



Driving Concerns When Someone Has Dementia

What to Do About It!

AND

What NOT To Do – If You Want To Help Well!

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Is it REALLY a problem?

- There are over 5.3 million American living with dementia
- Estimates are that 30-40% still drive
- By mid disease the risk of having an accident while driving much higher than any other situation
- More MVA with dementia involved are deadly or result in serious injuries

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Symptoms of Concern

- Getting lost on familiar routes
- Slowed reaction time – ‘near misses’
- Increased errors in turning, changing lanes, backing up, signal light or intersection behaviors, parking, pulling out, distances
- Emotional distress – anger or frustration
- Multiple fender benders or scrapes
- Speed not matching situation – too slow or fast

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More Symptoms

- Reliance on a co-pilot for directions and info
- Warnings or tickets from police
- Confusing the brake and gas pedals
- Going the wrong way
- Drifting over
- No noticing signs, pedestrians, signals
- Running over curbs or ‘bumping’ things

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A Major Indicator that IT IS TIME:

Would you let your child or grandchild ride with them?

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Does EVERYONE Who has DEMENTIA need to stop driving ‘right away’?

- Skill and ability should be the main indicator
- Other diseases will impact the need
- Self-awareness is a factor
- Alternate arrangements are critical
- Approaching the subject is delicate but vital

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What Can Be Done?

- Ask the doctor to help
- Ask other authority figures to help
- Ride with the person – check it out
- Ask another ‘objective’ person to ride along
- Begin to look at options for getting places

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Specifics to Check

- Assess driving skills
- Screen thinking and reasoning skills
- Screen speed and reaction time skills
- Screen vision and visual processing skills
- Screen emotional reactions to mistakes/errors
- Screen motor skills

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Options for Testing

- MD office screens
- DMV testing
- Driving schools or instructors
- Outpatient clinic – OTs
- AARP sponsored clinics
- ???

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Trail Making

1 minute or less GREAT!!!

More than 2 minutes BAD NEWS!!!

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Trail Making Screen

- Trace a path without picking up your pen
- Start with A then go to 1 then back to the next letter in the alphabet and then the next number....
- Keep track of time
- < 65 should be done in <1 minute
- > 65 should be done in < 2 minutes

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Other Screening Options

- OLD – MMSE
- New
- SLUMS – 7 minute screen
- Animal fluency – 1 minute # of animals
- Clock Drawing – 2 step
- Full Neuropsychological testing panel
- http://medschool.slu.edu/agingsuccessfully/pdfsurveys/slumsexam_05.pdf

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SLUMS

- Orientation – day of week, month, state (3)
- Remember 5 items – ask later (5)
- \$100 – buy apples \$3 and Trike \$20
 - What did you spend? What is left? (2)
- Animal fluency (0-3) (<5, 5-9, 10-14, >14)
- Clock drawing (4) – numbers in place, time right
- Shapes (2) – ID correct, which is largest
- Story recall (8) – recall of info from a story – 4?s

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SLUMS - rating

High School Education

- 27-30 – Normal
- 21-26 – MNCD (MCI)
- 1-20 - Dementia

Less than High School

- 25-30 – Normal
- 20-24 – MNCD (MCI)
- 1-19 - Dementia

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Animal Fluency

- Name as many animals as you can
- Give one minute
- Count all unique animals
- 12 or more normal for > 65
- 18 or more normal for <65

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Clock Drawing

- Give a BIG circle on a blank sheet of paper
- Ask to draw the face of a clock - put in the numbers
- Watch for construction skills & outcome
- Ask to put hands on the clock to indicate 10:50
- Watch for placement and processing

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Scoring for Clock Drawing

- Variable
- One system 0-4 – numbers in correct areas
- One system 0-10
 - Numbers in correct areas
 - Center location for hands, long hand/short hand, correct location long, correct location short
 - Normal >6
- 8 other possible systems

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Clock Drawing

Accuracy

Completeness

Timely & Good Decisions

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If the Person 'Does All Right'

- Keep monitoring
- Gradually start reductions
- Limit distractors in the vehicle
- Limit times and places and routes
- Select times of day
- Begin switching roles some times
- Start looking for alternatives
- Re-check skills every 6 months

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If There Are Problems

- Get help to THINK it thru before you DO anything
- THINK it all thru first
- THEN raise the concern
- How to raise the concern will vary based on the person

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Driving Skill is COMPLEX

- Multi-factorial
- Personality & person history
- Other medical and sensory conditions
- Type and level of dementia
- Environmental demand
- Care partners behaviors and skills
- Flow of the day and routines

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Personality Traits

Who are you?

- Introvert-Extrovert
- Lots of Details – Big Picture only
- Logical – Emotional
- Planning ahead – Being in the moment



Who is the person you are trying to help?

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Introvert - Extrovert

Introvert

- Likes to be alone
- Likes to think it out
- Likes personal space
- Needs alone time
- Private

Extrovert

- Think out loud
- Talk it out
- Seek out people
- Share a lot
- Not good with boundaries

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Details – Big Picture

Details

- Lots of facts and figures
- Specifics of what to do
- Likes to get going - doing

Big Picture

- Likes to know WHY
- Likes to think about it before doing anything
- Likes to hear the big plan

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Logical - Emotional

Logical

- Head First
- Fair
- Reasonable
- Rational

Emotional

- Heart First
- Nice
- Kind
- Empathetic

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Drugs that can affect cognition

- Anti-arrhythmic agents
- Antibiotics
- Antihistamines - decongestants
- Tricyclic antidepressants
- Anti-hypertensives
- Anti-cholinergic agents
- Anti-convulsants
- Anti-emetics
- Histamine receptor blockers
- Immunosuppressant agents
- Muscle relaxants
- Narcotic analgesics
- Sedative hypnotics
- Anti-Parkinsonian agents

Washington Manual Geriatrics Subspecialty Consults edited by Kyle C. Moylan (pg 15) – published by Lippencott, Wilkins & Williams , 2003

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Should We Talk About IT with the Person? YES – Probably – BUT...

- Who matters
- How matters
- When matters
- Where matters
- AND What you say matters

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How to Talk About It

- Look for values that the person has
- Ask questions first – get their thoughts
- Use empathy and validate their feelings
- Suggest an objective way of checking
- Think through options or alternatives for getting places
- Start early – before it is really an issue

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If the person won't stop

- Get help
- Try not to be the BAD guy
- Remove visual cues related to driving
- Provide alternatives
- Let authorities know – seek their help

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