



Driving and dementia

This webinar will start shortly.



Driving and dementia

Zoom webinar – Monday 23 September – 6.30pm to 7.30pm

Acknowledgement of traditional owners

We acknowledge the Tasmanian Aboriginal people as the traditional owners and ongoing custodians of the land on which we are meeting today. We pay our respects to Elders past and present.

We would also like to acknowledge Aboriginal people who are joining us today.

Learning outcomes

After this session, I will be able to:

- Recall frameworks helpful in assessing and caring for people living with cognitive impairment and dementia
- Explain the impact that dementia can have on a person's driving ability
- Apply national driving guidelines when assessing a person's ability to drive.

Some housekeeping

- Tonight's webinar is being recorded
- Please use the Zoom Q&A feature to ask questions
- At the end of the webinar your browser will automatically open an evaluation survey. We appreciate you taking the time to complete this to help us improve our events programme
- Please don't forget to register for your next webinar at:
<https://www.primaryhealthtas.com.au/for-health-professionals/events/>

Presenter(s)

- **Dr. Karen Savery** - GP, Dementia Training Australia
- **Dr. Stephanie Daly** - GP, Dementia Training Australia

Driving and Dementia

Presented by:
Dr Stephanie Daly
Dr Karen Savery

Dementia Training Australia is supported by funding from the Australian Government under the Dementia Training Program.



DTA would like to show our respect and acknowledge the traditional custodians of these lands. We extend this respect to elders' past, present and emerging, and to all Aboriginal and Torres Strait Islander peoples. We also pay respect to Aboriginal and Torres Strait Islander peoples living with dementia and their carers.



Housekeeping

As a courtesy to presenters and fellow colleagues,
please be in your seats before each session begins



Please switch mobile phones off
or silent



Session presentations will be available on
your Attendee Hub on **Monday**

Learning Outcomes

By the end of this session, participants will be able to:

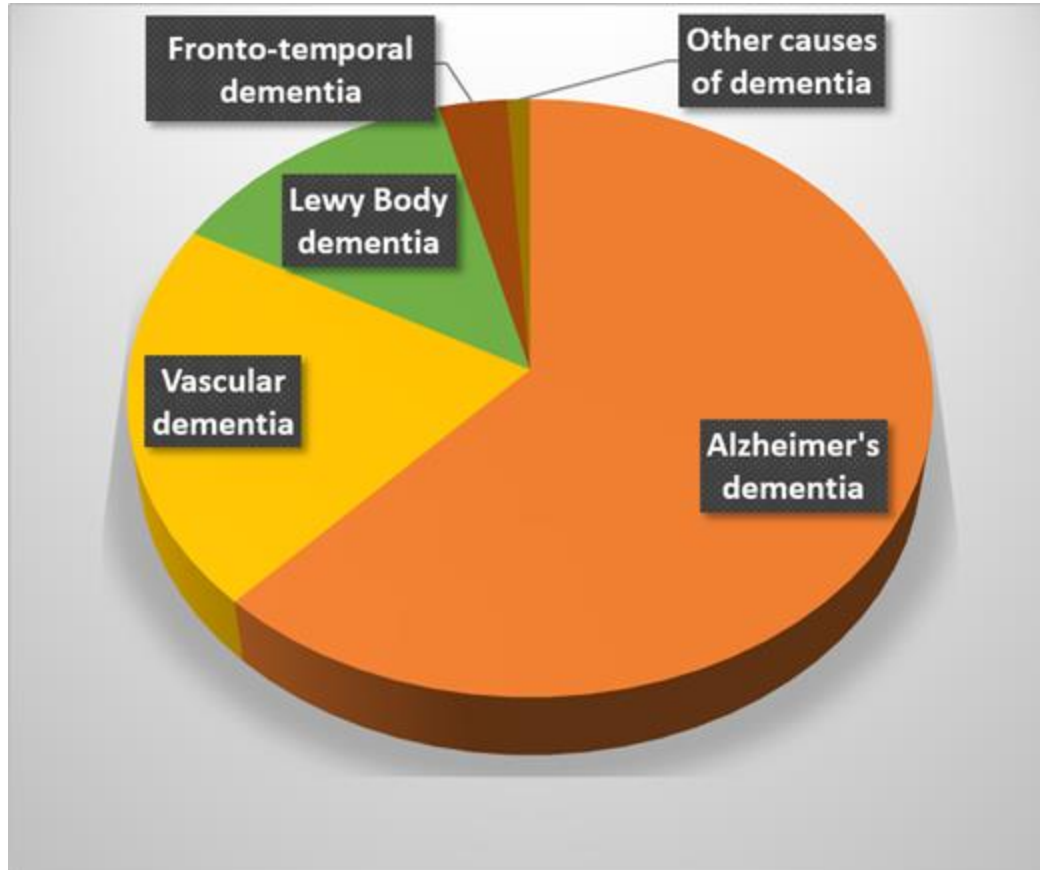
1. Recall frameworks helpful in assessing and caring for people living with cognitive impairment and dementia
2. Explain the impact that dementia can have on a person's driving ability
3. Apply national driving guidelines when assessing a person's ability to drive

Defining Dementia

Dementia is a progressive, global, life-limiting condition that involves generalised brain degeneration which affects people in different ways and has many different forms.



Dementia is a term used to describe a group of conditions characterized by gradual impairment of brain function



Others include:

- Alcohol
- Parkinson's
- CJD
- Huntington's
- Supranuclear palsy
- HIV

Inclusion Criteria

A new diagnosis of dementia requires all the Inclusion Criteria to be present

1. Gradual onset of decline in cognition (***It comes on slowly***)

2. Progression of decline in cognition (***It is getting worse***)

3. Interference with daily living (***It affects functioning***)

4. Absence of any Exclusion Criteria (***It can't be explained by other causes***)

Exclusion Criteria

A new diagnosis of dementia cannot be made until any identified Exclusion Criteria have been treated as well as possible, and the person is reassessed for the Inclusion Criteria



1. Delirium



2. Alcohol and other drugs



3. Mental health disorders



4. Other organic disorders

Domains of Dementia

1. Cognitive decline
2. Functional decline
3. Psychiatric symptoms
4. Behaviour changes
5. Physical decline



V-REALMS of Cognition

- **V**isuospatial
- **R**ecall/Memory
- **E**xecutive function
- **A**ttention
- **L**anguage – dysphasia, agnosia
- **M**otor function - dyspraxia
- **S**ocial



Domains of Dementia

1. Cognitive decline
2. Functional decline
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Function

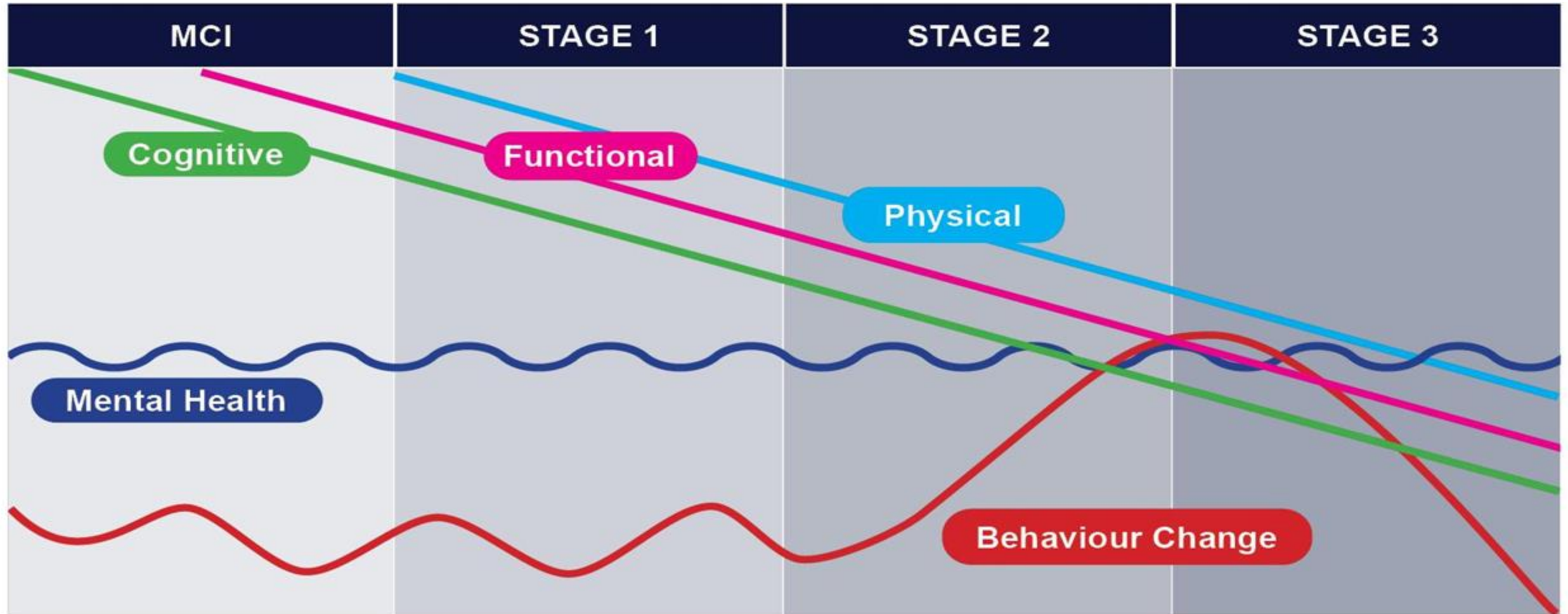


Domains of Dementia

1. Cognitive decline
2. Functional decline
3. Psychiatric symptoms
4. Behaviour changes
5. Physical decline



Trajectory of Alzheimer's Dementia



Driving and Dementia – Take Home Messages



Begin the conversation early



Take history from person being assessed as well as collateral history if possible



Using more than 1 cognitive assessment tool can be helpful BUT cognitive assessment tools alone cannot determine fitness to drive



Reassess driving capacity in people with dementia more frequently (3-6 monthly)



When in doubt, get help!

Clinical Challenge 1: Driving and Dementia



Anna

Anna is a 77 year old retired secretary. You have just diagnosed her with Stage 1 Alzheimer's dementia with support from a local geriatrician. Her MMSE was 22/30 and clock drawing had incorrect positioning of numbers and hands.

Her bloods and CT scan were all normal

Her Geriatric Depression Scale was normal

She is otherwise in good physical and mental health.

Her only current medications are Perindopril for controlled hypertension and occasional paracetamol.



Anna

Anna lives alone but receives great support from her daughter Sophie who lives nearby.

Anna tells you that the last time she went to drive to her daughter's house it was raining and she got a bit confused over which instrument was the wiper and which was the indicator and this actually frightened her a bit so now she is only driving locally, to the doctor and to do her shopping.

She has had no crashes, but she has got some scrapes on her car from getting in and out of her carport.

She says although she doesn't drive much, she would be lost without her car.



What Do You Do Now In Terms of Anna's Driving Licence?

- A. Contact licencing authority to cancel Anna's licence
- B. Advise Anna that she needs to hand in her licence
- C. Advise Anna that she needs to go on a conditional licence
- D. Send her for driving test with licencing authority
- E. Send her for OT driving assessment
- F. Send her to geriatrician to make assessment of her driving assessment

Austrroads – Private Licence Standards

A person is **not** fit to hold an unconditional licence:

- if the person has a diagnosis of dementia*.

A **conditional** licence may be considered by the driver licensing authority subject to **at least annual** review, taking into account:

- the nature of the driving task; and
- information provided by the **treating doctor** regarding the level of impairment of any of the following: visuospatial perception, insight, judgement, attention, comprehension, reaction time or memory and the likely impact on driving ability; and
- **the results of a practical driver assessment if required**

The opinion of an appropriate specialist may also be considered.



Austrroads – Commercial Licence Standards

A person is **not** fit to hold an unconditional licence:

- if the person has a diagnosis of dementia.

A **conditional** licence may be considered by the driver licensing authority subject to **at least annual** review, taking into account:

- the **nature of the driving task**; and
- information provided by an **appropriate specialist** regarding the level of impairment of any of the following: visuospatial perception, insight, judgement, attention, comprehension, reaction time or memory and the likely impact on driving ability; and
- **the results of a practical driver assessment**



Impact of Dementia on Driving

Recall the REALMS of Cognition!

- Recall/Memory
- Executive function
- Attention
- Language – dysphasia, agnosia
- Motor function - dyspraxia
- Social
- Visual Spatial



Impact of Dementia on Driving

- Errors with navigation
- Limited concentration or 'gaps' in attention
- Errors in judgement
- Confusion when making choices
- Poor decision making or problem solving
- Slowed reaction time
- Poor hand–eye coordination



Anna returns with “Conditional Licence” form for you to complete.
What can you do to further assess Anna’s driving capacity?

Anna returns with “Conditional Licence” form for you to complete. What can you do to further assess Anna’s driving capacity?

- History of crashes or near crashes, getting lost
- Family concerns about Anna’s driving ability
- Review activities of daily living/functional capacity in other areas of life
- Inability to perform 1 basic or 2 instrumental activities of daily living

The SHAFT and DEATH mnemonics for the instrumental and basic activities of daily living

INSTRUMENTAL ACTIVITIES OF DAILY LIVING	BASIC ACTIVITIES OF DAILY LIVING
Shopping and social functioning	Dressing
Housework and hobbies	Eating
Accounting (banking, bills, taxes, handling cash)	Ambulation
Food preparation	Toileting
Telephone, tools, and transportation	Hygiene
Medication management	

Adapted from Molnar et al.¹⁰

Anna returns with “Conditional Licence” form for you to complete.
What can you do to further assess Anna’s driving capacity?

- Physical exam – vision, hearing, neck movements, co-ordination
- Cognitive assessment tools which assess:
 - Processing speed
 - Task switching
 - Visuospatial function
 - Executive function

Anna returns with “Conditional Licence” form for you to complete. Which of the following Cognitive Assessment Tools are **least** helpful in assessing Anna’s driving capacity?

- A. MMSE
- B. Clock drawing
- C. Trail Making B
- D. Intersecting pentagons
- E. Maze test

POLL – MULTIPLE CHOICE – CORRECT ANSWER IS (A)

DELETE THIS TEXT BOX ONCE TODD HAS FINALISED HOW TO RUN POLL

Cognitive Assessment Tools And Driving

Helpful assessment tools

- Trails B (from the MOCA)
Visuospatial, attention and executive function
- Maze test
Visuospatial, attention and executive function
- Clock drawing test
Visuospatial and executive function
- Intersecting pentagons in MMSE or intersecting cubes
Visuospatial function

MMSE alone is not a good predictor of driving ability

Trail Making B

Assesses multiple domains required for driving

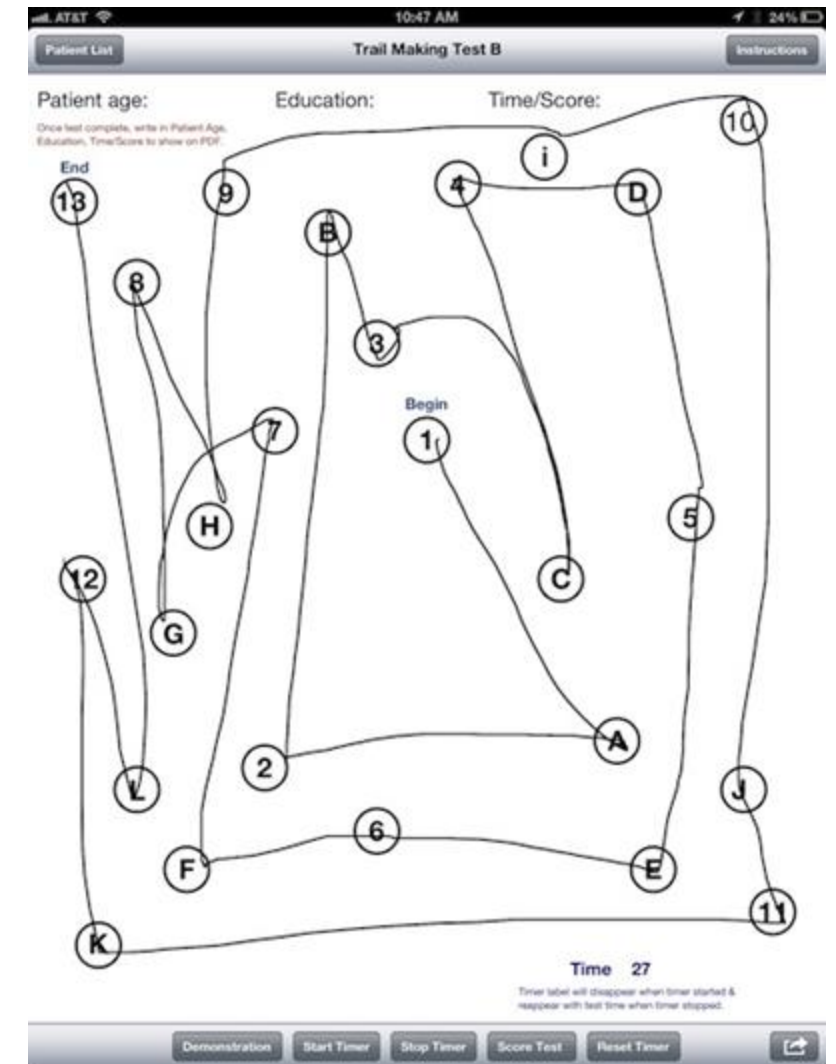
- processing speed
- visuospatial functioning
- executive function

Scoring

Probably safe: < 2 minutes and < 2 errors

Uncertain: 2-3 minutes or 2 errors

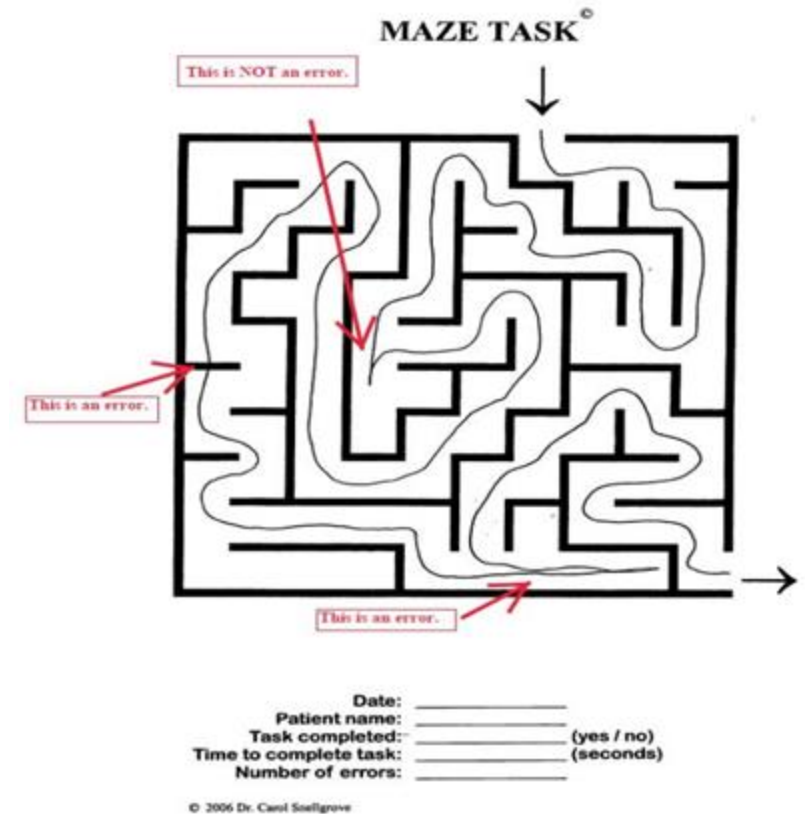
Probably unsafe: > 3 minutes or ≥ 3 errors



Snellgrove Maze Test

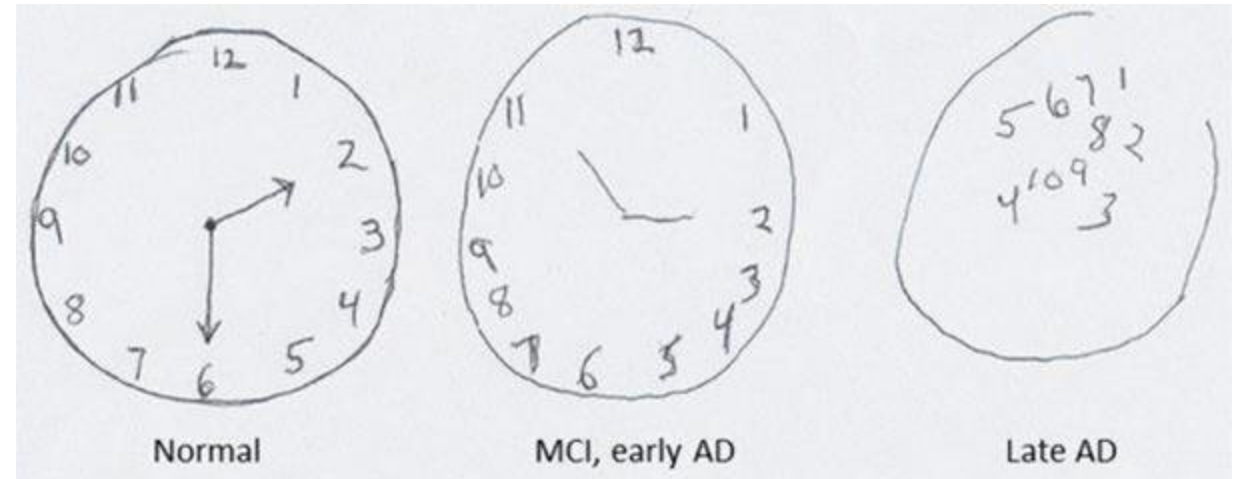
Assesses

- Attention
- Visuo-constructional ability
- Executive functions of planning and foresight



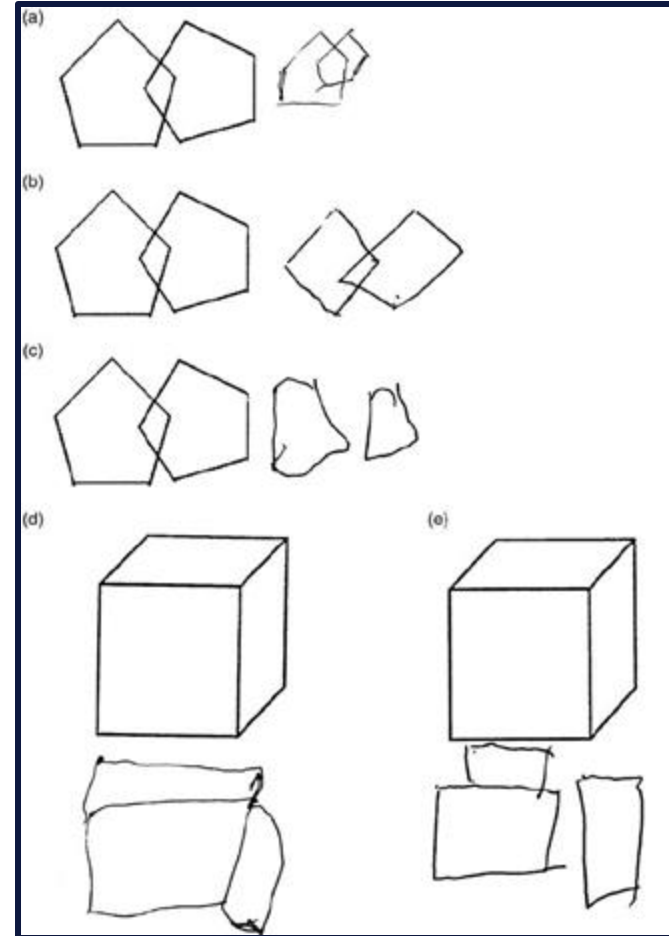
Clock Drawing Test

- Assesses multiple domains
- Visual memory
- Visuo-spatial abilities
- Orientation, conceptualization of time
- Executive function

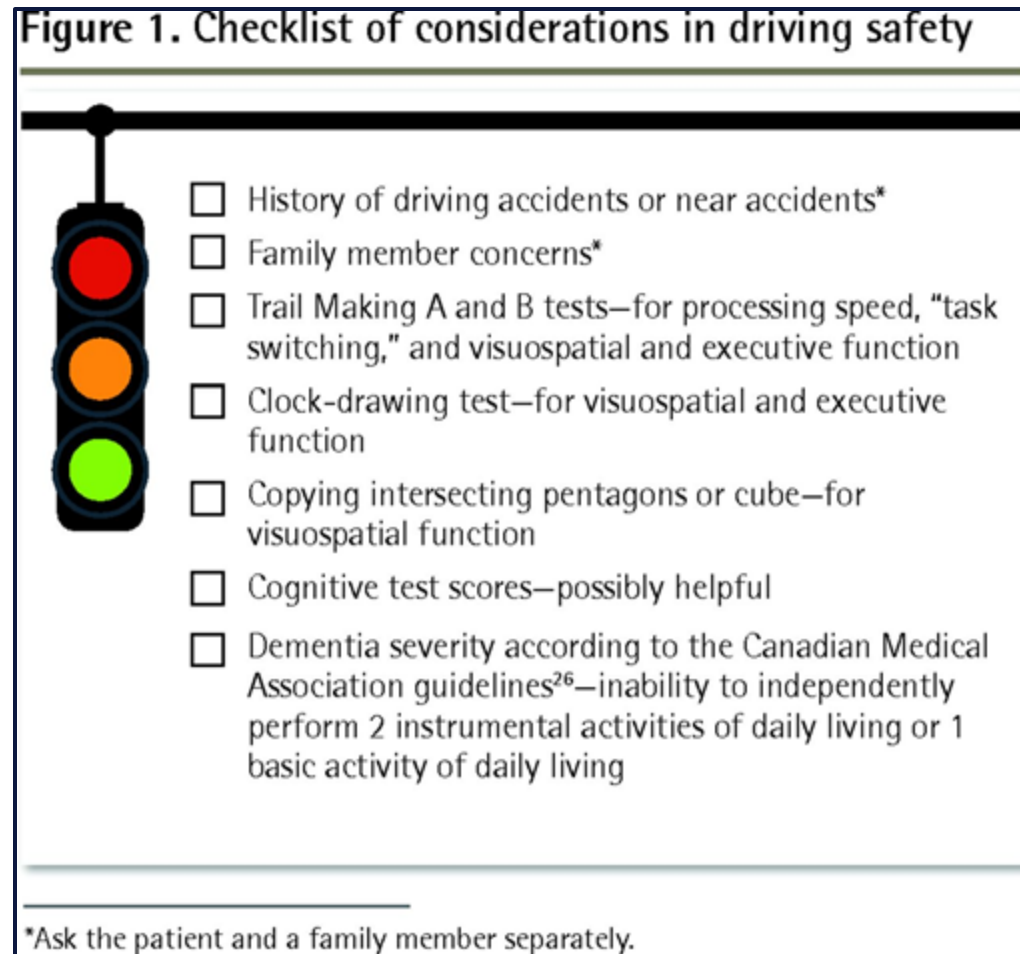


Intersecting Pentagons or Cube copying

- Assesses
- Attention
- Visuospatial function



Summary of GP Assessment of Driving Capacity



OT Driving Assessment

Gold standard for assessment of driving capacity

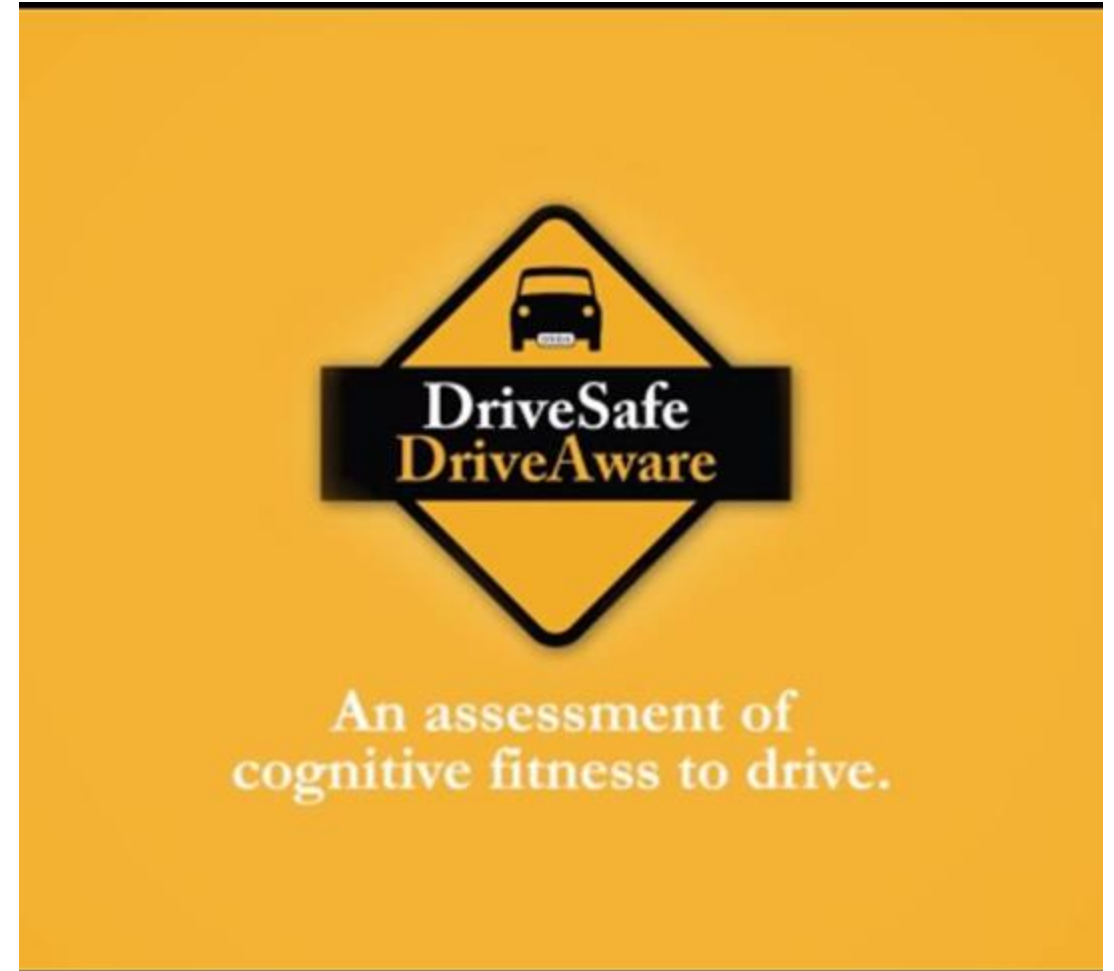
Off-road assessment initially

Only proceeds to on-road test if safe

Rehabilitation opportunity

- Vehicle modifications
- Learn safer driving skills (if still has capacity to learn)

Barriers are cost and access



Planning For Driving Retirement

- Begin the conversation early
- Include family and care-partners
- Consider alternatives to driving
- Public transport
- Community transport
- Taxi subsidy schemes



Driving And Dementia – Take Home Messages



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Reassess driving capacity in people with dementia more frequently (3-6 monthly)



When in doubt, get help!

Check This Out!

GP Dementia Resource Hub
Easy Access to Dementia Courses,
Resources and Links



Visit <https://dta.com.au/general-practitioners/>

Dementia in Practice Podcast
Selection of Episodes

- Driving and dementia – Who’s in the driver’s seat?
- Sleep Matters
- Dementia at the end of life – A person-centred approach
- A carer’s story: When dementia comes home



Thank you!

Dementia training for Australia's workforce

To find out more visit

dta.com.au

Dementia Training Australia is supported by funding from the Australian Government under the Dementia Training Program.





Tasmanian HealthPathways is a web-based information portal developed by Primary Health Tasmania. It is designed to help primary care clinicians plan local patient care through primary, community and secondary healthcare systems.



For access to the Tasmanian HealthPathways, please email:

healthpathways@primaryhealthtas.com.au




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Some final words

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Thank you



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