

SIU MEDICINE

DALE & DEBORAH SMITH CENTER
FOR ALZHEIMER'S RESEARCH
& TREATMENT

DRIVING AND DEMENTIA

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INDEPENDENCE

FREEDOM

CONTROL



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DRIVERS CAN:

- Full-fill a milestone
- Immerse in our culture
- Get places they want to go
- See people and places they want to see
- Be on their own time



DRIVING:

- ~ Driving can reduce stress and anxiety by providing a sense of control and mastery over one's environment.
- ~ Drivers may feel alert, purposeful, sense of achievement
- ~ Ability to drive safely is a complex skill / can be compromised by physical, emotional, mental, and cognitive changes



DEMENTIA'S IMPACT ON THE BRIAN

Frontal Lobe

The frontal lobes are located behind the forehead. This area of the brain is associated with higher-level thinking, such as problem solving, reasoning, and some aspects of speech. It also contains the motor cortex, which controls voluntary movement.

Temporal Lobes

The temporal lobes, above the ears, are involved in hearing, identifying objects, understanding language, and storing memories. They also play a role in emotions.

Parietal Lobes

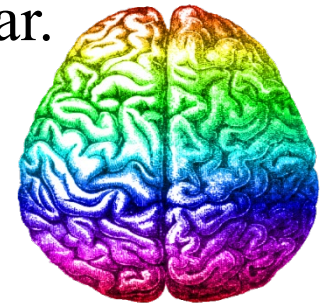
The parietal lobes on the top of the head process senses like touch, pain, temperature, pressure, and spatial awareness. They are also associated with voluntary movement, attention, language, and some mathematical abilities



DEMENTIA'S IMPACT ON THE BRAIN

The Limbic System

The limbic system is a ring-shaped group of structures involved in emotions, instincts, and memory formation. Together with the brain stem, it manages essential survival functions such as temperature, blood pressure, heart rate, and blood sugar.



Occipital Lobes

The occipital lobes at the back of the brain interpret visual information like color, light, shape, and movement.



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DEMENTIA'S IMPACT

COGNITION

Memory

Learning

Language

Praxic Function

Abstract thinking

Psycho-motor speed

BEHAVIOR

Communication

Safety

Personal care deteriorates

Lapses in clarity

Hallucinations

Delusions

EMOTION

Dysregulated

Disorganized

Apathy (loss of
energy)

Lability (mood
change)



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DEMENTIA'S AFFECT ON DRIVING

- Needing more help than one used to with directions (have to think “harder”)
- Trouble learning a new driving route or a new car
- Trouble remembering where you are or where you are going / where you parked your car



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DEMENTIA'S AFFECT ON DRIVING

- Trouble making turns, especially left turns
- Confusion over traffic signs(2 v. 4 way) Highway entrance / exit
- Stopping at green lights / breaking inappropriately



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DEMENTIA'S AFFECT ON DRIVING

- Drifting out of one's lane
- Less control of muscles or possibly less strength
- Trouble controlling emotions that can affect driving.



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WARNING SIGNS

- ~ Receive citations / moving violations
- ~ Other drivers honk their horns at you
- ~ Unexplained dents and scrapes in car
- ~ Others are questioning driving



EXPERIENCEING WARNING SIGNS?



- Ride with the person / let them drive you around
- Ask yourself hard questions / would you feel comfortable having the person with dementia drive around with a baby or toddler in the car
- Start the conversation as soon as possible
- If possible, involve the person with dementia in the planning and decision making



EXPERIENCING WARNING SIGNS?

- Limit driving to local areas only / no highway driving
- Limit driving to familiar locations only / necessary locations
- Appeal to the person's sense of responsibility
- Involve your physician



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WHO DECIDES IF A PERSON CAN DRIVE?

- * Secretary of State Driver Services determines if an individual is functionally able to drive safely.



- * Drivers age **21-80** must renew their DL every 4 years.

- * Drivers age **81-86** must have their DL renewed every 2 years.

- * Persons age **87** and older must renew annually



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WHO DECIDES IF A PERSON CAN DRIVE?

- * All persons age **78** or older must take the driving test and the written test, along with the vision test, at each renewal. (Due to COVID, this was recently extended from age **75** to age **78**).
- * The larger aspects of the statute **MAY** include the interest of clinicians and researchers. (for example vision).
- * **All limitations** are subject to the **medical review** board which is comprised mainly of **physicians** and some other health care providers. **Driver Rehabilitation Assessment**



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STATE OF ILLINOIS DEMENTIA GUIDELINES

* **Mild to Moderate** Dementia may be **COMPATIBLE** with safe driving which requires assessments to determine one's fitness to drive that should be reassessed every 6-12 months

* **Severe** dementia is **INCOMPATIBLE** with safe driving

* **Insufficient evidence** to recommend countermeasures such as restricted DL for dementia.

Reason: issuing restricted DL may **falsely** give the impression they are **safe** to drive, when in fact they are deemed **not safe** without the restrictions.
(such as driving in daytime only or w a co-pilot).



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WHAT CAN THE SOS DO?

REQUIRE COGNITIVE TESTING IF AT LEAST 2 OF THESE EXIST:

- * Age 80 or older
- * Reported impaired skills
- * Alcohol abuse
- * Inability to hear or understand instructions / simple screening tools
- * Inability to complete the driver services knowledge test
- * Recent crash / moving violation
- * Medications (anti-seizure, anti-psychotic)
- * History of falls



WHAT CAN YOUR PHYSICIAN DO?



- Request the SOS revoke a patient's DL
- Request the SOS test a patient's driving, including the written, driving, and vision test
- Recommend a driver rehabilitation assessment





OFFICE OF THE SECRETARY OF STATE
DRIVER SERVICES DEPARTMENT

DRIVER ANALYSIS DIVISION
2701 S. DIRKSEN PARKWAY
SPRINGFIELD, IL 62723
217-782-7246
www.cyberdriveillinois.com

Medical Report

Per 625 ILCS 5/6-908 of the Driver's License Medical Review Law and 625 ILCS 5/2-123(j), all medical statements or reports received by the Secretary of State shall be confidential. This information will be disclosed only as authorized by the above-referenced statutes as now or hereafter amended.

SECTION I — To be Completed by Driver (Please print or type)

Pursuant to 92 Illinois Administrative Code 1030.16, please complete the following information and sign the medical agreement as a condition of licensure.

Name _____ Driver's License Number _____
Last First Middle
 Street Address _____ Date of Birth _____ Gender Male Female
Month Day Year
 City _____ ZIP Code _____

Agreement/Release of Information

I agree to remain under the care of my physician and follow the treatment exactly as prescribed. I hereby authorize and request my physician to release information regarding my medical condition to the Illinois Secretary of State, and to report any change in the status of my condition that would impair my ability to safely operate a motor vehicle. I understand that failure to abide by the conditions set forth in this agreement are grounds for the Secretary of State to deny or cancel my driving privileges. This report shall remain valid for three months (90 days).

Signature of Individual

Date of Signature

SECTION II MEDICAL HEALTH — To be Completed by MD/DO and/or Medical Professional (NP/PA)

Per Illinois Administrative Code Title 92, Part 1030, all sections of this report must be completed in its entirety.

DATE OF COMPLETION OF MEDICAL HEALTH SECTION II: _____

1. In your professional opinion, is this individual **MEDICALLY FIT** to safely operate a motor vehicle? YES NO
2. Conditions: Yes or No required for each condition listed.

(a) Cardiovascular	YES <input type="checkbox"/>	NO <input type="checkbox"/>	(provide condition) _____
(b) Neurological	YES <input type="checkbox"/>	NO <input type="checkbox"/>	(provide condition) _____
(c) Musculoskeletal	YES <input type="checkbox"/>	NO <input type="checkbox"/>	(provide condition) _____
(d) Respiratory	YES <input type="checkbox"/>	NO <input type="checkbox"/>	(provide condition) _____
(e) Seizure	YES <input type="checkbox"/>	NO <input type="checkbox"/>	(provide condition) _____
(f) Diabetes	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
(g) Dizzy/Fainting Spell	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
(h) Alcohol/Drug Abuse	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
(i) Other Medical Condition(s)			(provide condition) _____

*For mental health disorders, please refer to Section III-Mental Health. Section III must be completed if the individual has a MENTAL HEALTH disorder.

3. List all current medications prescribed relating to any condition indicated above in Question #2. (If medications are listed a condition must be disclosed above in Question #2.) _____

4. No medications prescribed

(continued on back)



PATIENT'S NAME: _____

5. Current Status of Condition:
 (A) Controlled (B) Not Controlled: will not affect driving (C) Not Controlled Condition: may affect driving
 (If **Not Controlled** is marked, you must provide details, which may include pertinent clinical information, i.e. test results, lab values, etc.)

6. In the past six months, has there been an attack of unconsciousness? YES NO Date of Attack _____
 (If YES, you must provide details, which may include pertinent clinical information.)

7. Have there been any attack(s) of unconsciousness since the original incident noted in Question 6? YES NO
 Date of Attack(s) _____ (If YES, you must provide details, which may include pertinent clinical information.)

8. If there has been an attack of unconsciousness in the past six months you may provide a recommended time frame to return to driving. Please explain: _____

SECTION III MENTAL HEALTH — To be completed ONLY if driver has a Mental Health Disorder marked "YES" by MD/DO and/or Medical Professional (NP/PA).

Mental Health Disorder: YES NO

DATE OF COMPLETION OF MENTAL HEALTH SECTION III: _____

1. In your professional opinion, is this individual MENTALLY FIT to safely operate a motor vehicle? YES NO
2. Mental Health Disorder Diagnosis/Condition(s): _____
3. List all current medications prescribed relating to mental health diagnosis/condition indicated above. (If medications are listed a condition must be disclosed above in Question #2.) _____

4. No medications prescribed
5. (A) Controlled (B) Not Controlled: will not affect driving (C) Not Controlled Condition: may affect driving
 (If **Not Controlled**, you must provide provide details, which may include pertinent clinical information, i.e. test results, lab values, etc.)

SECTION IV — Additional information, special restrictions, etc.

SECTION V — MD/DO and/or Medical Professional (NP/PA)

_____ Name of Medical Provider (Please Print)	_____ Medical Provider's Address (Please Print)
_____ Professional License Number/State License Issued	() _____ Telephone Number
(Unacceptable Signatures: Chiropractors, Residents, Fellows, Interns, RN's, LPN's, Co-signatures)	
_____ Provider's Signature — Date of Completion of Medical Health Section	<input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> NP <input type="checkbox"/> PA Provider's Specialty
_____ Provider's Signature — Date of Completion of Mental Health Section	<input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> NP <input type="checkbox"/> PA Provider's Specialty

PLEASE MAINTAIN A COPY OF MEDICAL REPORT FOR YOUR RECORDS.



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WHAT CAN YOUR PHYSICIAN DO?

IF TESTED:

- Patient receives a letter from SOS stating the request
 - NO driving while awaiting notice
- 30 days from the time notice is received to take tests
- If you do not take test within 30 day window / revoke DL
- If fail one of the 3 tests / revoke DL
- 6 attempts to pass all 3 tests allowed



TESTING CAN BE COMPLETED AT ANY DMV FACILITY



That's a fail, huh?





*****Loss of human experience that makes life meaningful*****

*****Already dealing with loss of control over their health*****

*** Anger / Offended**

*** Defensive**

*** Denial / Lack of insight**

*** May forget they failed test**

*** Disagree with outcome**

*** May drive anyway**



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WHAT CAN A CAREGIVER DO?



- Take away “lose” the keys
- Unplug battery
- Relocate car / someone to “borrow” car
- Appeal to their sense of responsibility
- Use other medical conditions, if possible
- Driver Rehabilitation Assessment
- Blame the doctor / Use RX pad



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WHAT CAN A CAREGIVER DO? DRIVER REHABILITATION ASSESSMENT

- These assessments are **NOT** covered by insurance and are all private pay. They range anywhere from **\$400-800** dollars. This is true even if the evaluator is an occupational therapist and there is an order for the evaluation.
- Evaluation consists of: **Vision/memory/cognition/motor function/reaction time/strength/and a one – two hour behind** the wheel driving test once the previous assessments have been passed.
- Depending on outcome of assessment, **restrictions** may be **placed on DL**, such as miles away from home one is allowed to travel.

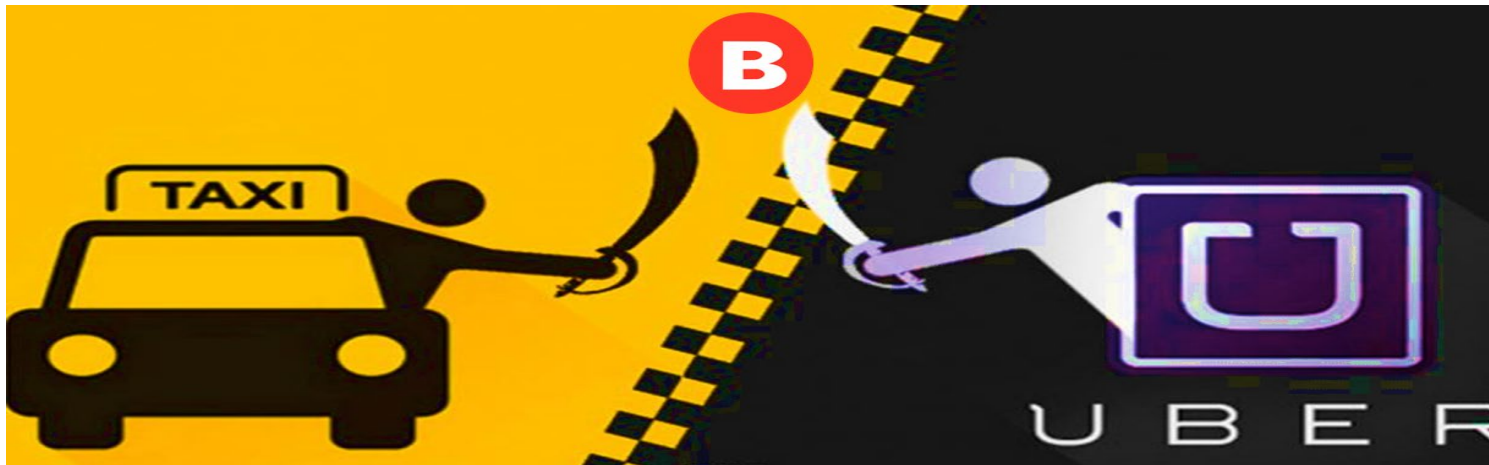
TRANSPORTATION OPTIONS

AGELINC: 217-787-9234

SENIOR SERVICES: 217-528-4035

ACCESS SPRINGFIELD: 217-522-8594

SPRINGFIELD MASS TRANSIT: 217-522-8069



DRIVER REHABILITATION SPECIALISTS:

Marianjoy Rehabilitation Center

26 W 171 Roosevelt Rd
Wheaton, IL 60189
630-909-6084

Carterville High School

1454 Morningglory Road
Carbondale, IL 62902
618-457-6480

Mr. Roger A. Kelsch, CDRD

10004 Mulberry Avenue
Oak Lawn, IL 60453
708-424-6082



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DRIVER REHABILITATION SPECIALISTS:

Presence St. Joseph Medical Center

852 A Sharp Dr.

Shorewood, IL 60404

815-741-7416

Community Mobility, INC

PO BOX 423

Medinah, IL 60157

630-307-8733

Southern Illinois University Carbondale

500 C Lewis Lane

Carbondale, IL 62901

618-453-4324



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DRIVER REHABILITATION SPECIALISTS:

VA Hospital

5000 South 5th Ave (117C)

Bldg 228/Rm 5012

Hines, IL 60141

708-202-8387 x24382

Therapy Group

PO Box 123

Frankfort, IL 60423

630-922-1600

OSF Healthcare

6501 N. Sheridan Road

Peoria, IL 61614

(309) 621-4111



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DRIVER REHABILITATION SPECIALISTS:

Northshore Univ. Health Systems

1000 Central Ave Suite 101

Evanston, IL 60201

847-570-1260

Miss Sally Sullivan, CDRS

907 West Avenue

Woodstock, IL 60098

815-236-9568



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THANK YOU! QUESTIONS?



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