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Understanding and Helping Drivers with Alzheimer’s Disease

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Alzheimer’s disease, the most common form of dementia, offers unique challenges for law enforcement as the presence of this chronic disease may impair many older adults. The impairment of the disease challenges law enforcement when an older adult with dementia violates road safety laws. Furthermore, complications arise when law enforcement officers encourage drivers with dementia to continue to drive. This article will review these issues by providing background information on the disease, research on driving behaviors affected by Alzheimer’s disease, and suggestions on how to address the disease (and other related-dementias) and their caregivers—usually, family members.

The number of Americans with Alzheimer’s disease and other dementias will grow each year as the proportion of the U.S. population that is over age 65 continues to increase. The baby boomer generation ages. An estimated 5.4 million Americans of all ages have Alzheimer’s disease in 2011. This figure includes 5.2 million people aged 65 and older, 65 who have early-onset Alzheimer’s disease. The National Alzheimer’s Disease Association breaks this down to one in eight people aged 65 and older (13 percent) have Alzheimer’s disease. Behaviors that may impact the ability to drive a vehicle include:

- demonstrating decreased coordination;
- experiencing difficulty judging distance and space;
- becoming lost or feeling disoriented in familiar places;
- experiencing difficulty engaging in multiple tasks;
- having increased memory loss, especially for recent events;
- being less alert to things happening around him or her;
- experiencing mood swings, confusion, or irritability;
- requiring prompting for personal care;
- having difficulty processing information; and
- experiencing difficulty with decision making and problem solving.

How the Signs and Symptoms Affect Driving Ability

Alzheimer’s disease is viewed as a disorder primarily of memory loss. Yet researchers have long known that Alzheimer’s disease is characterized by impairments in several areas of cognitive function in addition to memory loss. The neuropathology of this disease affects several brain areas that are devoted to processing visual functions, which in turn affect attention and cognition. Suzanne Holroyd points out the common hallucination in Alzheimer’s disease, occurring in 12 percent to 53 percent of people with the disease. Holroyd explains that Alzheimer’s disease is associated with a range of these multifactorial abnormalities such as decreased contrast sensitivity (that is, the ability to see an object against a background of similar color or contrast); stereoaucity (that is, the ability to see objects in three dimensions); visual agnosia (that is, the ability to identify familiar objects) create visual hallucinations.

People with Alzheimer’s often present first with complaints of visual loss, difficulties recognizing objects, deterioration in eye-hand coordination, and topographic disorientation. These difficulties may be related to higher-order cognitive symptoms and a reduction in functional capacities. Everyone seems to understand the effects of vision on driving; however, the effects of cognitive impairments on driving are often overlooked by impaired drivers with cognitive deficits and their caregivers.

Shaun Vecera and Matthew Rizzo argue that many of the cognitive, attention-related impairments evident in Alzheimer’s disease might be produced by limitations in visual short-term memory. Alzheimer’s disease may also contribute to the impairments experienced by drivers with Alzheimer’s disease. Behaviors that may impact the ability to drive a vehicle include:

- demonstrating decreased coordination;
- experiencing difficulty judging distance and space;
- becoming lost or feeling disoriented in familiar places;
- experiencing difficulty engaging in multiple tasks;
- having increased memory loss, especially for recent events;
- being less alert to things happening around him or her;
- experiencing mood swings, confusion, or irritability;
- requiring prompting for personal care;
- having difficulty processing information; and
- experiencing difficulty with decision making and problem solving.

Poor Driving Behaviors Resulting from Impairments

Alzheimer’s disease is a global brain disease, meaning that it affects various areas of the brain resulting in a variety of functional impairments. There are myriad ways that the effects of poor driving become more evident in a person with dementia. Becoming less coordinated may result in a driver with dementia having trouble moving a leg from the accelerator to the brake smoothly. Or, the pedestrian may be missed by the time to stop a vehicle. Another example is the inability to judge distance and space, which may result in turning inappropriately across traffic lanes—for example, attempting a left turn into other drivers’ lanes with no awareness. Another trail is having difficulty engaging in multiple tasks and, therefore, being less alert to the driving environment. For example, drivers may not notice the street lights and might overlook safety issues in the current traffic. Here, the driver’s attention is challenged while switching attention from one situation to another—which may result in a collision.

Linda Hunt documents these behaviors, as well as the inability for drivers with dementia to readily make decisions at intersections. These drivers tend to take cues from others at the intersection when they clearly have the right of way.

The increased memory loss and disorientation in familiar places has led many drivers with dementia to become lost with tragic outcomes. Among 207 reports of lost drivers with Alzheimer’s disease the investigators found, 32 drivers were found dead, and 116 drivers were found alive—35 of whom were injured. For the people found alive, the range of miles from the location at which they went missing to the point of origin was 4 miles to 930 miles, with an average of 26.76 days until a body was found. Common outcomes were:

- struck a tree,
- drowned after driving into a body of water,
- drove into a mine and could not find way out,
- struck a tree,
- unspecified motor vehicle accident, and
- died from exposure to elements.

Clearly, law enforcement has a role in preventing these tragedies, as lost drivers may be stopped by law enforcement for poor driving practices or might stop to ask law enforcement for directions. In addition, family members report that they feel sorry for the older driver and may provide only a verbal warning. Family members struggle with driver cessation—that is, removing the car from the person with dementia. It may be helpful if there was physical evidence of impaired driving such as tickets and reports sent to the Department of Motor Vehicles to help resolve the argument that it is time to stop driving.
There are signs that a driver with dementia is lost. Looking for these signs may help law enforcement provide immediate assistance to the driver with Alzheimer’s disease or other related dementia. For example, when drivers are found lost and request information, these drivers may repeat the same questions—a sign of memory impairment. Moreover, the distance traveled, and how these pieces of information relate to the story the driver is telling. For example, drivers may report they were headed for the grocery store in the next town over, but they are usually the first responders to these memory impaired drivers. Conversations on how best to help drivers with dementia need to occur in partnership with law enforcement; health-care providers—especially occupational therapists who evaluate driver capacity and social workers who may direct clients to appropriate escorted community transportation resources; the National Alzheimer’s Association; and the Department of Motor Vehicles.

Another sign that a driver may have Alzheimer’s disease or other related dementia is the driver’s appearance. For example, drivers may be disheveled or dressed inappropriately for the current weather conditions. They may be hungry, thirsty, or in need of medications. All these concerns may be approached with thoughtful questioning to decide whether or not a person is memory impaired. Finally, copiloting is not recommended to assist drivers with dementia. An oftentimes helpful alternative is for a family member to drive the individual with dementia home or calling a relative or friend to retrieve the driver. (On a cautionary note, drivers with dementia may not be able to follow a family member home. On numerous occasions, the drivers with dementia become lost again as they forget they are supposed to be following another driver. The traffic may require problem-solving skills to continue following a specific vehicle—skills that may be impossible for a person with dementia.

Conclusion
The effects of impaired memory on the ability to drive cannot be ignored. A “magic period” when it is safe for people with dementia to drive may not exist. Drivers with dementia usually insist on continuing their driving privileges, as these privileges provide personal mobility and independence. With Alzheimer’s disease comes the loss of insight. Drivers with dementia tend to disbelieve they are impaired. Law enforcement officers are usually the first responders to these memory impaired drivers. Conversations on how best to help drivers with dementia need to occur in partnership with law enforcement; health-care providers—especially occupational therapists who evaluate driver capacity and social workers who may direct clients to appropriate escorted community transportation resources; the National Alzheimer’s Association; and the Department of Motor Vehicles.

Notes:


5. Ibid.


13. Ibid.

Please cite as: