



Fact Sheet: Driving, Dementia and California State Law

Individuals with Alzheimer's disease or a related disorder often become progressively impaired in their ability to drive. However, this does not always mean that a person with early stage dementia cannot drive safely. Most dementia, however, is progressive, meaning that symptoms such as memory loss, visual spatial disorientation, and decreased cognitive function will worsen over time. These symptoms may result in an individual's getting lost, forgetting the "rules of the road," or having slowed reaction times. While a person with early dementia may not appear to have these problems, the disease may eventually affect his or her motor coordination, judgment and concentration. This also means that a person's driving skills will decrease and, eventually, he or she will have to give up driving. In the early stages of dementia, some – though not all – individuals may still possess skills necessary for safe driving. Furthermore, at all phases of impairment, driving ability is likely to worsen during times of high stress.

When an individual is diagnosed with dementia, one of the first concerns that families and caregivers face is whether or not that person should drive. Because the progression of dementia varies from person to person, it is difficult to know when an individual is no longer a safe driver. Many people associate driving with self-reliance and freedom; the loss of driving privileges is

likely to be upsetting. Some individuals, recognizing the risks, will limit or stop driving on their own. Others may be unable to assess their own driving skills and may insist on driving on their own even when it is no longer safe. Families and caregivers may have to intervene when an individual's symptoms pose too great a traffic risk.

It is not uncommon for individuals with dementia and their families to have differing opinions on the individual's driving ability. When it is clear that a person cannot drive safely, family members should not hesitate to act accordingly. Caregivers and family members should be respectful and open with the individual. The loss of independence associated with driving can make a person feel vulnerable, and he or she may be reluctant to discuss discontinuing the use of a motor vehicle. Resisting the loss of independence, some people with dementia may insist on continuing to drive even when their licenses are revoked. This would have obvious legal implications for the individual and family in the unfortunate event of an accident. State regulations provide specific guidelines to determine driving capabilities.

Deciding When to Stop

As a general rule, individuals with **early stage** or **mild dementia** who wish to continue driving should have their driving skills evaluated immediately (See "Arrange

for an Independent Driving Evaluation).
Individuals with moderate or severe dementia should not drive.

Observe Behavioral Signs

You can assess the individual's level of functioning by observing the person's day-to-day behavior outside of a motor vehicle. Following are some signs that a person no longer has the necessary skills to drive safely. He or she:

- Has become less coordinated.
- Has difficulty judging distance and space.
- Gets lost or feels disoriented in familiar places.
- Has difficulty engaging in multiple tasks.
- Has increased memory loss, especially for recent events.
- Is less alert to things happening around him or her.
- Has mood swings, confusion, or irritability.
- Needs prompting for personal care.
- Has difficulty processing information.
- Has difficulty with decision-making and problem solving.

It is important to compare present behavior with behavior before the onset of dementia. For example, weigh an individual's degree of "difficulty engaging in multiple tasks" in relation to his or her prior ability. Changes in behavior will be most noticeable to family and friends who have closely interacted with the individual over time. Share and discuss your observations with other family members, friends and health care providers.

Arrange for an Independent Driving Evaluation

The safest option for assessing a person's driving skills is to arrange for an independent driving evaluation. Prior to the evaluation, inform the examiners that the person being evaluated has dementia. Evaluations are sometimes available through driving schools, driver rehabilitation programs or State Departments of Motor Vehicles (DMV).

Although laws vary from state to state, some states require physicians to notify the DMV of any patient diagnosed with dementia. The person with dementia may then be required to report to the DMV for a behind-the-wheel driver re-examination. In some states, individuals diagnosed with moderate or severe dementia may have their licenses automatically revoked. To find out about driving and dementia laws, you can call the Department of Motor Vehicles for the state in which the individual resides.

Because symptoms of dementia are likely to worsen over time, individuals who pass a driving evaluation should continue to be re-evaluated every six months. Individuals who do not pass must discontinue driving immediately.

Continue to Monitor Driving

If an individual clearly demonstrates that he or she can drive safely, it is still important to continue monitoring the individual's driving behavior, as the individual's driving skills may decrease significantly in a short period of time. **The objective of monitoring is to detect a problem before it becomes a crisis.** If there are any doubts about safety, the person with dementia should not be driving.

It is often helpful to keep a written log of

each incident of poor driving behavior. Following are some common warning signs:

- Drives too slowly.
- Stops in traffic for no reason or ignores traffic signs.
- Becomes lost on a familiar route.
- Lacks good judgment.
- Has difficulty with turns, lane changes, or highway exits.
- Signals incorrectly or does not signal.
- Has difficulty seeing pedestrians, objects, or other vehicles.
- Falls asleep while driving or gets drowsy.
- Parks inappropriately.
- Gets ticketed for traffic violations.
- Is increasingly nervous or irritated when driving.
- Has accidents, near misses, or “fender benders.”

Discuss any concerns you have with the individual, family members and health care providers. All involved will need to weigh potential risks and decide when the individual needs to stop.

Ask Individual to Co- pilot

You can also estimate an individual’s potential for a traffic accident by taking the person along as a passenger and asking him or her to co- pilot. Ask the person to give you specific instructions about using blinkers, changing lanes, and following the rules of the road. If he or she has difficulty or becomes frustrated easily, it may be time for another independent driving evaluation.

Involve Person in Discussions

When possible, the individual with dementia should be included in planning alternative means of transportation. Some individuals are aware of having difficulty with driving and are relieved when others encourage them to stop. Many people, however, will find the loss of driving privileges and the inherent loss of independence upsetting. Encourage the individual with dementia to talk about how this change might make him or her feel. Try to imagine what it would be like if you could no longer drive. Support groups provide a good venue for both the caregivers and the individual to talk about their feelings and get advice from others in a similar situation. **A person often adjusts better if he or she is involved in discussions and decisions about when to stop driving.**

If the individual is reluctant to talk about driving, ask the person’s physician or care manager to bring up the subject of driving during health care visits. A lawyer or financial planner may also be willing to discuss driving as part of the individual’s legal and financial planning.

Begin discussions early and try to establish guidelines about when and how to limit, and eventually stop, driving. Try to reach an agreement regarding which types of driving behavior would signal the need to stop driving. Each family will have to find the solutions that work best in their situation. Caregivers and family members should keep in mind the individual’s personality in discussing and devising a plan to limit or discontinue the individual’s driving. It is not unusual to encounter great resistance to any limitations on driving. But safety must be the primary concern.

Limit Driving

Because the progression of dementia varies, individuals who have demonstrated the ability to drive safely should still begin gradually to modify their driving. This can reduce the risk of an accident if the individual's driving skills decrease significantly between evaluations. Making the transition from driver to passenger over time can help ease the adjustment.

Encourage individuals to try some of the following examples:

- Drive only on familiar roads and avoid long distances.
- Avoid heavy traffic and heavily traveled roads.
- Avoid driving at night and in bad weather.

Reduce the Need to Drive

Individuals able to maintain an active life often adjust better to the loss of driving privileges. Following are some ways to reduce the need to drive:

- Have groceries, meals, and prescriptions delivered to the home.
- Arrange for a barber or hairdresser to make home visits.
- Invite friends and family over for regular visits.
- Arrange for family and friends to take the individual on social outings.

Make Arrangements for Alternative Transportation

It is important for the person with dementia to maintain interaction with friends and family. Caregivers can invite friends and family over for regular visits and, if possible, arrange social outings for the individual with dementia. It will be important to make

alternative transportation arrangements so that the individual's mobility and activity are maintained. Commonly used transportation options are:

- **Family and Friends.** Can offer rides to social engagements and appointments. Consider making a list of names, phone numbers, and availability of those willing to provide transportation.
- **Public Transportation.** For individuals in the early stage of dementia, public transportation may be a good alternative to driving. It works best for those who are already familiar with the public transportation system in their area. Persons in the later stages of dementia may not be able to figure out routes and schedules.
- **Taxis.** For individuals in the early to middle stages of dementia who do not have behavior problems, taxis can be a good option if someone meets the individual at both ends of the taxi ride. You may be able to set up a payment account with the taxi company so that the individual with dementia does not have to handle money.
- **Senior and Special Needs Transportation Services.** The Yellow Pages of many telephone books have a special section in the front with the names and addresses of various service organizations. Look under *transportation* or *community services* for the names of agencies that provide transportation for special needs.
- **Eldercare Locator** at (800) 677-1116, a nationwide directory assistance service designed to help older persons and caregivers locate

local support resources, including transportation, for aging Americans.

When Persuasion Fails

Ideally, an individual will limit or stop driving on his or her own. However, some individuals with dementia may forget that they should not drive or insist on driving even though it is no longer safe. While it is important to maintain respect for the individual's feelings, you must put safety first.

As a last resort, you may have to prevent his or her access to a car. For example, a letter from the attending physician recommending against continued driving may also be shown to the individual. Some other methods include:

- Hiding the car keys.
- Replacing the car keys with a set that won't start the car.
- Disabling or selling the car.
- Moving the car out of sight.
- Reporting your concerns to the Department of Motor Vehicles.

California State Law

California's Health & Safety Code [Section 103900] requires physicians to submit a confidential report to the county health department when an individual is diagnosed as having Alzheimer's disease or related disorders, including dementia, severe enough to impair a person's ability to operate a motor vehicle. This information is forwarded to the Department of Motor Vehicles (DMV), which is authorized to take action against the driving privileges of any individual who is unable to safely operate a motor vehicle. If the physician's report indicates that an individual has *moderate* or *severe* dementia, the individual will no

longer be permitted to operate a motor vehicle. DMV has determined that *only drivers with dementia in the mild stages may still have the cognitive functions necessary to continue driving safely*. DMV requires re-examination for all individuals reported to have mild dementia.

In lieu of a physician's report, a family member may submit a written referral to the Regional Driver Safety Office, requesting that DMV re-examine the driving ability of an individual with dementia. DMV has the authority to re-examine drivers who have been reported to be unsafe, and, alternatively, to take immediate action if the driver appears to be an immediate safety risk.

The California DMV follows specific procedures when a medical report is received:

1. A computer search is conducted to locate the individual's name, verify that he/she has a license, and examine the driving record.
2. The individual is contacted by letter and sent a "Driver Medical Evaluation" form to authorize his/her primary physician to submit medical information about the status of the dementia to DMV.
3. A Driver Safety hearing officer reviews the medical form. If the documentation reveals that the dementia is in the mild stage, the individual is scheduled for a re-examination with DMV. If the individual has moderate or severe dementia, driving privileges will be revoked. If the individual fails to submit medical documentation within the requested time frame, all driving privileges will be suspended.

4. A re-examination is completed, involving three phases: a **visual test**, a **written test**, and an **interview**.
 - **Visual Test:** Effective January 1, 2001, all drivers must have corrected visual acuity of better than 20/200 in the better eye without the use of a bioptic telescope (an optical device attached to eyeglasses to increase focus).
 - **Written Test:** The individual is given the standard DMV written examination is designed to test a person's knowledge of the road. This written test also allows DMV to determine not only the individual's knowledge of driving laws, but more importantly, the individual's mental competency and cognitive skills.
 - **Interview:** The in-person interview focuses on the medical documentation as well as the driver's ability to coherently answer questions about his or her assistance with daily activities, etc. Persons who do well up to this point are then given a driving test. Those who do poorly may have their driving privilege suspended or revoked.
5. The driving test is designed to test driving skills that might be affected by mild dementia. For instance, the first thing observed is whether the individual can find his/her car. Then, the examiner gives a series of commands, rather than one direction at a time (for example, "Please drive

to the corner, turn left and turn right at the first street"). The test generally lasts longer than the ordinary driver's test in order to gauge whether or not fatigue is a problem.

6. If the individual passes the driving test, the license is generally not suspended or revoked. However, restrictions may be imposed on the license, such as no freeway driving, no night driving, or driving allowed only within a certain radius. DMV may want to review the individual's driving skills again in six to twelve months. At that time, the entire process is repeated.
7. An appeals process is available if the individual or family wishes to contest the suspension or revocation of the driver's license. At the hearing, the individual must present evidence, such as new medical information, to prove that the dementia does not impair his or her ability to safely operate a motor vehicle.
8. DMV can provide a California identification card to those persons who will no longer have a driver's license.

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As of January 2001, Senate Bill 335 (SB 335) specifically requires DMV to conduct a re-examination, including a behind-the-wheel driving test, upon receipt of notification from the driver's spouse or a

family member within “three degrees of consanguinity” (no more than a third generation of blood relationship). The person must submit the report in writing and may not report the same family member more than one time during a twelve-month period. The family member completing the report is not required to report his or her name but must identify the family relationship. The report must be based upon personal observation, evidence of a physical or medical condition that may impair safe driving, or upon personal knowledge of traffic citations or other evidence indicating unsafe driving. The report must be filed in good faith and with reasonable knowledge that the driver cannot safely operate a motor vehicle. SB 335 does not preclude other family members (outside three degrees of consanguinity) from referring a driver. However, other family members must sign the referral. DMV will not act upon anonymous referrals other than those authorized by SB 335. If confidentiality is requested, DMV will honor this request to the extent possible under the law. All referrals should also include the full name of the driver, his or her license number (if known), date of birth, and current address. DMV is required to give ten days written notice of the time and place for re-examination. If the driver refuses the re-examination or fails to complete the re-examination, DMV is required to suspend or revoke all driving privileges until re-examination is completed. If it appears that the driver presents an immediate safety risk, DMV could take immediate action in lieu of re-examination.

DMV has separate requirements and guidelines for drivers with other cognitive disorders (e.g., stroke, head injury, epilepsy). For further information regarding driving regulations, dementia and cognitive impairments, call your local DMV for the

number of your Regional Driver Safety Office, or contact the Post-Licensing Policy Unit in Sacramento's DMV: (916) 657-5691. Laws pertaining to driving and dementia are subject to change.

Caregiver Support

Balancing safety with respect for an individual's desire to drive can be difficult and emotionally trying. Enlist the support of other family, friends, caregiver support groups and health professionals when making and implementing difficult decisions about driving. For further information and support, contact the service organizations under “Resources” at the end of this fact sheet.

Credits

California Department of Motor Vehicles (2017). *Dementia (DMV Evaluation)*. www.dmv.ca.gov/dl/driversafety/dementia.htm (link is external)

California Department of Motor Vehicles (2017). *Driver Safety Information Lapses of Consciousness Disorders*. <https://www.dmv.ca.gov/portal/dmv/detail/dl/driversafety/lapes> (link is external)

California Department of Motor Vehicles (2017). *Driver Safety Information Medical Conditions and Traffic Safety*. <https://www.dmv.ca.gov/portal/dmv/detail/dl/driversafety> (link is external)

Dobbs, A. R. (1997). *Evaluating the Driving Competence of Dementia Patients, Alzheimer's Disease and Associated Disorders*. Vol. 11, Suppl: 8-12.

The Hartford (2000). *At the Crossroads: A Guide to Alzheimer's Disease, Dementia, and Driving*.

The Hartford (2017). *Dementia and Driving*.

<https://www.thehartford.com/resources/mature-market-excellence/dementia-driving>

LA 4 Seniors.com (2001). *Dangerous Driving and Seniors*.

The Mayo Foundation for Medical Education and Research (2001). *Dementia: Should Your Patient be Driving?*

Resources

Southern Caregiver Resource Center
3675 Ruffin Road, Suite 230
San Diego, CA 92123
(858) 268-4432; (800) 827-1008 (in CA)
Fax: (858) 268-7816
E-mail: scrc@caregivercenter.org
Web site: www.caregivercenter.org

Southern Caregiver Resource Center offers free support services to caregivers of adults with chronic and disabling conditions in San Diego and Imperial counties. Services include information and referral, needs assessments, care planning, family consultation, case management, individual counseling, legal and financial consultation, respite care, education and training, and support groups.

Family Caregiver Alliance
235 Montgomery Street, Suite 950
San Francisco, CA 94104
(415) 434-3388; (800) 445-8106
Web site: www.caregiver.org
E-mail: info@caregiver.org

Family Caregiver Alliance (FCA) seeks to improve the quality of life for caregivers

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Reviewed by Vicki L. Schmall, Ph.D., Gerontology Specialist and Professor Emeritus at Oregon State University and the Executive Director of Aging Concerns. Prepared by Family Caregiver Alliance and funded by a grant from the Archstone Foundation. © 2002 Family Caregiver Alliance. All Rights Reserved.

through education, services, research and advocacy. Through its National Center on Caregiving, FCA offers information on current social, public policy and caregiving issues and provides assistance in the development of public and private programs for caregivers.

California Department of Motor Vehicles
<https://www.dmv.ca.gov/dl/driversafety/dementia.htm>

Senior Driver California Department of Motor Vehicles
https://www.dmv.ca.gov/portal/dmv/detail/about/senior/senior_top

For information regarding the DMV, driving education and other related resources.

Alzheimer's Disease Education and Referral Center (ADEAR)
National Institute on Aging
(800) 438-4380
<https://www.nia.nih.gov/alzheimers>

Alzheimer's Association
(800) 272-3900
www.alz.org