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CONFERENCE REPORT: Clinicians Good at Assessing Driving Skills in Dementia Patients

By Ed Susman , MedPage Today Staff Writer

Reviewed by Zalman S. Agus, MD; Emeritus Professor at the University of Pennsylvania School of Medicine.

MedPage Today Action Points

- Explain that all patients with dementia should be evaluated to determine if it is safe for them to drive.
- Advise patients that while a clinician may be able to make a recommendation, this preliminary study suggests that that recommendation probably should be supplemented with a road test with a professional instructor.
- Tell patients that only in California are clinicians required to report to state authorities people who are unfit to drive -- but they may tell authorities if warranted. Discuss with families and patients pros and cons about driving and how skills are impacted by dementia.
- This study was only published as an abstract and presented as a poster at a national meeting. As it has not as yet been published in a peer reviewed journal, conclusions should be considered to be preliminary and should not form the basis of clinical recommendations.

Review

MIAMI BEACH, April 12-Physicians are good at determining how well a person with mild dementia can drive but not quite good enough to be the final arbiter, a neurologist said here today.

Doctors were found to be 62% to 78% accurate in assessing whether a patient with mild dementia should be behind the wheel. Not good enough, said Brian Ott, M.D., a professor of clinical neurosciences at Brown in Providence, R.I., who presented a study as a poster at the American Academy of Neurology meeting here.

"Although a clinician may be able to identify many potentially hazardous drivers," he said, "accuracy is insufficient to suggest that a clinician's assessment alone is adequate to determine driving competence in those with mild dementia."

So Dr. Ott called for a road test with a professional driving instructor skilled in dealing with older patients with dementia.

"The ideal determinate is a road test," he added. "If a road test was required to obtain a license in the first place, a road test should be used to determine if a patient should be able to keep that license."

Lara Sloboda, a research associate at the University of California, Irvine, who specializes in geriatrics, said the conclusions that Dr. Ott reached appeared to be fair.

"This is a difficult issue with patients and their families," she said. "People better understand now the fault they take for getting into accidents. It is a decision that patients and family members knew to address."

In Dr. Ott's study, 50 patients -- 31 men and 19 women -- with mild dementia agreed to be evaluated by six different clinicians. The clinicians reviewed the patients' charts and evaluated the patients at one visit. They then rated the drivers as safe, marginal or unsafe.

The clinicians' evaluations were compared with road-test evaluations by a professional driving instructor. The overall correct classification score of 78% was achieved by a geriatric psychiatry fellow. Dr. Ott finished second with 75% accuracy; a geriatric neurology fellow was third with 74% accuracy; followed by a dementia specialist at 72%, a geriatric nurse practitioner at 64%, and general practitioner at 62%.

Dr. Ott noted that the trial only included patients who were willing to undergo the road testing, so it might not represent all patients with dementia.

The study was funded by the National Institute of Aging.

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