Dementia and driving don’t mix

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If you think someone in your family has memory problems and is doing unusual things, they may have a dementia.

It is very likely, in fact, that someone in your family, close social network or workplace who is over 50 has a dementia - or soon will have according to the World Health Organisation and Alzheimer’s Disease International which last week released a report predicting a trebling of the prevalence of dementia from 35 million to more than 115 million by 2050.

You’ve probably heard of Alzheimer’s disease because it is the most common type of dementia, but there are others. All have a negative effect on memory and the ability to process information, including the shape and distance of physical objects and difficulty with decision-making.

One everyday activity which we don’t always acknowledge/credit as being complex is driving. After hearing about the impact that dementia has on your thinking, just imagine what effect dementia may have on your driving or the driving of someone you know.

Driving is an emotive subject, particularly in Australia, because we all enjoy driving and most of us believe that driving is a right. However, with almost half a million NSW licence holders aged over 70 and estimates suggesting that 20 per cent of individuals over the age of 80 have dementia, the issue is important to address.

Currently, there is inconsistency about the advice that individuals and families are given by their health care providers because they many are unaware of Austroads national guidelines regarding dementia and, apart from practical driving tests after the age of 85, there is no real test or historical feature that accurately quantifies driving risk.

To help individuals, families and health professionals better manage the issue, we are working on a Driving and Dementia program that has involved research with drivers over 55 to better understand the factors that delay driving retirement. My own research has also revealed insights into the justifications for continued driving.

“’I’m a good driver,” insisted one gentleman with dementia. “I’ve been driving since I was 14 and I’ve never had an accident. I’m a better driver than those young fellas who drive around with their rowdy mates and music blaring.”
When a female driver was asked to consider driving retirement and start using buses instead she said, “I haven’t been on a bus since I was at school. I left behind going on buses when I was a young girl and I’m not about to start now.”

When a retired Blue Scope Steel worker with a good pension was asked to consider taking taxis, his reply was, “Well, I’ve just bought my new Holden Commodore and that will last me out. Taxis are too expensive and I wouldn’t get my money back on the new car.”

Often a near miss or accident is the catalyst to limit or stop driving.

“The other day the flashing light of the school zone sign distracted me and I became disorientated,” explained one lady. “I did not know where I was. It felt like the traffic was colliding as the cars slowed down and got closer to each other. My heart was racing and I was very scared. I turned into one of the side streets, phoned my daughter and she immediately came and collected me.”

With the help of their GP, the mother and daughter decided that she should only use the car for local shopping and home visits.

Discussing driving retirement is not always this straightforward, even when the individual has had an accident which damaged a car or caused an injury. It can cause an argument because the person becomes angry and adamant that they will keep driving. In these situations, the person might either lack insight into their reduced capacity to drive safely or be so distraught about giving up their licence that they refuse to stop driving.

Our research challenges existing research which focuses on testing driving capacity which we know doesn’t work because individuals ignore the recommendations and find ways to continue driving.

As part of the Driving and Dementia program, we are currently trialling a Decision Aid booklet that includes prompt questions to help everyone better assess driver ability.

Over time, the questions can help individuals come to terms with the impact that their dementia is having on their driving skills, accept the inevitably of driving retirement and make plans for alternative transport.

The booklet cannot solve all problems associated with driving retirement, but will contribute to reducing the current distress associated this healthcare issue.

One doctor who reviewed the booklet said, “I wish I had it when I saw a patient recently. It would have been a huge help with what turned out to be a very difficult and emotionally distressing conversation.”

The program and booklet represent one of many dementia studies being conducted through collaborations at university, the Illawarra Shoalhaven Local Health District, the Illawarra
Health and Medical Research Institute Research Network, local councils and specialist organisations, including Alzheimer’s Australia.

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