



Dementia (mate wareware)

and driving

Dementia (mate wareware) is the progressive impairment of brain function. It usually first appears as forgetfulness, then decreased problem-solving and language skills.

Difficulty with ordinary daily activities often follows, then severe memory loss and disorientation.

If you're supporting someone with dementia, this factsheet is for you.

Alzheimer's disease

The most common form of dementia is Alzheimer's disease, a disorder affecting the function of the brain. A person can appear fully alert and awake, but their memory and judgement are impaired. With Alzheimer's, recent memory goes first.

No single feature distinguishes Alzheimer's disease – the total picture determines whether or not a person has Alzheimer's.

If someone close to you may have dementia

If someone you know has dementia, but continues to drive, talk to them about your concerns about their driving.

Raise the issue early, while they're still able to make decisions about their driving future. Sometimes people with dementia will recognise their own limits and accept that they're putting themselves and others at risk. Give the person a chance to make the decision to stop driving.

They may not want to stop driving. Possibly because they don't fully understand they've had a loss of skills. Don't ignore the problem, even if they're only travelling to the shops and back. You may need family to help make sure the person doesn't drive.

It's often useful to involve their health practitioner, who can assess their fitness to drive and, if necessary, take appropriate action if they don't agree to stop driving. Their health practitioner could be their usual doctor (GP), a registered nurse or nurse practitioner, or a specialist.

Warning signs

A person with early signs of dementia may show a decline in these driving skills:

- Driving too slowly (this doesn't mean all slow drivers have dementia).
- Confusion when stopping and changing lanes.
- Getting lost on a route which wouldn't have confused them before.
- Ignoring traffic lights and signs (confusing the colour or order of the lights or not noticing traffic lights, stop signs or give way signs).
- Not able to make sound judgements about what's happening on the road.

You should also check the condition of their vehicle. Small scrapes may indicate unsafe driving, for example, the driver misjudging widths and distances in driveways or the garage.

Alcohol and some medication will alter the driving ability and reaction time of a person with dementia. This combination is dangerous. It's important to remember that many driving skills are automatic. A confused person may seem to be driving well when they're really relying on habitual responses.

What you can do

You can talk first to the person's health practitioner and get their help – they may be able to arrange a driving assessment.

Get together with other family members and discuss your concerns. Involve other people if necessary, for example a social worker or Alzheimers New Zealand.

Insurance cover

Insurance companies require that any condition likely to affect a driver's ability must be disclosed or the company has the right to turn down a claim. If the person with dementia is still driving, ask their insurance company if they'll be covered by insurance if they crash.

Coping when a person stops driving

Giving up driving may cause a loss of self-esteem and freedom. Anyone required to stop driving for health reasons may feel angry and frustrated.

Try to understand their thoughts, feelings and fears. It may be the first time they've had to face and accept they have dementia.

Consider some transport alternatives:

- Some families decide to sell the car and put the funds in an account to pay for taxis.
- Total mobility vouchers (which give discounts in taxi fares for those unable to catch a bus) may be available in your area. Check your council website or Google. www.nzta.govt.nz/total-mobility
- A disability allowance may be available to help with transport costs. Contact the person's social worker or assessment team for information.
- Volunteer, service or church groups may provide a car and driver for transport to and from medical appointments.
- In some areas Age Concern offers minibus rides and monthly social outings. www.ageconcern.org.nz

The role of health practitioners

Health practitioners may refer a person suspected of having dementia to an occupational therapist for an assessment of their driving. This isn't the same as a driving test - it's a more comprehensive assessment.

Health practitioners also have a legal obligation to advise NZTA if they believe that a person unfit to drive is likely to keep driving.

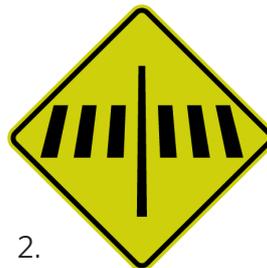
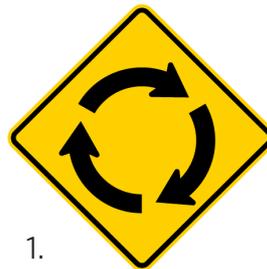
The role of the NZ Transport Agency

NZTA must, by law, be sure that all drivers are medically fit to drive. If necessary, NZTA may revoke their licence in the interests of public safety.

A helpful test you can do

If you suspect a person may be showing signs of dementia, give them this simple test on common traffic signs.

Ask 'What does the sign mean?' and 'What action should the driver take?'



Suggested answers:

1. Roundabout ahead: slow down and apply the give way rules. Indicate if you have to.
2. Pedestrian crossing ahead: slow down, look for pedestrians crossing on the road and stop if you have to.
3. Railway crossing ahead: slow down, look for trains and stop if you have to.



This factsheet is a general guide only. It doesn't replace legal advice, and your exact requirements will depend on current legislation.

Make sure you have the most up-to-date version of this factsheet by checking www.nzta.govt.nz/factsheets

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