# Driving Miss Daisy

## Should our hospice patients be driving?


Karen L. Cross, M.D., FAAHPM
Senior Medical Director
Hospice & Palliative Carecenter
Winston – Salem, NC

Shannon Sheek, MS, OTR/L, DRS, CDI
Occupational Therapist
Forsyth Rehabilitation Driving Clinic
Winston – Salem, NC

# Disclosure

Karen Cross and Shannon Sheek have disclosed no relevant financial relationships.

Karen Cross, MD, FAAHPM

Karen.cross@hospicecarecenter.org


EXIT
Quill.com

Field's Pharmacy Services - *your partner in quality*

6/3/08

Karen Cross, MD
Hospice & Palliative Carecenter
101 Hospice Ln
Winston-Salem, NC 27103

Dear Dr. Cross:

It has come to our attention that one of the residents under your care at Green Gardens Residential Inn is receiving high doses of Methadone and is driving a car. Our pharmacy staff is concerned that his driving ability is impaired by his opioid medications. We wanted to bring this concern to your attention.

Sincerely,

John D. Smith, PharmD, chief pharmacist

# Mrs. Stein

79 yr old female with ALS

severely limited neck ROM

# The Older Adult Driver With Cognitive Impairment

## "It's a Very Frustrating Life"

David B. Carr, MD

Brian R. Ott, MD

**Although automobiles remain the transportation of choice for many older adults, late-life cognitive impairment and dementia often impair the ability to drive safely. However, there is no commonly used method of assessing dementia severity in relation to driving, no consensus on the assessment of older drivers with cognitive impairment, and no gold standard for determining driving fitness. Yet clinicians are called on by patients, their families, other health professionals, and often their state's Department of Motor Vehicles to assess their patients' fitness to drive and to make recommendations about driving privileges. This article describes the challenges of driving with cognitive impairment for both the patient and caregiver, summarizes the literature on dementia and driving, discusses evidence-based assessment of fitness to drive, and addresses important ethical and legal issues. It also describes the role of physician assessment, referral for neuropsychological testing, screening for functional ability, tools to assess dementia severity, driving evaluation clinics, and Department of Motor Vehicles referrals that may assist with evaluation. Lastly, it discusses mobility counseling (eg, exploration of transportation alternatives), because health pro-**

### The Patient's Story

Mr W is a 92-year-old retired college professor who lives at home with his wife in an upscale suburban neighborhood that offers little public transportation. Although his wife can operate a motor vehicle, she prefers that Mr W drive. Mr W has obstructive sleep apnea, hypertension treated with lifestyle modification, treated vitamin $B_{12}$ deficiency, mild chronic anemia, restless legs syndrome, osteoporosis, edema, and a history of prostate cancer. His only medication is vitamin $B_{12}$.

About 8 years ago, the patient reported mild forgetfulness to his geriatrician, Dr D. In 2004, Mr W reported that he had lost his way while driving to a familiar museum, had difficulty recalling details of his personal art collection, and had fallen a few times. His score on the Mini-Mental State Examination (MMSE)[1] was 30/30.

In January 2009, he reported that his memory loss troubled him and that driving had become more difficult. He had no driving violations, and neither he nor his wife reported unsafe driving practices. He could independently perform all basic activities of daily living (ADL) and instrumental ADL, and he could walk a quarter mile with-

# Impaired Driving From Medical Conditions

## A 70-Year-Old Man Trying to Decide if He Should Continue Driving

Matthew Rizzo, MD, Discussant

Some medical disorders can impair performance, increasing the risk of driving safety errors that can lead to vehicle crashes. The causal pathway often involves a concatenation of factors or events, some of which can be prevented or controlled. Effective interventions can operate before, during, or after a crash occurs at the levels of driver capacity, vehicle and road design, and public policy. A variety of systemic, neurological, psychiatric, and developmental disorders put drivers at potential increased risk of a car crash in the short or long term. Medical diagnosis and age alone are usually insufficient criteria for determining fitness to

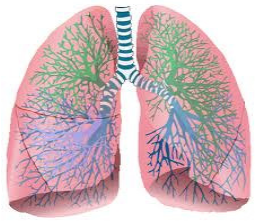
DR BURNS: Mr P is a 70-year-old right-handed man with a history of idiopathic Parkinson disease, hypertension, and atrial fibrillation. He has Medicare insurance.

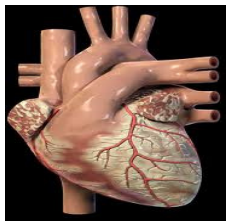
Mr P was diagnosed as having idiopathic Parkinson disease 5 years ago. Currently, his main symptom is a right-hand resting tremor. Mr P also has a rapid eye movement sleep disorder with nocturnal movements and daytime sleepiness, as well as occasional double vision.

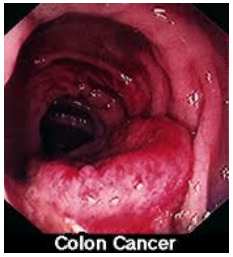
Mr P is a retired engineer and has enjoyed working on and driving race cars. In 2007, he voluntarily gave up race car driving because he felt that he had lost his "competitive

# Driver's License

# Model Hospice Patient









> 74 yrs old

# Medications

Analgesics
Anticholinergics
Anticonvulsants
Antidepressants
Antiemetics
Stimulants
Muscle relaxants
Anxiolytics
Antipsychotics
Antihypertensives
Steroids & NSAIDS
Alcohol
Diabetic medicines

# Recommendations for opioid therapy

Refrain from driving for 5-7 days after initiation of opioid therapy or dose increase

Do not drive if you feel sedated

Report sedation/unsteadiness/cognitive decline to your physician so the dose can be decreased

# Disease specific recommendations

Ophthalmic

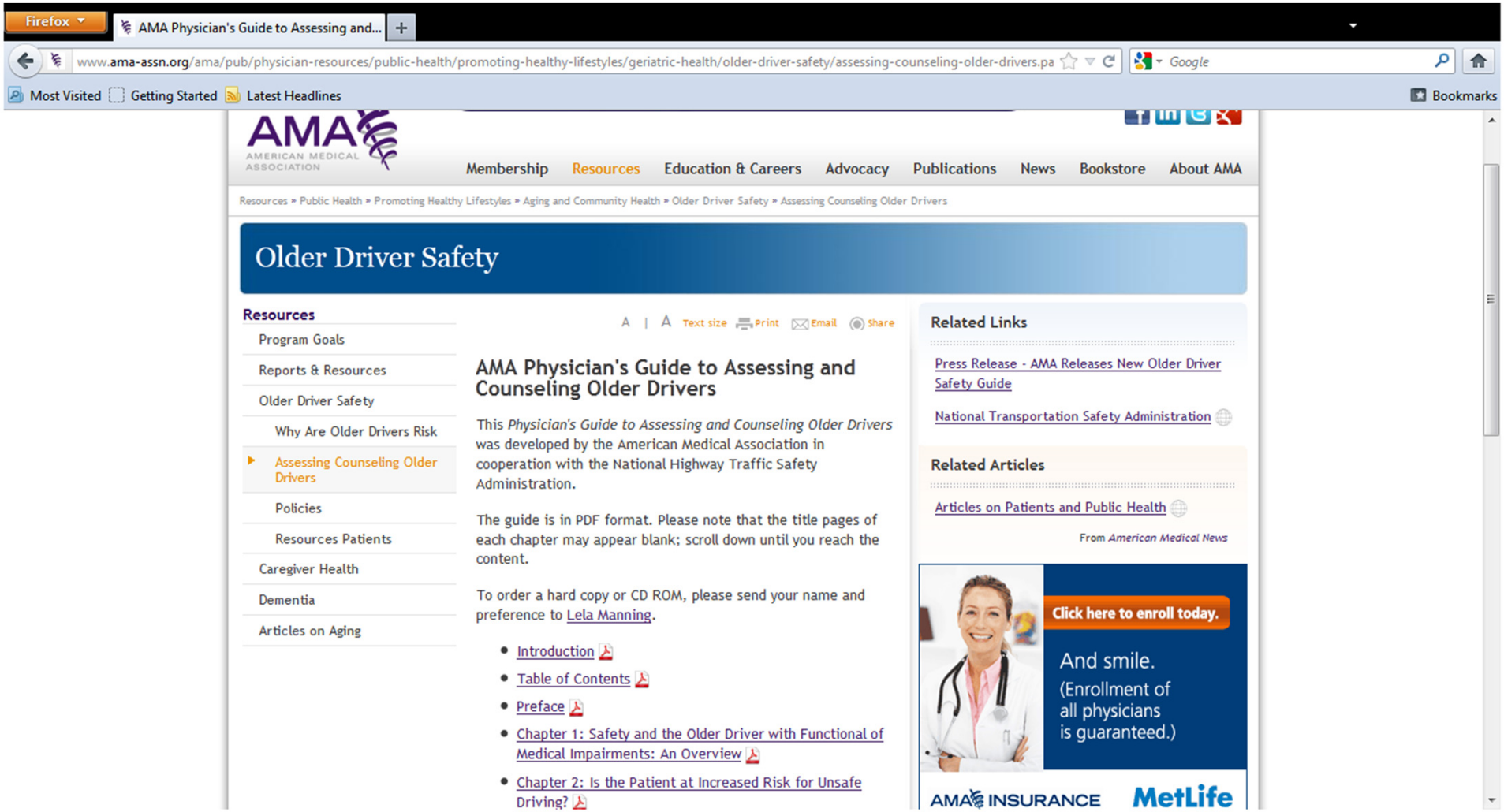
Neurologic

Cardiac

Pulmonary

Psychiatric

Musculoskeletal


Firefox
AMA Physician's Guide to Assessing and...
www.ama-assn.org/ama/pub/physician-resources/public-health/promoting-healthy-lifestyles/geriatric-health/older-driver-safety/assessing-counseling-older-drivers.pa
Google
Most Visited
Getting Started
Latest Headlines
Bookmarks
AMA
AMERICAN MEDICAL ASSOCIATION
Membership
Resources
Education & Careers
Advocacy
Publications
News
Bookstore
About AMA
Resources » Public Health » Promoting Healthy Lifestyles » Aging and Community Health » Older Driver Safety » Assessing Counseling Older Drivers
Older Driver Safety
Resources
Program Goals
Reports & Resources
Older Driver Safety
Why Are Older Drivers Risk
Assessing Counseling Older Drivers
Policies
Resources Patients
Caregiver Health
Dementia
Articles on Aging
A | A Text size Print Email Share
AMA Physician's Guide to Assessing and Counseling Older Drivers
This Physician's Guide to Assessing and Counseling Older Drivers was developed by the American Medical Association in cooperation with the National Highway Traffic Safety Administration.
The guide is in PDF format. Please note that the title pages of each chapter may appear blank; scroll down until you reach the content.
To order a hard copy or CD ROM, please send your name and preference to Lela Manning.
Introduction
Table of Contents
Preface
Chapter 1: Safety and the Older Driver with Functional of Medical Impairments: An Overview
Chapter 2: Is the Patient at Increased Risk for Unsafe Driving?
Related Links
Press Release - AMA Releases New Older Driver Safety Guide
National Transportation Safety Administration
Related Articles
Articles on Patients and Public Health
From American Medical News
Click here to enroll today.
And smile.
(Enrollment of all physicians is guaranteed.)
AMA INSURANCE
MetLife

# Disease specific recommendations

Ophthalmic

Neurologic

Cardiac

Pulmonary

Psychiatric

Musculoskeletal

If anyone is going to talk to the elderly person about driving, who should it be?

# Benefits of rigorous reporting

- Patient safety
- Public safety
- Liability risk

# Burdens of rigorous reporting

- Social isolation/withdrawal
- Depression
- Anger at the team/compromised relationships
- ↑ risk of nursing home placement

# Quality of Life

- Self-esteem
- Necessary chores
- Maintaining social connectedness

- Our society has not made adequate accommodations for people without transportation

# AMA Ethical Opinion

## E-2.24 Impaired drivers and their physicians

Physicians should use their best judgment when determining when to report impairments that could limit a patient's ability to drive safely. In situations where clear evidence of substantial driving impairment implies a strong threat to patient and public safety, and where the physician's advice to discontinue driving privileges is ignored, it is desirable and ethical to notify the Department of Motor Vehicles.

# State Law Example: North Carolina

## Reporting Procedures

| | |
|---|---|
| Mandatory medical reporting | No |
| Physician/medical reporting | Physicians are encouraged to report unsafe drivers. |
| Immunity | Yes, North Carolina statutes protect the physician who reports an unsafe driver. |
| Legal protection | No |
| DMV follow-up | Driver is notified in writing of referral. |
| Other reporting | Will accept information from court, other DMVs, police, family members, and other resources, as long as they are signed. |
| Anonymity | No, however must request records in writing. |

## Medical Advisory Board

| | |
|---|---|
| Role of the MAB | Action is based on majority and/or opinion of specialist. Medical physicians review all medical information that is submitted to the DMV. If more information is necessary, can issue a request. Board decides what action should be taken. This action can be appealed. |
| Medical Review contact information | Medical Review Unit<br>3112 Mail Service Center<br>Raleigh, NC 27697<br>Fax 919-733-9569 |

# Winston Pain Institute

WAKE FOREST UNIVERSITY®
SCHOOL of MEDICINE
THE BOWMAN GRAY CAMPUS

Department of Neurology-ALS Center

Date:_____

Name:_____

At your clinic visit on _____, the treatment team discussed concerns about your ability to drive and safely operate a motor vehicle due to your medical condition. At this time, we are instructing you to discontinue all driving immediately for your safety and for the safety of others until you complete and pass a formal driving evaluation, which includes an Occupational Therapy clinical assessment and a behind the wheel test done by a licensed driver instructor.

At your clinic visit, a recommendation was made for you to have a driving evaluation to determine your safety in operating a motor vehicle. Attached you will find information about scheduling an evaluation through our Occupational Therapy department and a prescription for the evaluation. Please contact their department at 336-716-8004 to schedule an appointment for this important evaluation. If you decide not to pursue the formal driving evaluation, you should discontinue all driving permanently.

If you have questions or need further information, please contact our clinic at 336-716-2309.

Sincerely,

_____ MD

_____ Occupational Therapist


MAY CAUSE DROWSINESS
ALCOHOL COULD INTENSIFY THIS EFFECT
USE CAUTION WHEN OPERATING A CAR
OR DANGEROUS MACHINERY
WHEN TAKING THIS MEDICATION
DO NOT DRINK
ALCOHOLIC BEVERAGES
www.shutterstock.com · 9265108


DO NOT DRINK ALCOHOLIC BEVERAGES when taking this medication
We OWE You
May Cause DROWSINESS
TAKE WITH FOOD
DO NOT REFRIGERATE
WARNING: TAKE ONLY AT RECOMMENDED DOSES. DO NOT TAKE WITH NIZORAL OR SPORANOX OR ( ERYTHROMYCIN, BIAXIN, OR TAO ) OR IF YOU HAVE LIVER DISEASE.
DO NOT TAKE ASPIRIN WITHOUT KNOWLEDGE AND CONSENT OF YOUR PHYSICIAN
This drug may impair the ability to drive or operate machinery. USE CARE until you become familiar with its effects.
AVOID WAITING for your prescription refills by calling the day before you come in. Thank You.
KEEP IN REFRIGERATOR DO NOT FREEZE
OBTAIN MEDICAL ADVICE before taking non-prescription drugs, some may effect the action of this medication.
SHAKE WELL BEFORE USING CLEAN MOUTHPIECE AFTER EACH USE WITH RUNNING WATER
TAKE WITH FOOD
MAY CAUSE DROWSINESS OR DIZZINESS
IMPORTANT FINISH ALL THIS MEDICATION UNLESS OTHERWISE DIRECTED BY PRESCRIBER
DO NOT USE AFTER DATE
FOR EXTERNAL USE ONLY
SHAKE WELL
CHEW TABLETS BEFORE SWALLOWING
Do Not Take Dairy Products Antacids or Iron Preparations Within 1-Hour of this Preparation
LOT NO.
FILLED BY
EXP. DATE
DO NOT TAKE WITH NITRATES
MAY CAUSE DROWSINESS. ALCOHOL MAY INTENSIFY THIS EFFECT USE CARE WHEN OPERATING A CAR OR DANGEROUS MACHINERY
MAY CAUSE DROWSINESS OR DIZZINESS
It may be advisable to drink a full glass of orange juice or eat a banana daily while taking this medication.
YOU SHOULD AVOID PROLONGED OR EXCESSIVE EXPOSURE TO DIRECT AND/OR ARTIFICIAL SUNLIGHT WHILE TAKING THIS MEDICINE
FOR THE ear
THIS ITEM WAS SPECIFICALLY ORDERED FOR YOU. PLEASE CONTACT US A DAY AHEAD TO REORDER
CAUTION: CERTAIN MEDICATIONS (Antibiotics, Anti-Fungals) MAY ALTER THE EFFECTIVENESS OF BIRTH CONTROL PILLS. Ask your M.D. or Pharmacist.
FOR THE eye
May Cause Drowsiness
REFRIGERATE SHAKE WELL
Discard
After
MAY CAUSE DISCOLORATION OF THE URINE OR FECES
MEDICATION SHOULD BE TAKEN WITH PLENTY OF WATER
SHAKE WELL AND KEEP IN REFRIGERATOR
may cause DROWSINESS. USE CARE when operating a car or dangerous machinery.
FOR THE NOSE
Take Medication On An EMPTY STOMACH 1 Hour Before or 2 to 3 Hours After a Meal Unless Otherwise Directed by Your Dr.
FOR THE NOSE
It is very IMPORTANT that you Take or Use THIS EXACTLY AS DIRECTED Do not skip doses or discontinue unless directed by your doctor.
SHAKE WELL AND KEEP IN REFRIGERATOR

# Suggested 6 step protocol

Step 1 Identify at risk patient

Step 2 Is the patient driving?

Step 3 Assess for impairments in traffic skills

# What is needed to drive?

- Vision
- Physical ability
- Reaction Time
- Memory & Concentration
- Divided Attention

# Why Occupational Therapy?

- Occupational therapists are experts in addressing the essential and everyday activities of daily life.

- Specialty trained/certified OT's provide driver evaluations, training, educational resources, and guidance to people who want to drive again after a significant health changing event.

# Am I a Safe Driver?

**Check the box if the statement applies to you.**

- ☐ I get lost while driving.
- ☐ My friends or family members say they are worried about my driving.
- ☐ Other cars seem to appear from nowhere.
- ☐ I have trouble finding and reading signs in time to respond to them.
- ☐ Other drivers drive too fast.
- ☐ Other drivers often honk at me.
- ☐ Driving stresses me out.
- ☐ After driving, I feel tired.
- ☐ I feel sleepy when I drive.
- ☐ I have had more "near-misses" lately.
- ☐ Busy intersections bother me.
- ☐ Left-hand turns make me nervous.
- ☐ The glare from oncoming headlights bothers me.
- ☐ My medication makes me dizzy or drowsy.
- ☐ I have trouble turning the steering wheel.
- ☐ I have trouble pushing down the foot pedal.
- ☐ I have trouble looking over my shoulder when I back up.
- ☐ I have been stopped by the police for my driving.
- ☐ People no longer will accept rides from me.
- ☐ I have difficulty backing up.
- ☐ I have had accidents that were my fault in the past year.
- ☐ I am too cautious when driving.
- ☐ I sometimes forget to use my mirrors or signals.
- ☐ I sometimes forget to check for oncoming traffic.
- ☐ I have more trouble parking lately.

**If you have checked any of the boxes, your safety may be at risk when you drive.**

**Talk to your doctor about ways to improve your safety when you drive.**

# Clinical Assessment

- Driving History
- Instrumental ADLs
- Physical Evaluation – How to Assess
  - Strength, ROM, reaction time, flexibility
- Vision – How to Assess
  - Acuity, visual fields, contrast sensitivity
- Cognition – How to Assess
  - Memory, attention, judgment, problem solving

Age: _____

## Short Blessed Test (SBT)[1]

"Now I would like to ask you some questions to check your memory and concentration. Some of them may be easy and some of them may be hard."

1. What year is it now?_____ Correct (0) Incorrect (1)

2. What month is it now?_____ Correct (0) Incorrect (1)

Please repeat this name and address after me:

John Brown, 42 Market Street, Chicago

John Brown, 42 Market Street, Chicago

John Brown, 42 Market Street, Chicago

(underline words repeated correctly in each trial)
Trials to learning_____(can't do in 3 trials = C)

Good, now remember that name and address for a few minutes.

3. Without looking at your watch or clock, tell me about what time it is.

(If response is vague, prompt for specific response) Correct Incorrect

(within 1 hour) _____ (0) (1)

Actual time: _____

4. Count aloud backwards from 20 to 1 0 1 2 Errors
(Mark correctly sequenced numerals)
If subject starts counting forward or forgets the task, repeat instructions and score one error

20 19 18 17 16 15 14 13 12 11

10 9 8 7 6 5 4 3 2 1

5. Say the months of the year in reverse order.
If the tester needs to prompt with the last name of the month of the year, one error should be scored
(Mark correctly sequenced months)

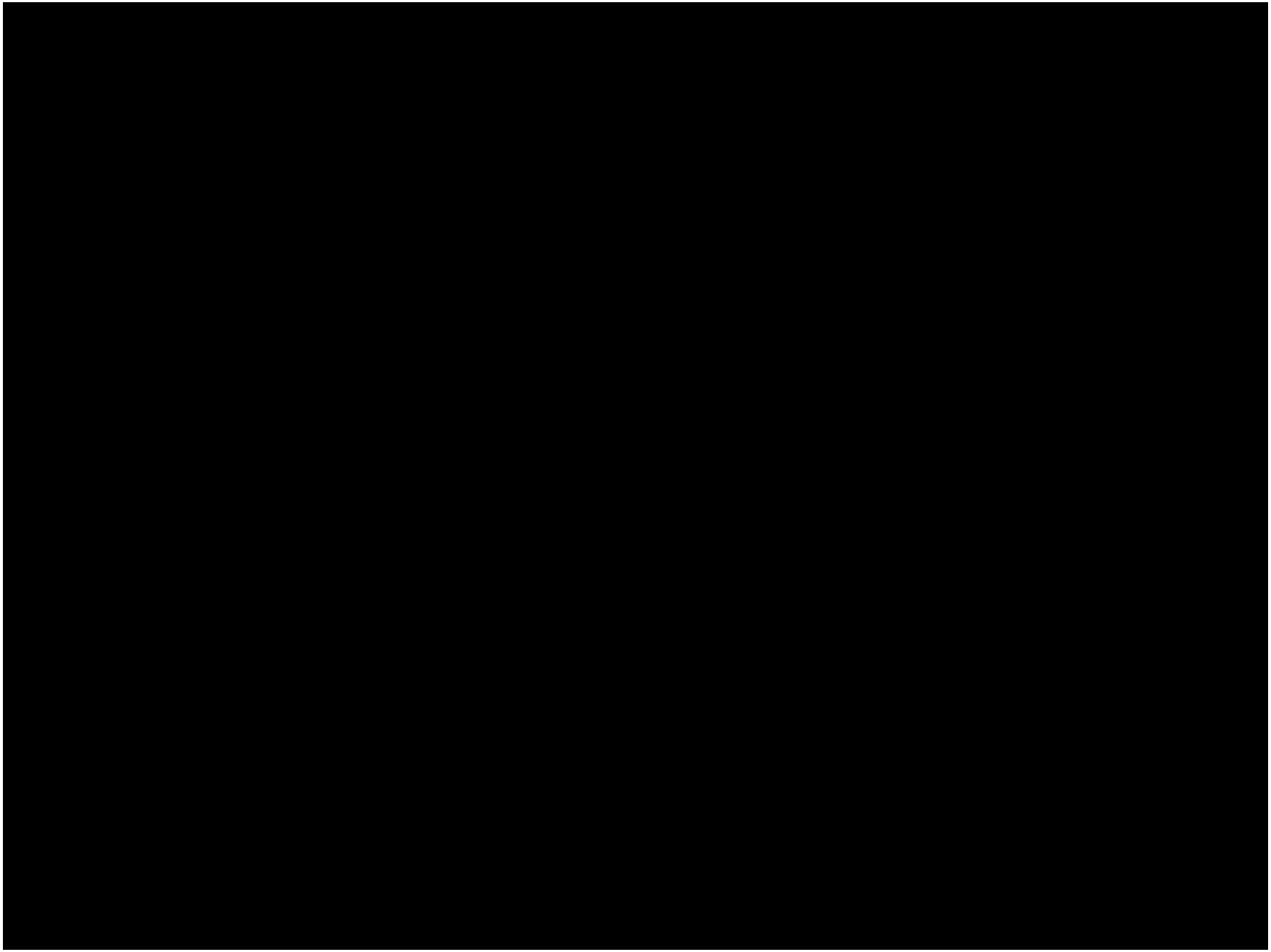
D N O S A JL JN MY AP MR F J 0 1 2 Errors

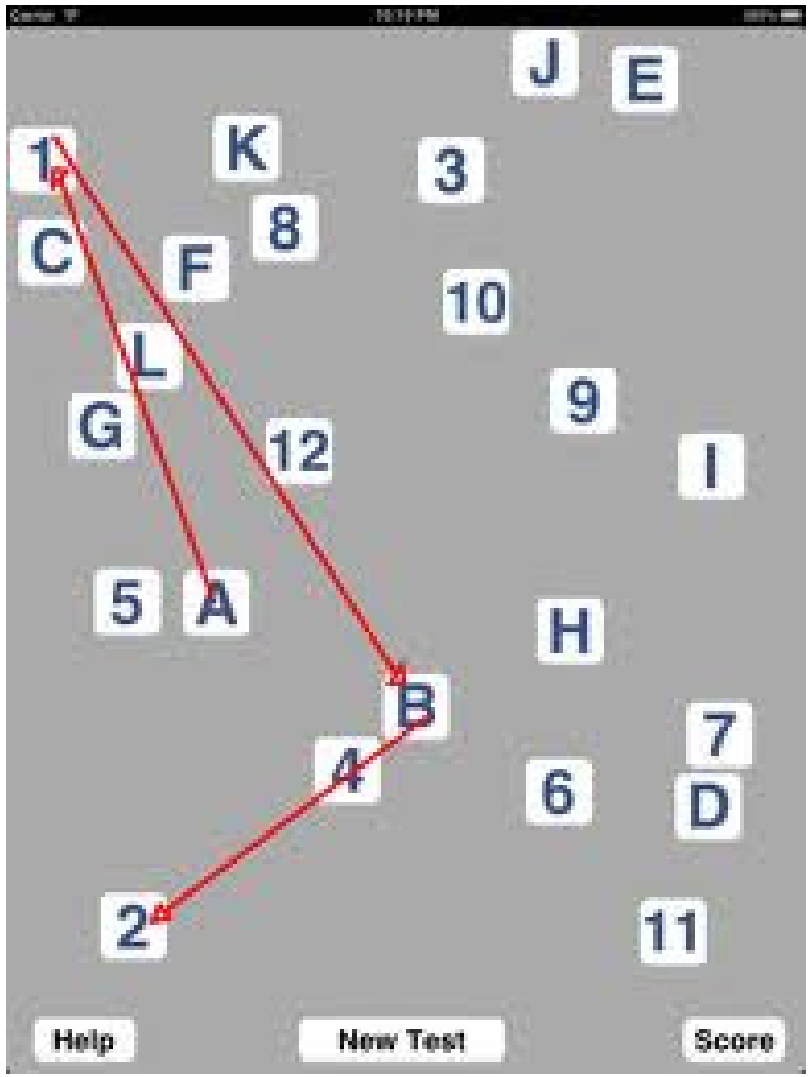
6. Repeat the name and address I asked you to remember.
(The thoroughfare term (Street) is not required)
(John Brown, 42 Market Street, Chicago) 0 1 2 3 4 5 Errors

_____, _____, ___, _____, _____

**Check correct items** **USE ATTACHED SCORING GRID & NORMS**

[1] Katzman R, Brown T, Fuld P, Peck A, Schechter R, Schimmel, H. Validation of a short orientation-memory concentration test of cognitive impairment. Am J Psyhciatry 140:734-739, 1983.




J
E
1
K
3
8
C
F
10
L
9
G
12
I
5
A
H
B
7
4
6
D
2
11
Help
New Test
Score

# Behind-the-Wheel Asssessment

- Overall functional mobility
- Pre-driving checklist
- In-traffic assessment
- Varying traffic situations
- Light, moderate, heavy or high-speed
- Parking maneuvers
- Following directions

# Recommendations

*GOAL: To keep people on the road as long and as safely as possible*.

- Treatment goals and plan
- Need for equipment and training
- Need for further rehab services
- Restrictions on driver's license
- Cessation of driving
- Re-evaluation (progressive conditions)

# Common driver license restrictions

- Daylight driving only
- No interstate driving
- 45 mph only
- 5 or 10 mile radius of home
- Supervised driving
- Off-peak hour driving only

Step 1 Identify at risk patient
Step 2 Is the patient driving?
Step 3 Assess for impairments in traffic skills

Step 4 Make team recommendations/referral
Step 5 Counsel about transportation alternatives
Step 6 (Worst case) Report to DMV

Whose Job Is it?