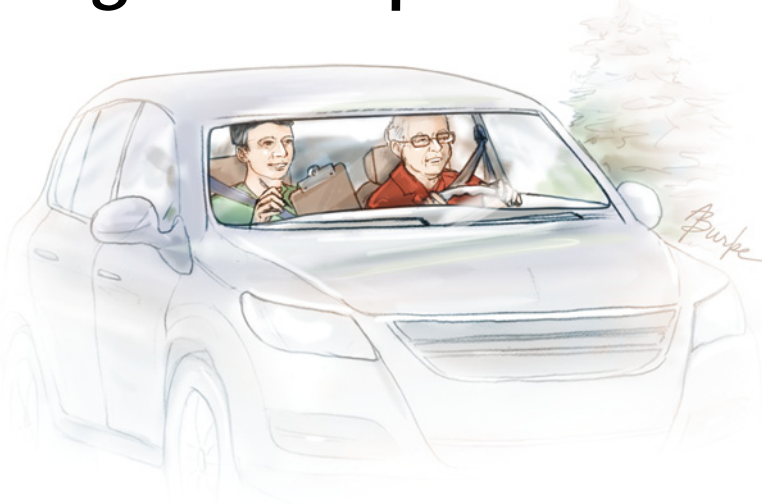


# Older Drivers and Cognitive Impairment

**C**ognitive impairment is defined as decline in at least one of the following areas: short-term memory, attention, orientation, judgment and problem-solving skills, and visual-spatial skills. Changes in any of these areas could affect a person's ability to drive any motor vehicle, including cars, golf carts, and lawn mowers. About 4% of current drivers over 75 years old have **dementia** (multiple cognitive deficits including memory impairment). The April 28, 2010, issue of *JAMA* includes an article about older drivers with cognitive impairment.



## DIAGNOSIS AND PROGNOSIS

There is no standard test that can determine whether a person with cognitive impairment can drive safely. At the beginning of decline, a person may still be fully safe as a driver of motor vehicles. Many people with mild cognitive impairment will not experience any further decline and will continue to be skilled, safe drivers. Others have progressive decline in memory and other cognitive functions. If you suspect cognitive impairment in yourself or in a family member, early medical examination is important to ensure that driving safety is not reduced. Your physician may recommend limits on driving or a comprehensive driver evaluation before continuing to drive. Some medications can also affect your ability to drive.

## OPTIONS

Your physician may determine that it is no longer safe for you to drive or refer you to the Department of Motor Vehicles for a driving evaluation. Another option available in some areas is comprehensive driver evaluation. This evaluation usually takes 2 to 3 hours and is performed by occupational therapists with specialized training in driving evaluation. The test consists of a clinical portion (vision tests, memory tests, cognitive function tests) and an on-the-road test. At the end of the test, the occupational therapist will give a recommendation. Possible recommendations may include

- Continue driving without significant changes or resume driving, if you have stopped.
- Continue driving, but with limitations, restrictions, and/or modifications to your car. For example, your occupational therapist may recommend that you consider avoiding left turns, highway driving, or driving at night. Modifications may include adding features such as a wider rear-view mirror or larger side-view mirrors to increase the visual field, selecting the best angle for the steering wheel, or finding the safest position for your seat. There is also equipment to help you enter and exit your car, support your body so that you can see at least 3 inches over the wheel (the recommended clearance), or grasp and turn your key.
- Rehabilitation or retraining to update driving skills. Lack of flexibility or strength could affect results and could improve with rehabilitation.
- It's time to retire from driving. In this case, your occupational therapist should work with you so your transition to passenger will have the least possible effect on your life.

## FOR MORE INFORMATION

- American Occupational Therapy Association  
[www.aota.org/olderdriver](http://www.aota.org/olderdriver)
- Alzheimer's Association  
[www.alz.org](http://www.alz.org)
- American Automobile Association  
[www.seniordriver.org](http://www.seniordriver.org)

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Sources: American Occupational Therapy Association, American Medical Association, American Association of Retired Persons

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