

WHY DO HEALTH PRACTITIONERS ASSESS WHETHER A PERSON IS FIT TO DRIVE?

- Motor vehicle accidents (MVAs) may result in repercussions such as disability, injury or even death.
- Older adults are four times more at risk of sustaining an injury or being hospitalized due to MVA.
- Health practitioners in Ontario are required to report patients that are potentially unfit to drive.
- Medical conditions can contribute to increased risk associated with driving (e.g. dementia).
- Driving is an important everyday life skill that is tied to a person's autonomy and identity. Patients with dementia should be prepared for the fact that one day they may need to stop driving.

KEY MESSAGES

1. Old age does not equal an inability to drive. Driving safety is a measure of ability/disability and not age.
2. The safety concern is not the presence of disability or disease, but the level of severity and instability of conditions, including changes in medication.
3. In-office based screening tests and assessments only test stable intrinsic features. As such, they will never predict 100 per cent of risk for a motor vehicle accident.
4. Gathering collateral information is critical for assessing a person's ability to drive, and should be done separately from the patient.
5. Upon reporting a patient as unfit to drive, be aware of the risk for social isolation and depression that may ensue after their license is revoked.

DRIVING AND DEMENTIA

A diagnosis of dementia doesn't automatically mean an inability to drive. However, the consensus guidelines recommend that older adults with moderate to severe dementia do not drive. Older adults with mild dementia have eight times the crash risk and 50 per cent risk of serious crash risk in the next two years.

Upon diagnosis of dementia/cognitive complaint:

- Ask if the person is driving.
- Assess driving safety using the 10 items dementia and driving checklist (see attached).
*(Billing codes: consider billing for memory quick screen – A007/A967 \$33.10 or for full review of ADLs, behaviours and cognition consider using K005 for primary mental health care \$62.75 .For MMSE use A007/A967 \$33.70 (intermediate/practice focused assessment); for MOCA and other neurocognitive assessment use k032*** \$62.75; interview with relatives K002 \$58.35 per unit). For more accurate information and guidelines refer to the Schedule of benefits for physicians services under insurance act at: http://www.health.gov.on.ca/english/providers/program/ohip/sob/physserv/a_consul.pdf*
- Document assessment and follow provincial report requirements.

DRIVING DECISION MANAGEMENT:

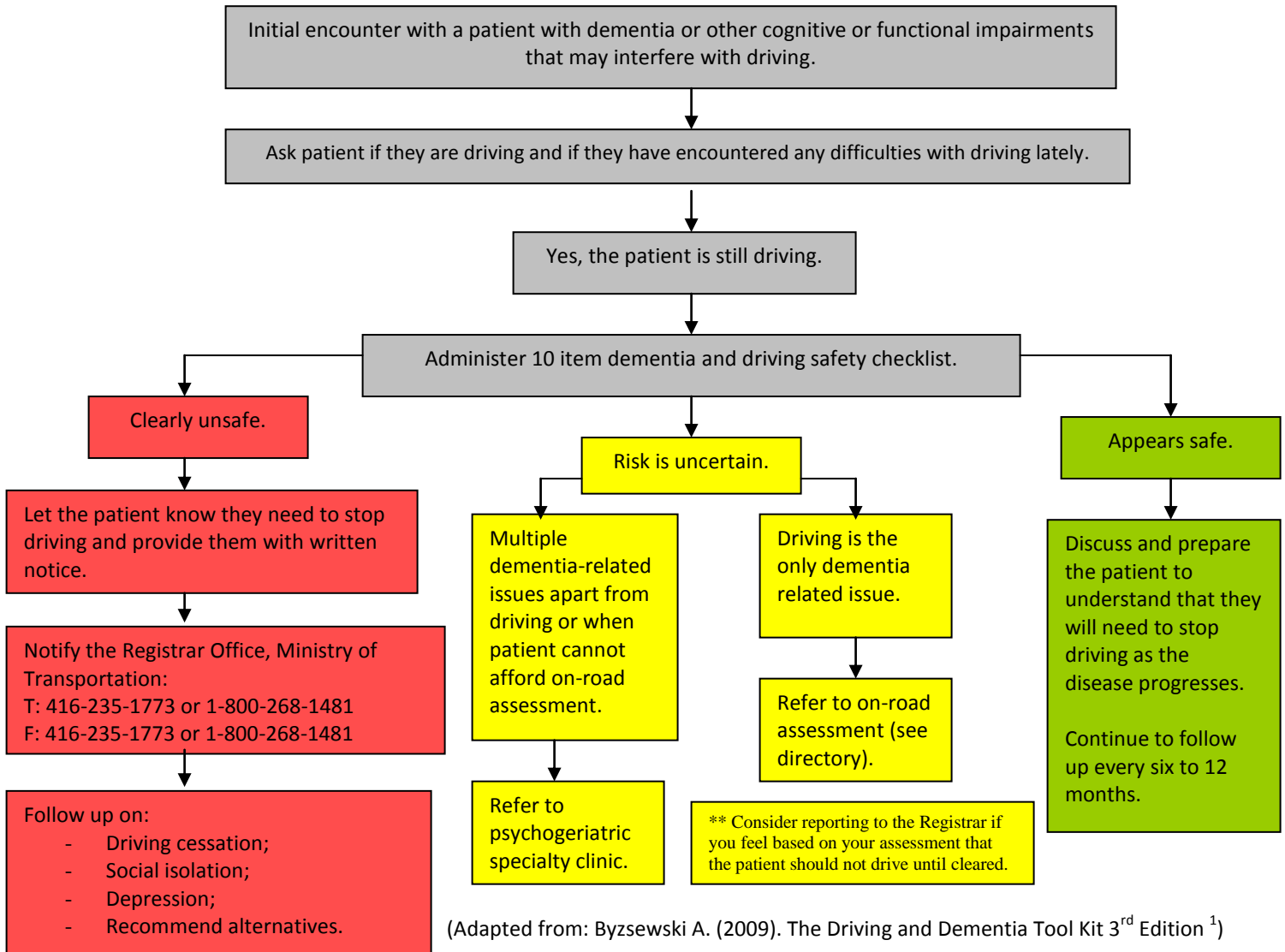
SAFE: – Prepare your patient for the fact that one day they may need to stop driving as the disease progresses.

UNSURE: If driving is the only dementia-related issue, refer to an on-road driving assessment (see directory). In the case of multiple dementia-related issues or when the patient cannot afford an on-road assessment, refer them to a specialty clinic.

UNSAFE:

- Let the patient know your findings, and with permission from the patient, inform the family.
- Let them know it is your legal obligation to report potentially unsafe drivers to the Ministry of Transportation.
- Make them aware of the risk to themselves and to others.
- Let the patient know about other means and options for transportation:
 - Transportation services – **CNAP – 1-877-540-6565** (subsidized transport services at approximately \$6.00 for up to 5km).
 - Wheels Trans through the TCC.
 - Other means of public transportation including taxi, subway and buses.
- Ensure they sign a letter of notice (see attached).
- Enlist family support to stop the patient from driving.
- Complete the medical condition form (see attached) and send it to your local Ministry of Transportation – Registrar of Motor Vehicles. *(Billing code: K035*** \$36.25)*

Driving Decision Road Map



ADDITIONAL RESOURCES

- ❖ Alzheimer knowledge exchange: www.drivinganddementia.org
- ❖ CMA: Determining Medical Fitness to Drive: A guide for Physicians. Canadian Medical Association Driver's guide 7th addition. www.cma.ca/index.cfm/ci_id/18223/la_id/1.htm
- ❖ Driving and Dementia Tool Kit for Family Physicians (Dementia Network of Ottawa-Carleton)- www.rgpeo.com or www.canDRIVE.ca
- ❖ The Driving and Dementia Tool Kit 3rd Edition <http://ebookbrowse.com/2816-anna-byszewski-driving-and-dementia-toolkit-ppt-d123784471>

This tool kit is based on the following resources:

1. Byzsewski A. et. al. (2009). The Driving and Dementia Tool Kit 3rd Edition. The Champlain Dementia Network and the RGP of Eastern Ontario.
2. Dalziel WB. (2010). Office Assessment of Dementia: a Guide to Scheduling and Billing for Family Physicians. Dementia Newsletter for Physicians. Vol.1.1. p2. Champlain Dementia Network. (Oct 1, 2012). <http://physicians.champlainedmentianetwork.org/media/8970/dnpv1no1en.pdf>
3. Dalziel WB. (2011). A Practical Safe Driving Checklist. Alzheimer Knowledge Exchange. (Oct' 1, 2012). <http://www.akeresourcecentre.org/files/Physicians/Safe%20Driving%20Checklist%20%26%20Billing.pdf>
4. Molnar FJ. (2009). Practical Experience-Based Approaches to Assessing Fitness to Drive in Dementia. *Geriatrics & Aging*. V.12/2 . (pp. 83-92).
5. Molnar FJ, Rapoport MJ. (2012). Dementia and Driving: Maximizing the Utility of In-Office Screening and Assessment tools. *CGS Journal of CME*. V.2/2 (pp. 11-14).

** A special acknowledgment to Dr. W.B. Dalziel – Division of Geriatric Medicine, University of Ottawa and Dr. Mark Rapoport – Department of Psychiatry University of Toronto; Sunnybrook Health Centre, for their feedback and input in creating this tool.

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