



CONVERSATIONS ABOUT DEMENTIA AND DRIVING

For health professionals and clinicians



General Practitioners and other health professionals have an important role to play for people with dementia, their families and carers. This includes:

- helping drivers monitor their medical condition and providing advice about how it impacts on driving;
- discussing the legal requirement for drivers to report the condition, the licensing system and medical reports;
- assessing a person’s fitness to drive based on national medical standards;
- providing advice and support for the transition to non-driving; and
- providing advice and support on ways to stay active, mobile and connected in the transition to non-driving.

Sometimes it can be challenging to discuss issues like changes in driving ability, the need to report medical conditions, the need for a driving assessment or the need to explore alternative transport. You may also have concerns that raising the topic of driving may affect your relationship with the patient.

As a health professional you can advise a person to reduce or stop driving but it is the State or Territory driver licensing authority which ultimately makes the decision whether a driver can continue to be licensed.

Here are some tips for conducting positive and productive conversations with patients about driving:

- Bring up the issue of driving as early as possible after a diagnosis. Whilst discussions around driving may cause some distress, the earlier discussions are held the more chance there will be for everyone to gradually adjust to driving cessation, and to investigate and adapt to mobility arrangements.

- Remember that dementia can impair insight and judgement. This makes it difficult for people to understand their driving may no longer be safe. The disease can also cause mood and personality changes, which can make reactions more pronounced.
- Frame your role as one in a team of people. These include the driver, family members and/or carers, the driver licensing authority and specialists, such as driver assessors whose aim is to support the driver to continue driving for as long as they are safe and fit to do so.
- Appeal to the person’s sense of responsibility. Focus on the issue of safety: for the driver and for other road users.
- Where possible, and with patient consent, involve family members and carers in conversations.

Please turn over...

Decline in driving skills in patients without a diagnosis of dementia

Difficulties with driving can be a sign of cognitive impairment and a key indicator for seeking a diagnosis of dementia.

Routinely ask your patients about their driving. Be alert to any comments they or their family members make about problems or difficulties with driving. Aim to provide patients who present with signs of cognitive impairment with an early diagnosis by making an appropriate assessment and referring them to a memory clinic, geriatrician or neurologist.

For more information visit:

<https://vic.fightdementia.org.au/support-and-services/health-professionals>

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CONVERSATIONS ABOUT DEMENTIA AND DRIVING CONTINUED...

- Explore the persons usual driving routines - where they go and how they feel about the role of driving in their life. Use this information to discuss alternative transport options and ways to stay active, mobile and socially connected.
- Affirm the important role/s the driver continues to play in other areas of life, for example, as a grandparent, parent or partner. Problem solve around how they can continue these roles without driving.
- Acknowledge that giving up driving is hard to do.
- Focus on the nature of the disease. The driver may have a very safe driving record, but this has no bearing on their safety as a driver, now and in the future.
- Focus on the financial benefits of selling the car and the benefits of no longer driving. There are some savings through not needing to pay registration, insurance and petrol. These can be included in the mix when exploring options. Keep in mind, however, that this isn't always a convincing argument on its own, especially for rural patients where alternative transport options are limited and expensive.
- Support the patient's independent mobility as much as possible by ensuring they are at their "optimum". For example, making sure they've had their eyesight checked recently, that their medication is well managed, they have good nutrition and other co-morbidities are under control.
- Referral to a generalist Occupational Therapist can enable a holistic view for the person. They can provide interventions whilst also monitoring driving, walking etc.
- Consider the critical role family members and carers will play supporting the driver through the driving cessation process.

- Provide dementia and driving information and resources to patients, their family members and carers.
- Refer patients, their family members and carers to Alzheimer's Australia for information, services and support.

NOTE: There could be serious consequences if a driver does not notify the licence authority of their dementia condition or continues to drive after their licence has been cancelled or suspended. They could be sued or charged with a driving offence. Also, their insurance company may not provide cover.

Consider making a notification to the Drivers Licensing Authority (DLA) if you are concerned that a patient with dementia is continuing to drive, despite risk or the advice of the DLA. GPs in South Australia and Northern Territory have mandatory reporting.

For more information and resources visit:

fightdementia.org.au/dementiaanddriving

<https://www.vicroads.vic.gov.au/licences/medical-conditions-and-driving/information-for-health-professionals>

References:

Assessing Fitness to Drive for commercial and private vehicle drivers: medical standards for licensing and clinical management guidelines, Austroads (2012)

FURTHER INFORMATION

Alzheimer's Australia offers support, information, education and counselling. Contact the National Dementia Helpline on 1800 100 500, or visit our website at fightdementia.org.au

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