

Driving and Dementia

For many people, driving has been a powerful symbol of independence from the time they were teenagers and got their first license. Therefore it is not surprising that many families affected by dementia, struggle with having a conversation about driving ability and when to stop.

Receiving a diagnosis of dementia does not necessarily mean an immediate end to driving. Each person will experience a different pattern and timing of impairment as their condition progresses. Individual assessment and regular review are therefore important.

The changes associated with certain types of dementia can be associated with greater or earlier risk in terms of driving.

For instance, Frontotemporal dementia (FTD) can cause the person to lose insight, impulse control and judgment very early in the disease process. A study conducted in 2007 by a team of researchers at the National Institute of Neurological Disorders and Stroke (NINDS) evaluated the driving competency of FTD patients and healthy controls in a driving simulation task. The FTD patients received more speeding tickets, ran more stop signs, were involved in more accidents, and had a significantly higher average speed than the controls (de Simone^a, L. Kaplan^a, N. Patronas^b, E.M. Wassermann^a, J. Grafman^a 2007).

Similarly people with Posterior Cortical Atrophy (PCA) may experience early disruption of their capacity to interpret visual information.

People with dementia may not always be aware or able to judge the changes they are experiencing. Evidence shows driving skills deteriorate with increasing dementia severity. A recent study found that caregivers who rate a patient's driving as "marginal" or "unsafe" were often proven correct when the patient took an on-road driving test. Patients who deemed their own driving as "safe" were not necessarily accurate in their own assessments. This highlights the importance of caregivers and clinicians working in partnership with the person with dementia to coordinate driving assessment.

Dementia is a reportable condition to Vic Roads and Doctors are therefore legally obliged to ensure anyone with a diagnosis of dementia is referred to Vic Roads to determine the need for occupational therapist driving assessment.

Doctors can only comment on the medical capacity to drive but are discouraged against assessing someone's cognitive capacity to drive because they are not in the position to directly observe and test the person whilst driving. There have been precedents set in which Doctors have later been found liable for accidents caused by persons with dementia who had not undertaken proper driving assessment.

Apart from the obvious risks to the person with dementia, their family and the community in general, the implications of driving with a diagnosis of dementia without Vic Roads notification and assessment can include:

- Refusal of insurer to cover the person with dementia for any damage sustained as a result of an incident/accident
- Refusal of TAC claims and personal liability if the person with dementia or a third party is injured

Because the assessment of driving ability is so complex, the following guidelines have been developed (See below)

Resources and Links

Austroads Guidelines: https://www.google.com.au/#safe=strict&q=austroads+guidelines+driving+and+deme ntia&*&spf=109 Alzheimer's Australia: https://www.fightdementia.org.au/about-dementia/resources/dementia-and-driving Guidelines for GP's: http://www.racgp.org.au/afp/2012/april/dementia-and-driving/

