Cheatography

# Dementia: Driving Cessation Information Cheat Sheet by [deleted] via cheatography.com/2754/cs/7267/

#### Introduction

One of the most important concerns for cognitively impaired older adults is when to cease driving a vehicle due to a decline in driving skills that potentially place the person and others at risk. Aspects of cognition that are crucial for driving and that are affected most by dementia include loss of memory, poor sequencing skills, impaired judgment, slower processing times, and visual-perceptual deficits. Because of the progressive nature of dementia it is difficult to determine when the person with the disease needs to cease driving. For example, studies have shown that during the very early stages of dementia, the person with the disease can continue to drive but may need monitoring so as to detect the frequency of occurrence of driving errors.. Families need to play a major role in assessing their relative's driving capabilities in the context of a progressive disease such as dementia. Family caregivers need to plan the best strategies for engaging their relative in discussions about driving cessation. In addition, accessing the help of professional healthcare providers such as the family's doctor will add authority to discussions about assessment of driving ability and raise issues as to individual and public safety.

Most of the responsibility for driving cessation is assumed by the caregiver as they are the first to notice decline in driving skills yet are reluctant to share their observations with the cognitively impaired family member.

Driving cessation has an impact on both the driver and caregiver especially if both have relied on the driver for transportation, food shopping, doctors appointments, social gatherings etc. Consequently, the caregiver needs to obtain support from family members and professionals in achieving the goal of driving cessation for the cognitively impaired relative. Achieving the goal involves engaging the cognitively impaired relative and other family members in a planning process leading to a mutual decision to give up driving and accepting alternate forms of transportation.

Credit: Perkinson, M.A., Berg-Weger, M.L., Carr, D.B., Meuser, T.M. et al., (2005). Driving and Dementia of the Alzheimer Type: Beliefs and Cessation Strategies Among Stakeholders. The Gerontologist, 45, 676-685.

#### Dementia & Driving



Driving and Dementia: Time to hang up the keys?

### Strategies to Limit or Discontinue Driving

■ During the early stage of dementia begin to discuss with the cognitively impaired person and other family members the need to start thinking about limiting driving, and plans for discontinuing. Accompany the driver and observe whether the person is anxious and possibly aware of loss of some driving skills.

■ Engage family members in devising a plan for determining the cognitively impaired person's driving capabilities; for example, have them ride with the person to observe driving skills. Ensure that all family members are on board and represent a united front in dealing with the necessity for driving cessation.

Enlist the help of your physician, local police, nurses, social workers or occupational therapists to convince the person to stop driving.

Provide the driver with concrete evidence of their struggles with safe driving by having them undergo a driving evaluation at your local motor vehicle driving authority.

Have your doctor write a letter stating that the person should not drive.

Make plans with the cognitively impaired person as to how he/she will manage transportation without driving a car. Arrange alternate transportation; family members, buses, taxis etc.

Depending on the stage of the disease, the person may insist on driving and deny any problems. Then it may be necessary to remove the keys, license and automobile.

■ Driving cessation is often accompanied by depression due to the loss of function and self-esteem. Consequently it is important that the cognitively impaired person be involved in making plans for driving cessation at the very early stage of the disease. The more involved the person is in making the decision the more likely that the transition from being in control of driving to being driven can be achieved with minimal conflict.



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