



Editor's remarks: This is the fourth issue of the Psychogeriatric Resource Consultant for Primary Care (PRC-PC) Newsletter, providing quick tips and useful information to fit your fast-paced work environment and to help you in the care of patients with dementia. This issue focuses on driving safety and dementia.

GOOD TO KNOW ABOUT

- The Toronto Central CCAC has launched a new **primary care only line** accessible at: **416-217-3935**.
- Did you know that your patients can access low cost transportation services through [CNAP](#) at **1-877-540-6565**?

TIP OF THE MONTH

Reporting a patient's regarding their driving is never easy. Here are some tips on how to break the news to your patient:

1. Recognize that he/she is a good driver but it's their condition that makes it unsafe to drive. Prepare for the fact the patient may respond with anger.
2. Suggest that he/she wouldn't want to hurt themselves or others on the road.
3. Acknowledge the loss and inconvenience this may cause and offer alternative solutions.
4. If your patient has been recently diagnosed with dementia but is still fit to drive, help the patient prepare for the fact that he/she may need to stop driving at some point. (Watch this [movie](#) for a conversation demo).

OUR DEMENTIA 'TOOLBOX'

We have developed a **Driving Safety Assessment Aid** for primary care practitioners that includes statistics and useful information, assessment tips and tools, and a directory for on-road assessment services.

To receive a copy, contact your PRC-PC at 416-586-4800 ext.5251; prc-pc@mtsinai.on.ca

WORKSHOPS, CONFERENCES AND ARTICLES OF INTEREST:

- Canadian Consensus for Diagnosis & Treatment of Dementia – July 31, [Link](#)
Previously archived sessions – [link](#).
- Dementia & Driving: Maximizing Utility of In-Office Screening – F.J. Molnar, et al. (2012) - [Link](#)

STORIES FROM THE PRC-PC CONSULT LINE

Situation: In a Family Health Team's (FHT) case rounds, the following case was discussed. A patient in his 80s, living alone and blind in one eye, was recently diagnosed with dementia and is experiencing cognitive and functional decline. Although still capable in many ways, the patient was found by the family physician as unfit to drive. A report to the Ministry of Transportation was submitted and his driving license was revoked. Despite all that, the patient still insists on driving and was able to purchase new keys after his keys were taken away by his relatives and Power Of Attorney (POA). The police were involved, but no actions were taken.

Background: The patient's relatives have a joint POA for both health care and financial decisions. They have turned to the physician with concerns about the patient's safety, and they are not sure how to prevent him from driving. They are also worried that he is not eating well and not accepting their help. The Family Health Team feels that the POAs' approach might be complicating the relationship with the patient. The tension between the patient and the POAs has reached the point where he doesn't want to let them into his home.

In the past month, the relatives have been sending many lengthy emails to the FHT to communicate their concerns about driving and safety and to request a solution. The FP has discussed the matter further with the patient and explained the danger of driving, but the patient refuses to accept the FP's opinion.

Assessment: Things to consider:

1. The family physician (FP) has diagnosed and assessed driving and has performed his duty of informing the patient, family and Ministry of Transportation, resulting in the patient's license being revoked. However, the FP and nurse are not responsible for enforcing this decision on the patient and can only further advise the family and support them in their attempts.
2. It is now important to closely assess for the capacity of the patient to make decisions, as he appears to be at a tipping point where there is noticeable decline in both function and cognition.
3. A cognitive assessment should be re-done six months from now using MOCA for comparison measures to a previously administered MOCA test.

Recommendations:

1. Tips for the family members – turn to the Public Relations officer at the local police department for guidance and to explore further interventions to keep patient from driving.
2. Refer family members to the [Reitman Centre CARERS program](#) at Mount Sinai Hospital to link with a clinician who can guide them in their communication with the patient to develop more efficient strategies of support and communication when interacting with the patient. RN reported that this has helped in bringing the family members and the patient a bit closer together, and there is some compliance with home help.
3. Once trust is restored, there might be an opportunity to gradually introduce more home help, such as Meals on Wheels, and personal support workers as well as alternative transportation services through [CNAP](#) or [CCAC](#).

For additional information, support, resources or case-based consultation, please contact your PRC-PC at: 416-585-4800 ext. 5251 or prc-pc@mtsinai.on.ca