Dementia and Driving

Dementia refers to a progressive deterioration of memory and at least one other cognitive domain which interferes with one’s daily function and independence. 6.5% of those aged over 65 are affected. Recent estimates by the World Health Organisation (WHO) claim that 35.6 million people have dementia. It is expected that the number of people with dementia will double every 20 years, to 65.7 million in 2030 and 115.4 million in 2050. As our population is ageing, the number of older drivers on our roads is increasing. In fact, 30-45% of individuals with dementia continue to drive. Most medical and vehicle licensing authorities agree that individuals with moderate or severe dementia cannot drive safely. However, it is unclear as to the impact of mild dementia on driving capacity. Clinicians face an emerging global dilemma about how to balance the promotion of personal mobility of individuals with mild dementia with the promotion of public safety. Add to this, the inadequacy of alternative transport options for older members of our community.

In most Western nations, there is a requirement that clinicians report significant impediments to driving safety to a licensing authority. However, as dementia often impairs one’s memory and insight, individuals with dementia, one could argue, should be exempt from such expectations. If so, who then is responsible for pursuing licence cancellation of unsafe drivers with dementia: carers; family; friends; clinicians; or government? Usually, clinicians are not responsible for the cancellation of driver licences. Rather, this task is delegated to a government body (e.g. department of motor vehicles (US), driver and vehicle licensing agency (UK), driver licensing authority (Australia)). Mandatory reporting by clinicians of unsafe drivers exists in only a minority of countries. An additional concern of many drivers relates to motor vehicle insurance coverage. It is often suggested that impaired drivers should inform their motor vehicle insurer to ensure that their coverage remains valid. In Australia, motor vehicle insurers only require a valid driver licence and notification of a diagnosis of dementia is not necessary. Failure to do so does not impact negatively upon an individual’s cover/policy.

The American Academy of Neurology (AAN) comprehensively reviewed the existing literature regarding assessment of fitness to drive of individuals with dementia. The AAN concluded that ‘there is no test result or historical feature that accurately quantifies driving risk’.

Driving retirement has been shown to have a negative impact upon older drivers, carers, family members and doctor-patient relationship. Empowering older drivers with dementia to plan for driving retirement would appear to be a reasonable approach. The arrangement of alternative forms of transport is crucial when considering retirement from driving. A pre-planned strategy
which addresses the transition to non-driving removes the need for clinicians to insist upon abrupt
licence withdrawal when a patient becomes clearly unsafe. Adopting a sensitive approach to a
potentially difficult physician-patient encounter is of paramount importance. The advent of a
decision aid tailored for drivers with dementia has the potential to serve as a helpful resource. It
would appear that non-threatening engagement trumps more paternalistic, and perhaps alienating,
methods.

Thus far, much of the transport safety literature concentrates on how best we can identify unsafe
older drivers. Perhaps the time has come to address how we, as a society, can provide practical
alternative transport options for our ageing population.

Reference

neuroscience-4