



Driving and Dementia

In America there are few privileges more cherished than driving. It is a reflection of a person's ability to be independent. When the ability to drive is taken away many people become angry, depressed and may become socially isolated. Driving requires immediate attention and regular scrutiny once a person has a recognizable memory loss. Research shows accidents that occurred with, and caused by people with dementia rises sharply early on in the disease. While the person with dementia may deny the risk, they will still experience difficulty. It is the family's responsibility to monitor and stop the person from driving when the risks of the disease pose danger to the public and the family member.

Discussions about driving should begin as soon as the disease is diagnosed or even earlier if problems are noticed. The first discussions should center on the person's illness: "Dad, you know you have an illness called dementia? This means the day is coming when you will have to give up driving. You may not know when you are unsafe, so someone will have to tell you. Who will you trust to tell you when you need to stop?"

This discussion informs the person that giving up driving is inevitable and brings the person into the decision-making process. The person with dementia actually decides who will be the "the decider." Let the decider know they have been chosen and ask them to observe the person driving monthly if the person is moderately impaired and weekly if the person's impairment is obvious. As many of the family as possible should witness this discussion to develop agreement among members.

It may help the person remember that someone is monitoring their driving if the health provider writes it on a prescription for the person and family to use as a prompter. Whenever the person visits a health care provider, the driving issue must be revisited. This helps the person to understand that the day to stop driving is coming. Whenever you see the person driving unsafely, mention it and remind them of the agreement and let the "decider" know. When the person agrees to stop driving provide lots of positive feedback.

Driving is an emotional topic so be sensitive when discussing it. However, we should not keep unsafe drivers on the road for fear of hurting their pride. For more information and resources, contact BAI at (602) 239-6900.

Clues to know driving should stop (This is, by no means a complete list)

- Fender benders and mishaps, unexplained dents and scrapes
- Hitting parked cars and trees (common when backing up)
- Missed signals such as running a stop sign or red light
- Gross errors in judgment such as thinking the train should stop, making a left turn on red, or turns from the wrong lane
- Getting angry with other drivers
- Becoming lost
- Slowing down, speeding up or tailgating
- Driving erratically
- Needing directions in familiar places
- Missing an exit and backing up
- Getting onto the wrong freeway ramp
- Making unsafe U-turns
- Going the wrong way on a one-way street
- Driving on the sidewalk
- Backing out of the garage with the door closed or through the front of the garage
- Falling asleep or having spells
- Needing a co-pilot in the car

Things that can lead to disaster

- Having the person with dementia follow another car – the person will forget that they are following
- Having the person drive only during the daylight and only in town when there are generally more children to be outside playing
- Refusing to let the grandchildren in the car, fearing for their safety – We must be concerned with EVERYONE'S safety.
- Co-piloting – telling the person when to stop and go will eventually lead to mixing up the gas and brake pedals
- Sticking your head in the sand and expecting others to do something



“Ask the Expert”
By Geri Hall, PhD, RN
Family & Community Services

Dear Geri:

Dad refuses to stop driving. Because Dad has never had an accident he insists the doctor doesn't know what he is talking about. How can we show him he is unsafe?

Signed, “Staying off the road when he drives!”

Dear “Off the Road:”

For people who either insist they are still safe to drive, refuse to give up driving, or the physician or family is unsure about safety, there are driving assessment programs available. While not covered by Medicare or health insurance, driving assessments are conducted by skilled professionals who are unbiased. The Adapted Driving Program at the Banner Good Samaritan Rehabilitation Institute offers driving assessments. This service tests the individual both in and out of the car, and makes recommendations to the person with dementia, their attending family, and the physician. For more information, ask your physician for a referral or call (602) 239-4757. There are also several commercial driving evaluators in the Valley. Contact the Family and Community Services

Program at BAI for a list. Another way to get Dad evaluated is to contact the Arizona Department of Transportation. Visit their Web site at www.azdot.gov. Then click on “Motor Vehicle Division/Forms and Publications.” Click “MVD” and scroll down to “Driver Condition/Behavior Report.” Print the report and mail it to the address provided on the form. This is confidential and will not be subject to release to the person with dementia. You can also call ADOT Medical Review, (602) 771-2460 and request the form to be mailed to you. After the form is submitted, the person will be summoned for a driving test. Finally, you can ask your doctor to write a letter asking for the person to be evaluated for driver safety. Hang in there – this can be a tough issue for families to wrestle with. Know that you are doing the right thing keeping both your dad and the public safe.

Geri Hall, PhD, ARNP
 Clinical Nursing Specialist
 Family & Community Services

What's New in the Library

Alzheimer's Action Plan: The Expert's Guide to the Best Diagnosis and Treatment for Memory Problems (Doraiswamy et al, 2008). This book was written to help individuals and families know what steps to take if they suspect Alzheimer's disease and how to intervene early to maintain the highest quality of life. It also has answers to 40 commonly asked questions about living with Alzheimer's disease and more.

Speaking Our Minds: Personal Reflections from Individuals with Alzheimer's (Snyder, 2000). Seven people with Alzheimer's disease share their stories and provide help to individuals diagnosed with dementia and family and friends to better understand the unique aspects of living with this chronic disease.

Check it out:

Dementia Advocacy and Support Network International (DASNI). This is an international group of people with dementia who communicate via an Internet. The support group promotes respect and dignity for persons with dementia; provides a forum for the exchange of information, encourage support mechanisms such as local groups, counseling groups and Internet links and assists people to connect with their local Alzheimer's Association. Individuals can communicate with one another via Internet chat rooms twice-daily to help ease the isolation of dementia . The group also educates participants about living with their diseases. www.dasninternational.org

Beacon Bits

Support groups:

NEW: Frontotemporal Dementia Support Group, will meet **June 9 from 12:30 p.m.—2 p.m. in the BAI Library.**

Circle of Friends will be meeting in conjunction with our new **R.I.S.E. (Refresh-Inhale-Sit Down-Exhale) for Yoga program. June 11 from 12:30—2 p.m. in the BAI Library.** The class is conducted by Instructors from Yoga Phoenix. Cost is \$10 per person for the Yoga program. No registration required and you may pay at the door.

BAI Explorers – Enjoy a privately guided tour of the **Phoenix Police Museum**, to learn about the History of Phoenix Police Department. Get a chance to sit in a police car or motorcycle. **June 17 from 10 a.m.—11 a.m.** This is a **FREE** event, registration is required and there are only 9 slots left to fill.

For more information, please contact Veronica Ellis, at veronica.ellis@bannerhealth.com or (602) 239-6850.

Our Mission

To end Alzheimer's disease without losing a generation, to set a new standard of care for patients and their families and to forge a model of collaboration in biomedical research.