Screening and Management of Age and Medically-Related Driving Impairments

presented by

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TREDS
TRAINING, RESEARCH AND EDUCATION FOR DRIVING SAFETY

Disclosure Statement

Dr. Hill has no relevant financial relationships to disclose.

Cultural Competency

Cognitive assessment tools may be somewhat culturally specific to English speaking patients.

We will train in cognition by using the Trail Making Test and Clock Drawing Test, which have been shown to have less cultural bias than other cognitive assessment tools.

Objectives

1. Understand the safety risks of older drivers
2. Identify conditions that may put patients at risk for unsafe driving
3. Name the clinical screens to evaluate patients' level of function for driving fitness
4. State referral and treatment options for patients who are no longer fit to drive
5. Demonstrate familiarity with California DMV reporting methods and requirements

California Facts

California has 4.8 million residents over age 65

107-year-old Edythe Kirchmaier was California's oldest driver

- 3.6 million are licensed drivers
  - 663,000+ ages 80 - 89
  - 101,000+ ages 90 - 99
  - 500+ over age 100
- By 2030, one in five licensed drivers will be over age 65

Injury Ranking & Mortality (2017)

Age Group	Injury Ranking	Rates/100K
25-34	#1	56.6
35-44	#1	55.8
45-54	#3	57.7
55-64	#3	55.7
65-74	#6	50.7
75-84	#9	113.3

Other causes of death may rank higher than injury in older age groups, but the raw numbers remain impressive

Motor Vehicle Deaths: 2017

Age Group	2009 Traffic Deaths	Trend
25-34	7024	UP
35-44	5324	UP
45-54	5660	UP
55-64	5828	UP
65-74	3823	UP
75-84	2836	UP

- Motor vehicle injuries: leading cause of injury-related death for those 65-74 years and the second for those 75-84 years

Older Adults and Driving

Older adults often outlive their driving abilities

- Men by 6 years
- Women by 10 years

Driving cessation resulted in:

- Fewer trips to doctor
- 5 times more likely to be admitted into long term care, even controlling for marital status and co-habitation (Chihuri 2015)
- Increased mortality
- Decline in activity levels (Foley et al., 2002)
- Twice the risk of depression (Chihuri 2015)

Older Drivers in the News

Recent Headlines

- 100 year old backs car onto a sidewalk full of children
- 92-year-old man suspected in a fatal hit-and-run…he thought he hit an owl
- Five elderly women suffer cuts, broken bones in rollover
- 91-year-old backs over and kills 43-year-old Chamber of Commerce executive
- CHP officers spend 40 minutes pursuing an 87-year-old motorist - driver did not notice the six squad cars and police helicopter following him the entire way

Common Driving Errors

- Inadequate scanning of roadways
- Difficulty staying in same lane
- Difficulty making left turns and selecting correct lane when turning
- Inappropriate or delayed stopping
- Lane changes without signaling
- Pedal error
- Failure to yield or respond appropriately to road signs or signals

Tragic Consequences

What is it about aging and driving?

Problems related to age can include

- Reduced vision
- Cognitive impairment
- Decreased strength
- Other medical conditions and medications can impair driving

Vision Changes with Aging

Reduction in Visual Acuity

- Visual impairment between 65 and 69 is only 1.5%
- 24% of those over 80 years of age are visually impaired after their best correction attempt

Reduction in Visual Fields

- Those with visual field loss in both eyes had crash rates two times higher than those with normal visual fields
- Nearly one in seven adults over 65 years of age displayed abnormal visual fields

Cognitive Impairment

Cognitive Impairment

Cognitive impairment is often age-related and under-diagnosed

Prevalence rates rise significantly with age:

- 65 - 74 years: **2.4%**
- 75 - 84 years: **11%**
- Greater than 85 years: **34.5 - 50%**

Other studies report:

- Up to 65% of dementia patients go undiagnosed by primary care physicians (Valcour, 2000)
- Nearly 25% of elderly patients without signs of cognitive impairment fail screens in primary care settings (McCarten et al., 2011)
- Outpatient testing protocols only had sensitivity of .4 (Borson 2006)

Reduced Strength & Frailty

Aging can affect strength and frailty due to

- Muscle mass reduction
- Increase in bone fragility
- Diseases such as arthritis

- Frailty increases crash risk
- Seniors are at risk for increased injury compared to younger drivers of similar accidents
- The passengers with older drivers also tend to be older adults; frail and at increased risk of injury or fatality

Fragility Data

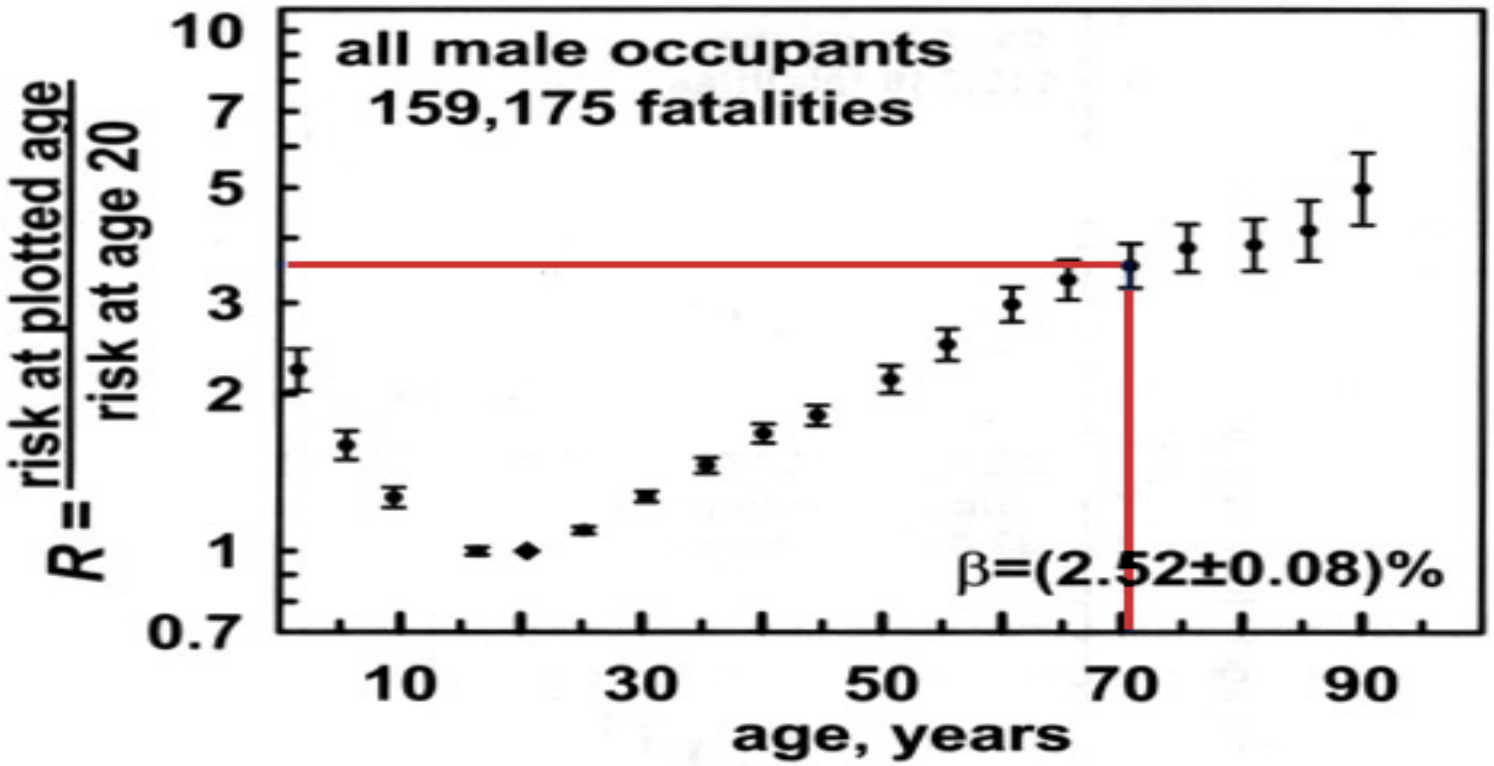

Figure 6-8. Average over all male occupants. Each point is the weighted average of the three values, one for each vehicle from Fig. 6-7.[15]

From: L. Evans *Traffic Safety* (2004), Bloomfield Hills, MI: "Science Serving Society"

CA License Renewal Policy

Individuals 70 years of age and older

- Must renew license in-person
- License is renewed for ***five*** years if vision and written tests are passed and there are no signs of cognitive impairment
- A “limited term” license may be issued for one to two years if a medical problem exists but is not severe enough to stop driving (e.g. mild dementia)

Medical Conditions and Driving

Driving is influenced by other medical conditions

- Cardiovascular
- Neurological
- Metabolic
- Musculoskeletal
- Respiratory
- Psychiatric
- Substance Abuse
- Other Conditions
  - e.g. Hearing Loss, Cancer, Anesthesia and Post Surgery

Medications Affect Driving

Various medications a
cause problems for dr

- Anticonvulsants
- Antidepressants
- Antiemetics
- Antihistamines
- Anticholinergics
- Antihypertensives

PRESCRIPTION DRUG ABUSE

Driving Unde
the Influenc

Avoiding the Effects of
Drugs on Driving Perfo

by Linda L. Hill, MD, MPH

Acknowledgment: Dr. Hill would like to acknowledge the contributions of Thu Truong and Tiep Ly, PharmD candidates, Skaggs School of Pharmacy and Pharmaceutical Sciences, UC San Diego.

PRESCRIBED MEDICATIONS, over-the-counter (OTC) medications, and abused drugs, including alcohol, have the potential to interfere with the ability to drive safely. Physicians have a responsibility to their patients and the public to minimize this risk in their prescribing practices, their patient counseling, and in reporting to the Department of Motor Vehicles.

The potential for impaired driving differs by age group; younger drivers are more likely to drive impaired due to abused drugs, while older adults are more likely to be taking prescribed medication, and engage

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MEDICATIONS AND DRIVING

THE PROBLEM

Driving injuries are a major cause of disability and death. The use of certain medications increases the risk of these injuries, especially in older adults who are more likely to use prescription medications and engage in polypharmacy. Medications can affect vison and perception, decision making, reaction time and maneuvering – making it a challenge to safely operate a vehicle. Research tells us:

- 78% of drivers age 55 and older use at least one prescription medication with the potential to impair driving
- Two-thirds of people age 65 and older take five or more daily medications that can impair their safe driving ability
- 34% of seniors are prescribed medications by more than one clinician, possibly bypassing opportunities to check for interactions

GUIDELINES FOR CLINICIANS

- For seizures, psychosis and depression, the driving risks of the disease may be greater than the driving risks of the medications
- Counsel patients about the potential impact of medications on driving ability; take into consideration their condition and possible interactions with OTC drugs
- Advise patients to use alternative transportation if taking medications with side effects that can impair driving
- Comply with California's requirement to report lapses in consciousness associated with an underlying condition. A reduction in alertness due to medication side effects falls under this reporting requirement (CA HSC 103900)

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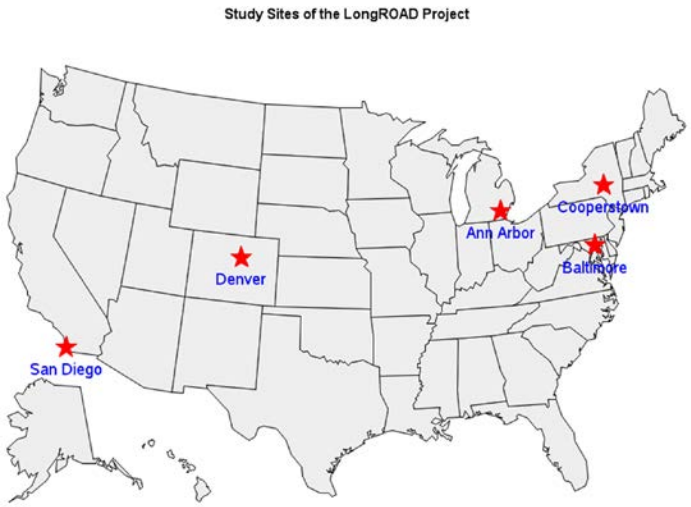
AAA Foundation LongROAD Study

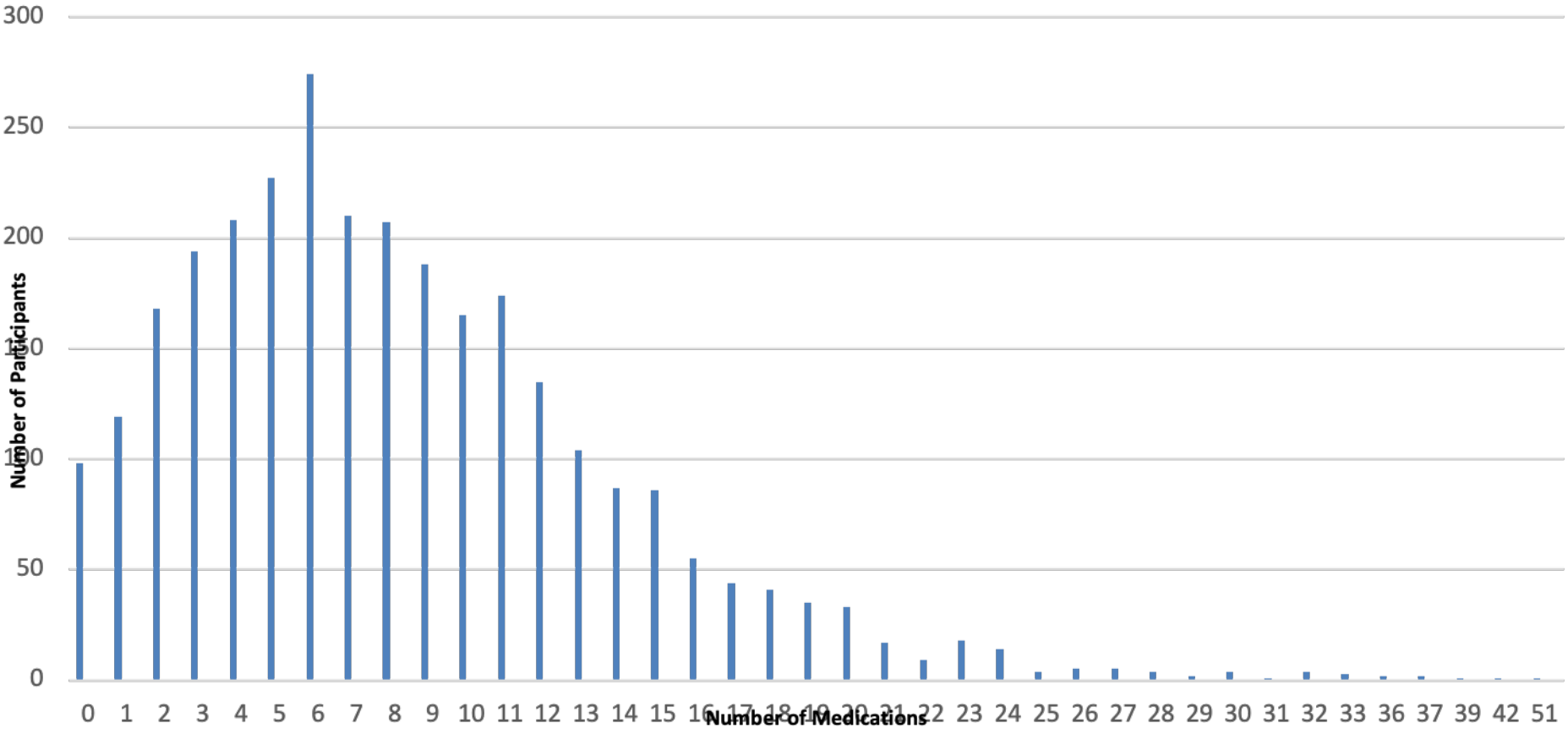


- Purpose: To understand and meet the safety and mobility needs of the nation's growing population of older adult drivers.
- Prospective cohort
  - Age 65-79 at baseline
- Multisite
  - CA, CO, MI, NY, and MD
- In-vehicle data recording device
- Longitudinal
  - Baseline assessment
  - Annual follow up (in-person and phone)

Demographics

Demographic Category (N = 2,990)	%
Age group	
65-69 years	**42%**
70-75 years	**35%**
75-79 years	**24%**
Sex	
Men	**47%**
Women	**53%**
Race	
White, Non-Hispanic	**88%**
Black/African American	**7%**
Asian	**3%**
Education	
HS deg. or less	**11%**
Some college	**18%**
Associates/Bachelor's deg.	**30%**
Advanced college deg.	**41%**
Household income	
Less than $20,000	**5%**
$20,000 - $49,999	**21%**
$50,000 - $79,999	**24%**
$80,000 - $99,999	**14%**
$100,000 or greater	**32%**

LongROAD: Number Participants by Number of Medications Used (N=2,949)



AAA LongROAD Study: Medications

- Antihistamines continue to show a significant positive relationship to right/left turn ratio ($p=.016$).
- CNS agents are significantly related to greater speeding incidence ($p=.004$).
- Electrolytic agents are related to a reduced incidence of sudden deceleration ($p<.001$), whereas hormones and gastrointestinal agents are associated with an increase in sudden deceleration.

Alcohol Affects Driving

Alcohol has a profound effect on driving ability

- Results in 10,511 traffic fatalities in 2018 per NHTSA
- Involved in 30% of the 36,120 fatal crashes in 2019 (NHTSA);
- Older adults process alcohol at a slower rate, staying in the body longer

- Alcohol can intensify action/reaction of medications

Alcohol Use in LongROAD Study

- Of the 2,990 participants:
  - 72.7% reported consuming alcohol,
  - 15.0% reported high-risk drinking
  - 3.3% reported DWI.

- High-risk drinking (OR = 12.01) and risky driving behaviors (OR = 13.34) were significantly associated with at least occasional DWI.

Strengths of Older Drivers

General Characteristics of Older Drivers

(Physically and Cognitively Intact)

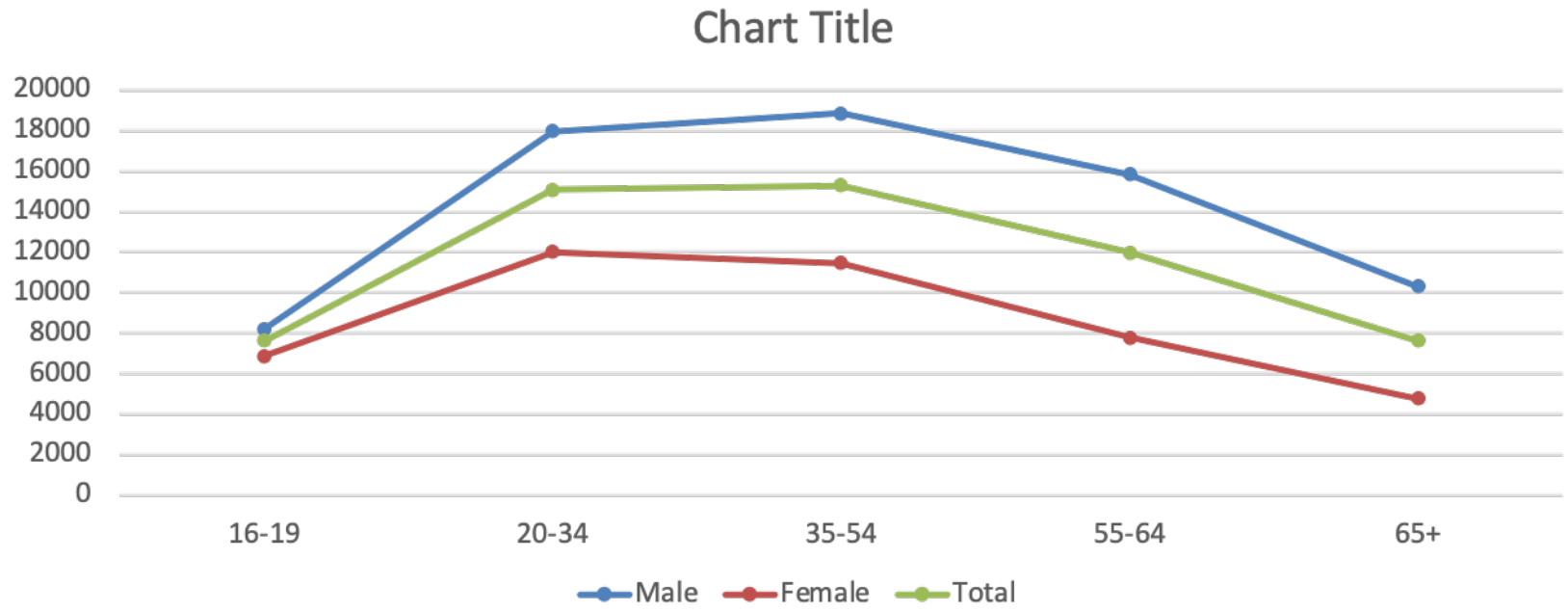
- Take fewer risks
- More patient
- Possess greater life experience and knowledge of how actions impact others
- More compliant with the law

Self-Regulating Practices

Some older drivers self-regulate their driving

- Reducing driving exposure (e.g. fewer trips)
- Avoid certain driving conditions (e.g. bad weather, making left turns and times of heavy traffic)
- Women tend to self-regulate more than men
  (Kostyniuk & Molnar, 2008)

Miles driven per year by gender



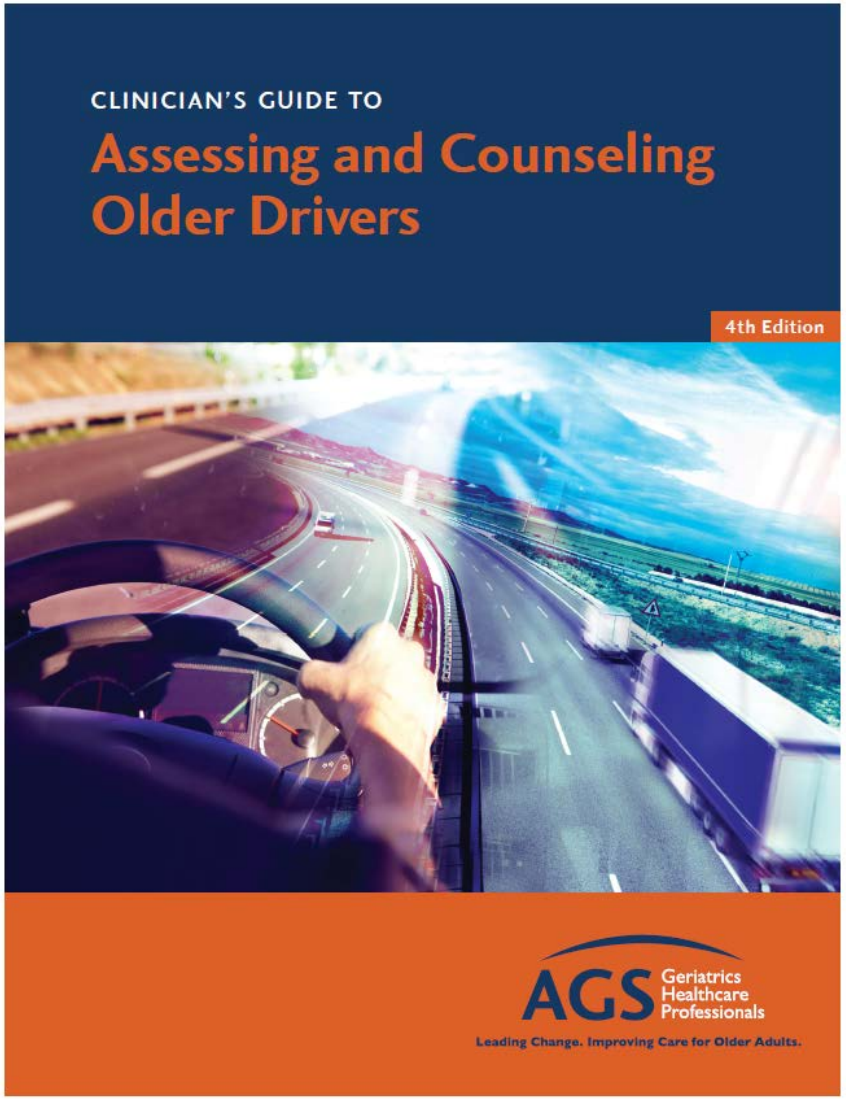
Fatalities/miles driven by age

Clinician's Guide

National Highway Traffic Safety Administration (NHTSA) and American Geriatrics Society (AGS)

"Clinician's Guide to Assessing and Counseling Older Drivers"

- Quick screening and referral tool



Screening Tools

VISION: Conduct tests 1 and 2

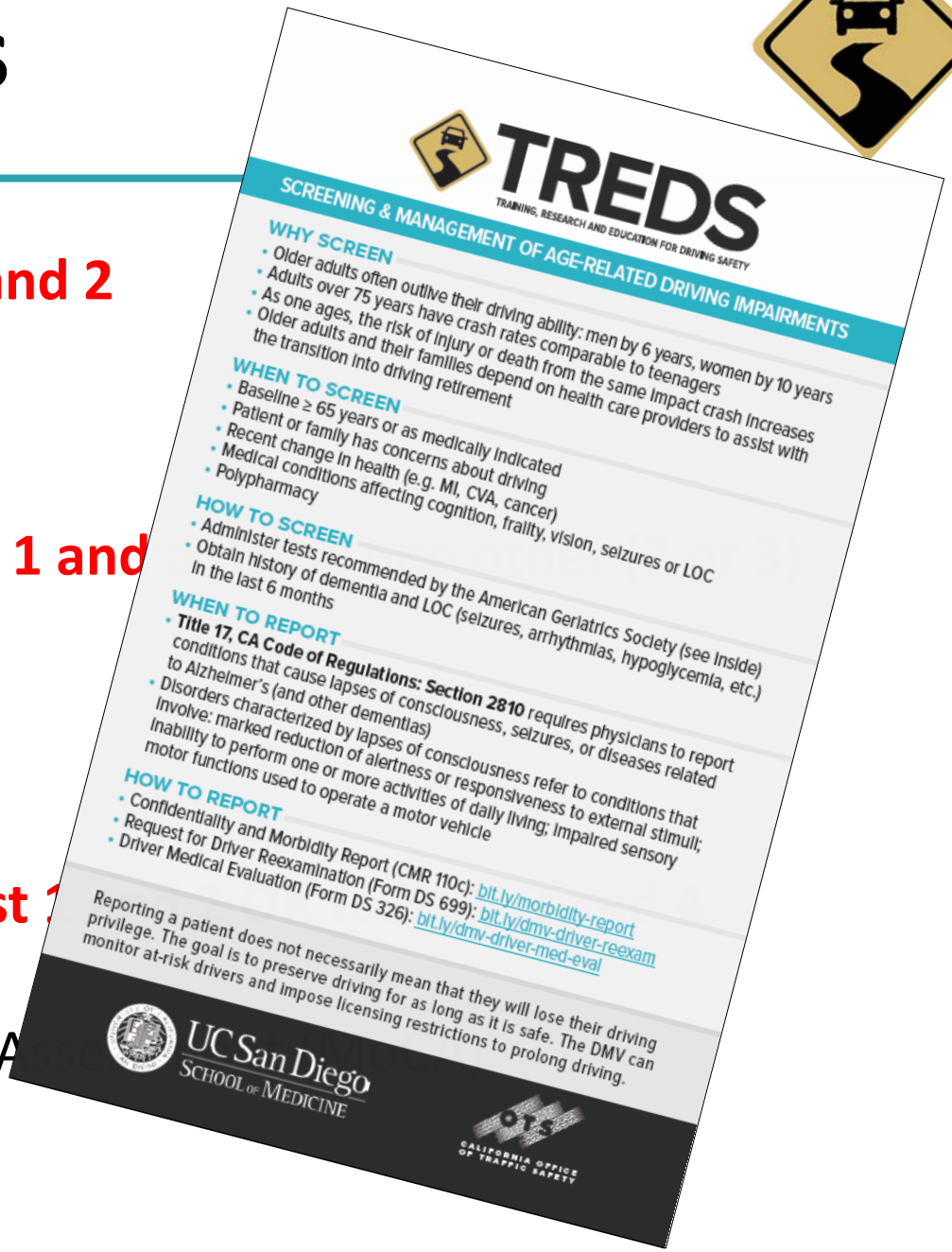
1. Visual Acuity
2. Visual Fields

STRENGTH: Conduct test 1 and

1. Range of Motion
2. Rapid Pace Walk
3. Get Up and Go

COGNITION: Conduct test 1

1. Maze Test
2. Montreal Cognitive A
3. Trail Making B
4. Clock Drawing



Pre-Screening Assessment

The following information can be useful prior to screening

- Review medical history/problem list
- Review medication list
- Review of systems
- Listen to patient or family concerns

VISION – Visual Acuity

Testing for Visual Acuity

- Use either the 10 foot Snellen chart or the 20 foot Sloan low vision letter chart
- Measure each eye separately and then both together
- Use glasses, if worn by the patient, to get best correctable vision

K.C. ALFRED

Ralph Larson, 95, takes an eye test while taking a driving test at the Hillcrest DMV on Tuesday.

Visual Acuity

Interpretation

- Corrected vision worse than 20/40 is abnormal and requires referral to a specialist
- Corrected vision worse than 20/70 requires an on-the-road assessment if the patient plans to continue driving
- Corrected vision worse than 20/100 requires the physician to advise the patient to stop driving, unless assessed and cleared by an on-the-road assessment

VISION – Visual Fields

Peripheral vision impaired by one or more visual conditions can result in

- Failure to react to a hazard coming from the driver's far left or far right
- Failure to heed to a stop light suspended over an intersection
- Weaving while negotiating a curve
- Driving too close to parked cars

Confrontational Testing

If deficits are detected

- Refer to a specialist to rule out an underlying treatable disease
- If visual field deficits are not correctable, refer for on-the-road testing

STRENGTH – Range of Motion

Assess Range of Motion

- **Fingers:** ask the patient to make a fist
- **Neck:** ask the patient to look over each shoulder
- **Shoulder and Elbow:** have the patient pretend to hold a steering wheel and make sharp right and left turns
- **Ankle:** ask the patient to point their toes and pull them back towards their body

STRENGTH – Rapid Pace Walk

Testing for Physical Strength and Balance

- Tell the patient to stand on a piece of tape on the floor
- Point to another piece of tape 10 feet away
- Instruct the patient to walk to the other tape, turn around, and walk back
- Record the time it takes to complete this exercise

STRENGTH – Get Up and Go

Alternative test to Rapid Pace Walk

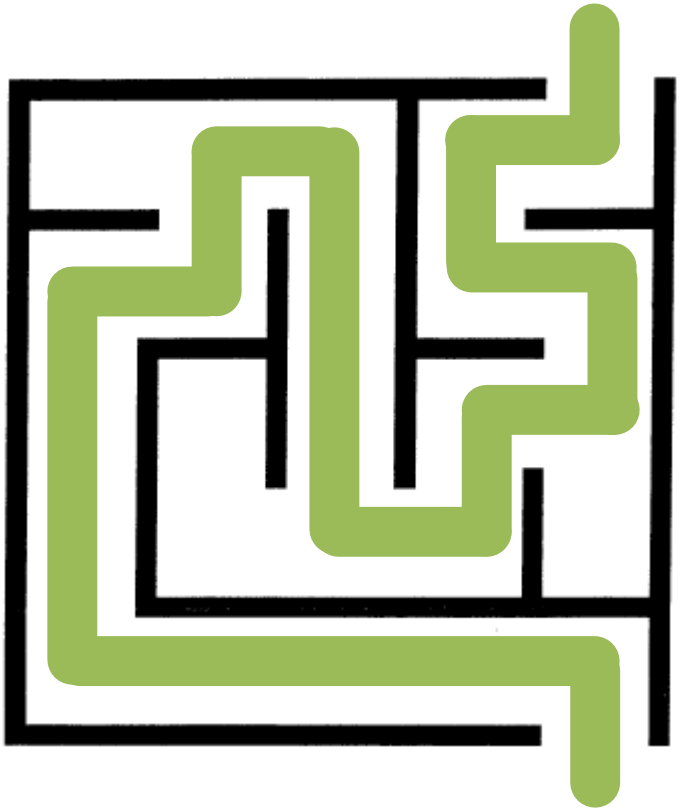
- Tell the patient to sit in a straight-backed chair
- Rise from the chair
- Walk 10 feet and back
- Sit down again
- Observe patient's movement for slowness, staggering or abnormal movement

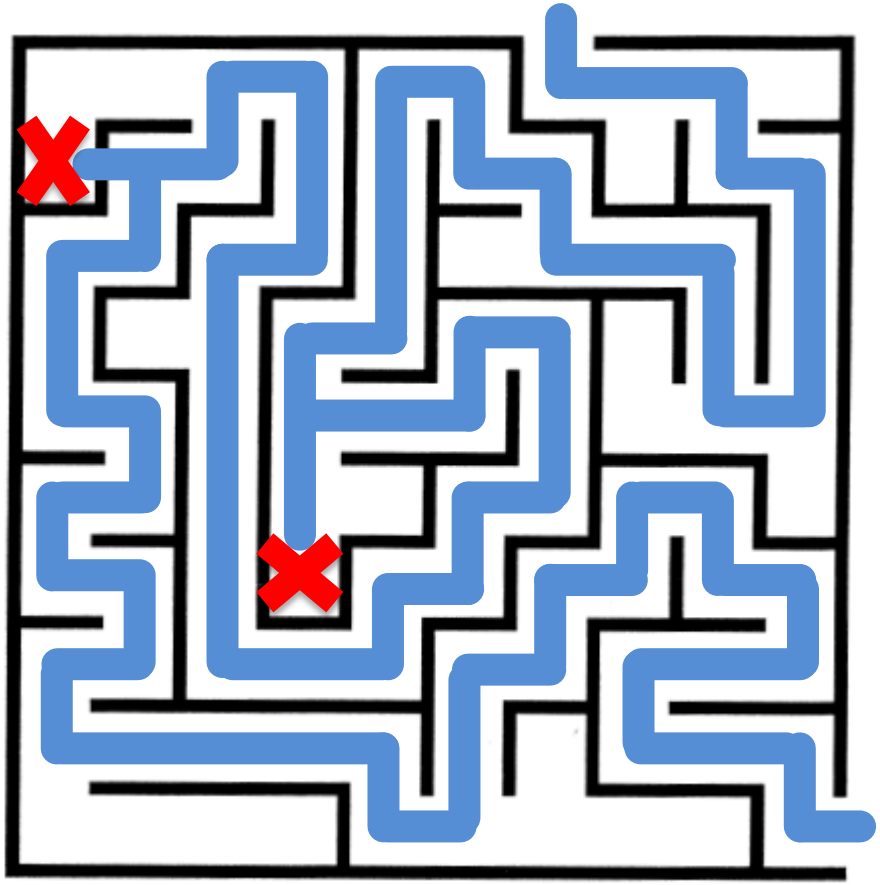
Frailty and LongROAD

- Frailty definition: unintentional weight loss, weakness, exhaustion, slowness, and low physical activity
- Prevalence of Frailty: 56% prefrail (1-2 points), 3% frail (3-5 points)
- Frailty associated with reduced miles/year and driving cessation

COGNITION – Maze Test

Practice Maze, then timed Maze Task

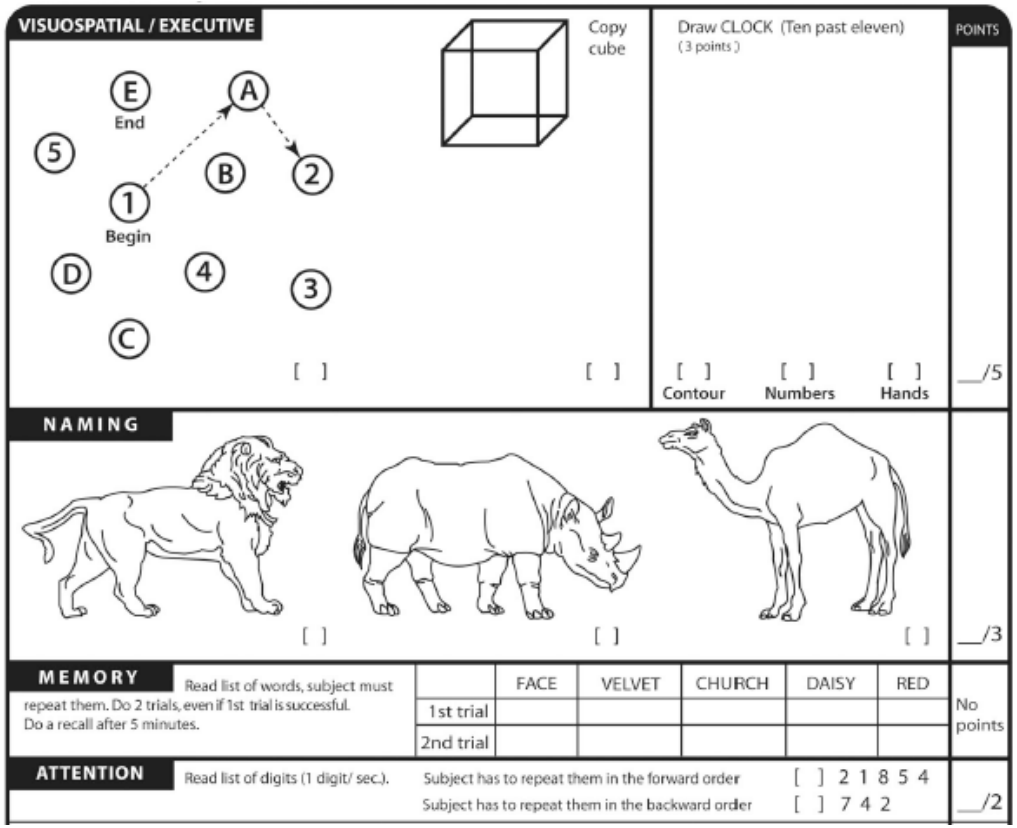




COGNITION – MoCA

Montreal Cognitive Assessment

- Ten-minute test
- Measures eleven components
- Multiple languages available



VISUOSPATIAL / EXECUTIVE

Copy cube

Draw CLOCK (Ten past eleven) (3 points)

POINTS

E End, A, 5, B, 2, 1 Begin, D, 4, 3, C

[ ] [ ]

[ ] Contour [ ] Numbers [ ] Hands

__/5

NAMING

[ ] [ ] [ ]

__/3

MEMORY Read list of words, subject must repeat them. Do 2 trials, even if 1st trial is successful. Do a recall after 5 minutes.

	FACE	VELVET	CHURCH	DAISY	RED
1st trial					
2nd trial					

No points

ATTENTION Read list of digits (1 digit/ sec.).

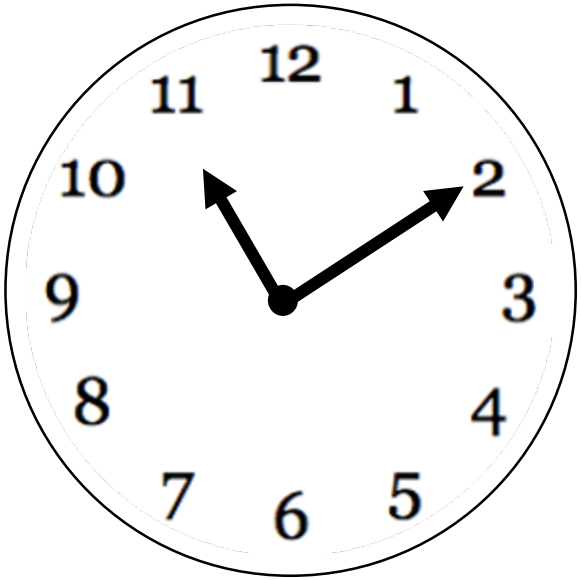
Subject has to repeat them in the forward order [ ] 2 1 8 5 4

Subject has to repeat them in the backward order [ ] 7 4 2

__/2

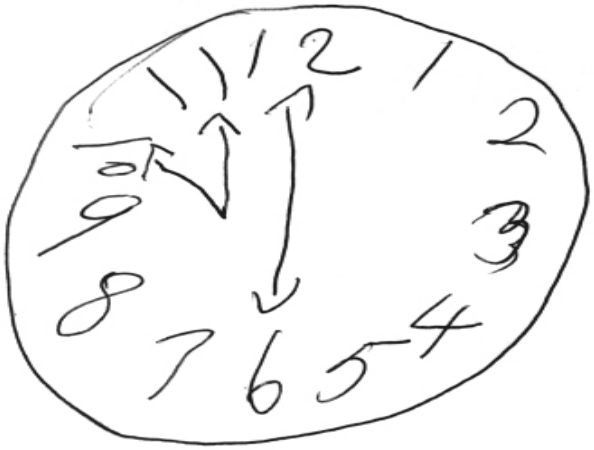
COGNITION – Clock Drawing

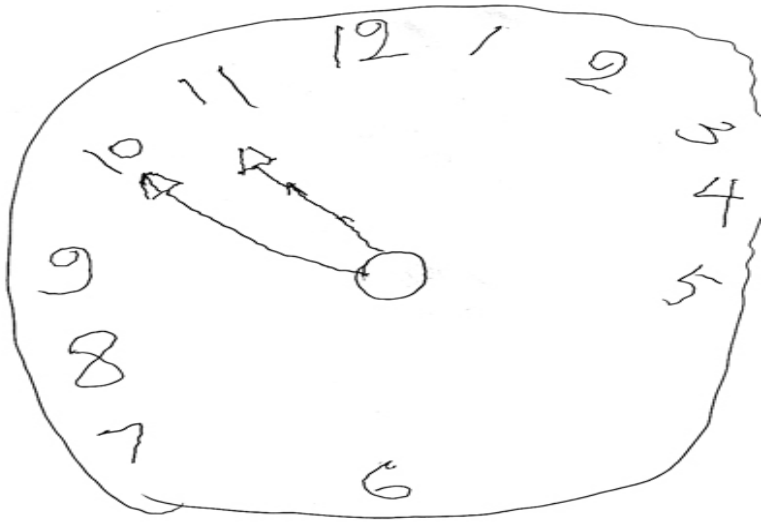
Instruct the Patient to:

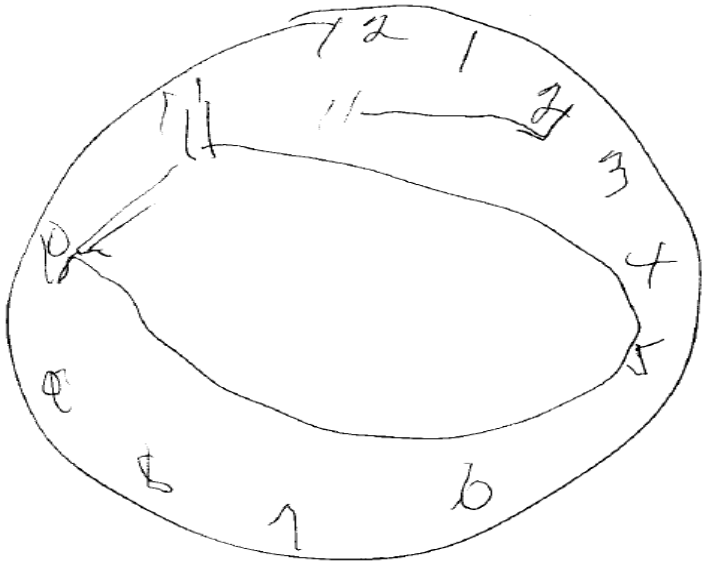


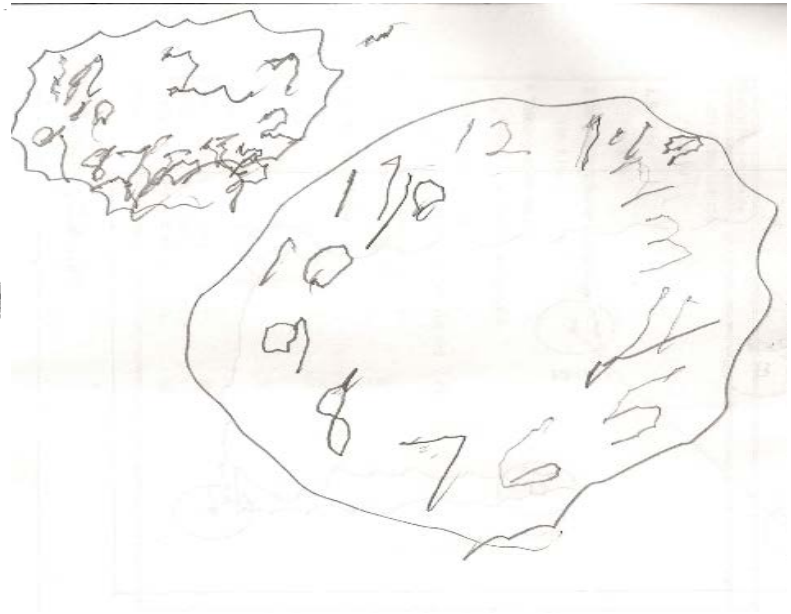
- Draw a clock on a piece of paper
- Draw the face of the clock and put in all the numbers
- Set the clock to 10 minutes after 11
- This time has been shown to be sensitive in detecting cognitive dysfunction
  (Freund et al., 2005)

Clock Examples

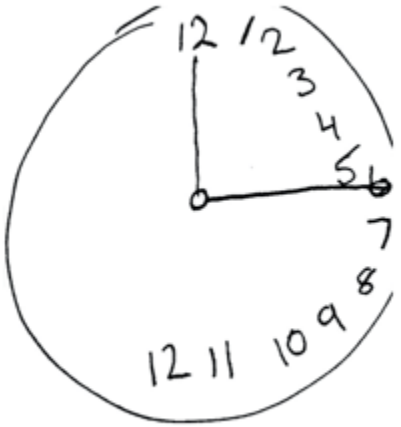


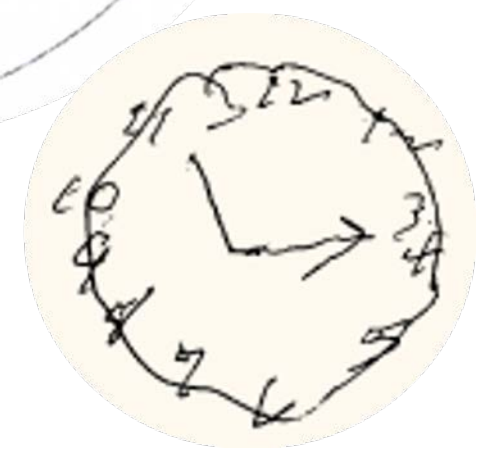


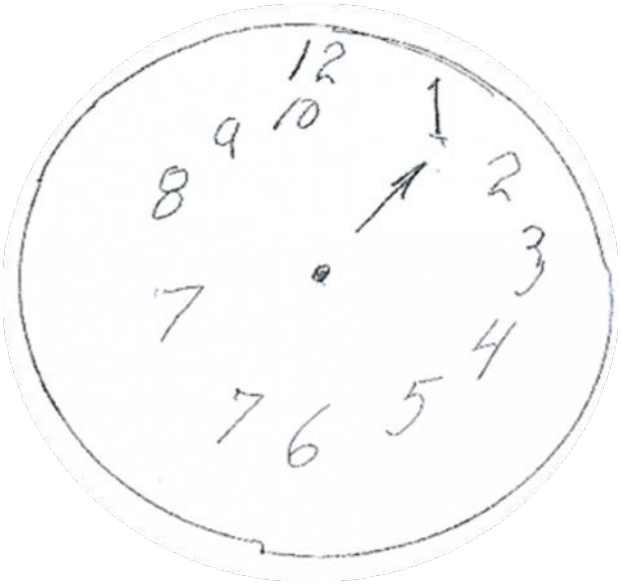




More Bad Clocks…







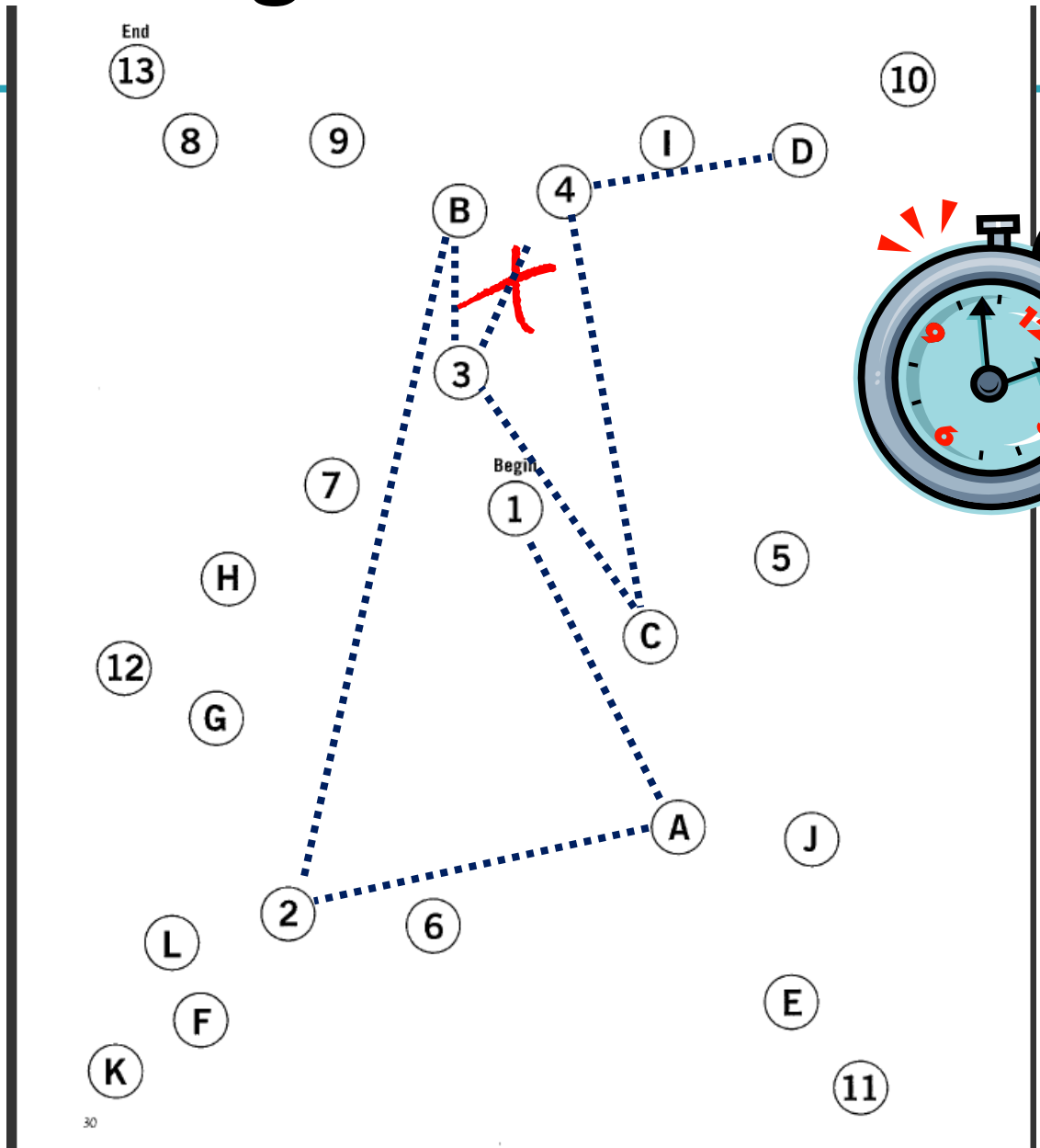
COGNITION – Trail Making

This test evaluates cognitive impairment

- Requires near vision and cognitive skills to complete
- Patient uses pencil or pen to make a trail
- Three practice tests are given prior to the timed test

Goal: have the patient make logical connections from one item to another, according to the rules

Trail Making B – Timed



Trail Making Test (TMT)

Interpretation

A time greater than 180 seconds requires further evaluation

- Dementia is a likely cause, but consider false positives
- If no obvious cause for a poor performance is found, dementia is likely, and the patient should be reported to the DMV
- Further testing is required; the DMV may permit ongoing driving for patients with mild dementia dependent upon physician recommendation or OT assessment

TMT and Dementia

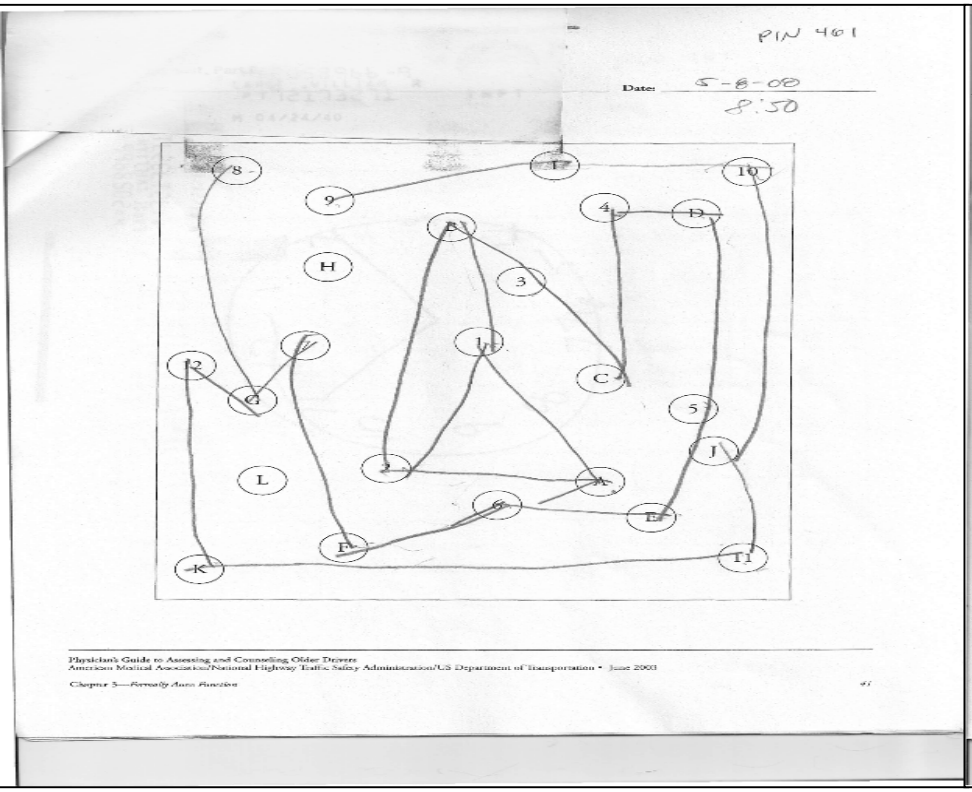
Trail Making time

- Under normal controls: average 81 seconds
- In Mild Cognitive Impairment: average 136 seconds
- In patients with Alzheimer's: average 190 seconds

From: Ashendorf, 2008

Trail Making Examples

8:50



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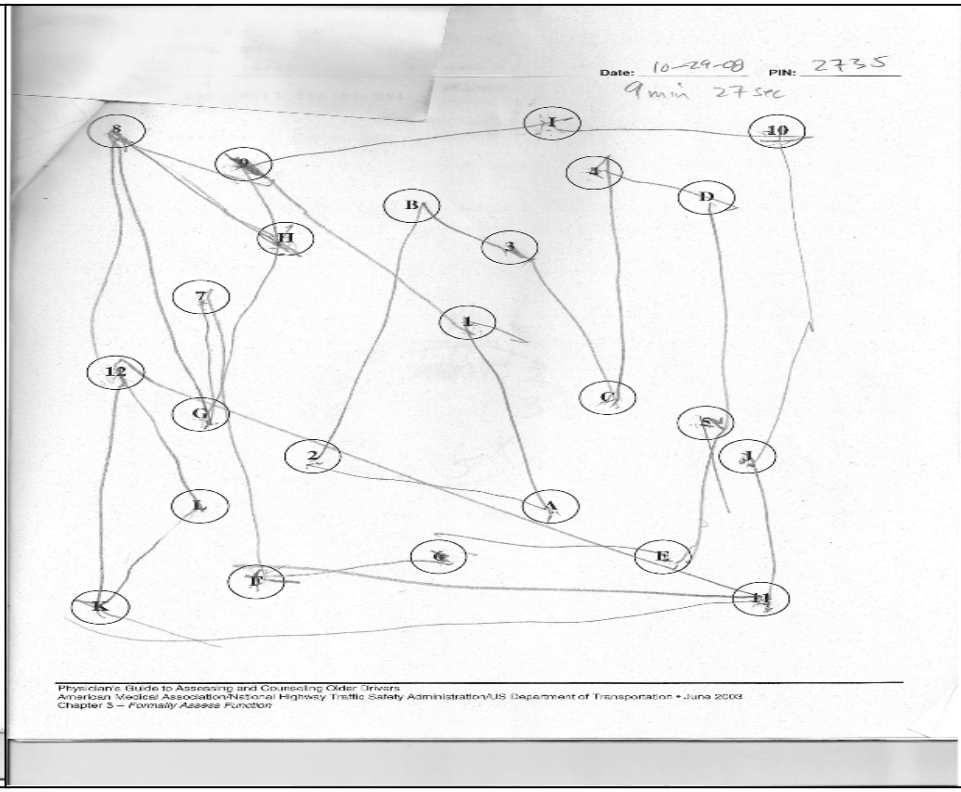


Cognition and Crashes

- Lafont confirmed a high correlation between increasing age and poor attentional and executive performance, as measured by Trail-Making B, to be correlated with both crashes and driving cessation (Lafont, 2008)

- 4173 older drivers who took more than 147 seconds on trail making had twice the at-fault crash risk in the following 5 years. (Ball 2006)

American Academy of Neurology

- Review of cognition and crashes 2010
- Crashes were associated with:
  - Clinical Dementia Rating >1 (even >.5 may be unsafe)
  - MMSE ≤24 rated possibly useful
  - Crash in last 5 years rated possibly useful
  - Reduced mileage assoc. with mild dementia
  - Aggressive personality disorder, deliberate violation of laws: predictive of crashes in all ages

Assessment Results

There are Four Possible Outcomes

1) **Pass**

2) **Fail:** Vision and/or Frailty

3) **Fail:** Cognitive/Medical History

- **Mandatory DMV Reporting**

4) **Incomplete:** Needs to repeat testing

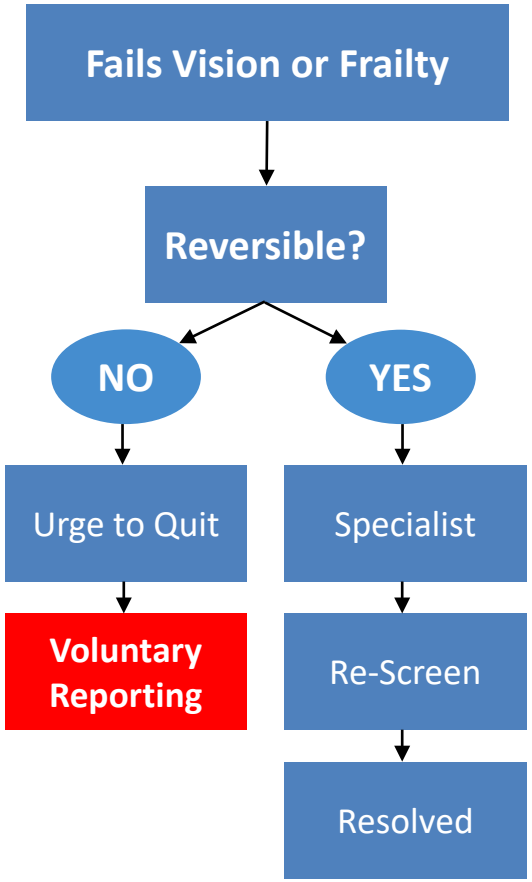
Management of PASSES

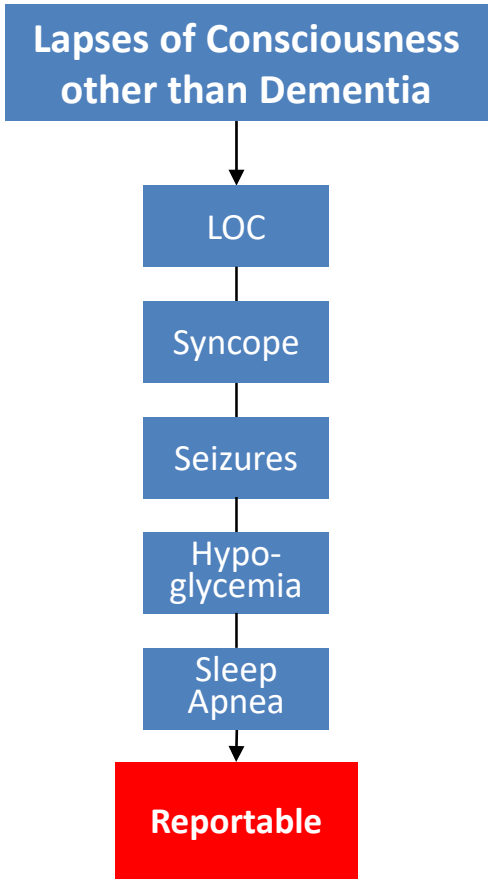
Many older drivers have medical conditions and medications that could impair concentration, strength and cognition in the future

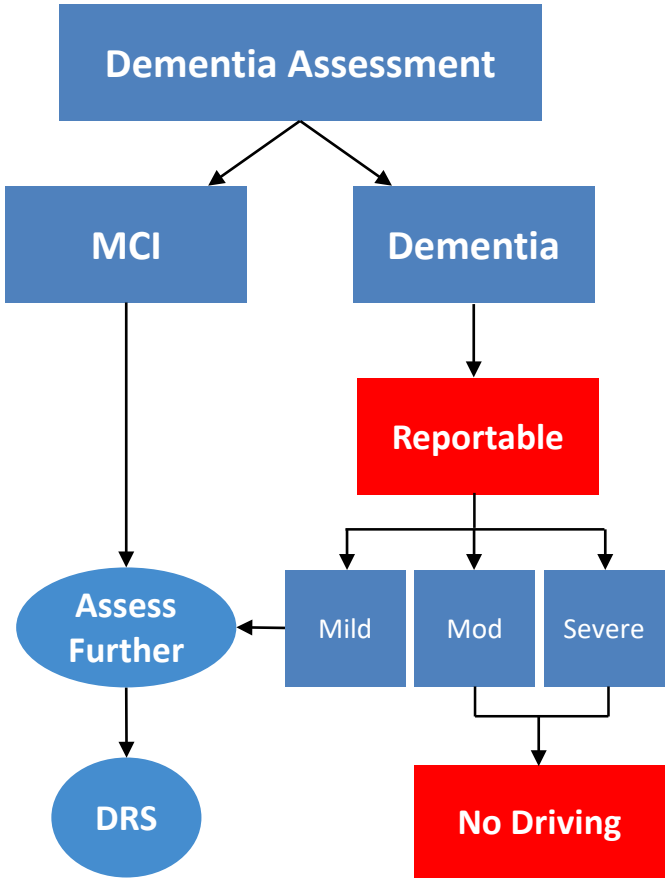
Help prolong driving and mobility:

- Treat following evidence based guidelines
- Use the lowest effective dose of drugs
- Promote the general health guidelines

Management of FAILS







Who Can Help: OT Generalist

- Understands how performance and skills relate to driving
- Evaluates sub-skills necessary for driving
- Uses specific screening tools to assess patient's readiness for referral to driving specialist
- Refers to a DRS and community mobility resources
- Addresses patient's problems or concerns related to driving as an IADL
- Assists with the transition into driving cessation

*** Generalists do not evaluate driving competency**

Driver Rehabilitation Specialist

- Performs clinical and functional evaluations
- Provides intervention to address and strengthen areas of impairment
- Prescribes vehicle modifications
- Trains for competency using adaptations
- Conducts reassessments for progressive diseases
- Determines the need for driving cessation
- Provides counseling for alternative transportation

Pellerito, J. M., & Schold Davis, E. (2005). Screening driving and community mobility status. *OT Practice, 10(5), 9-14.*

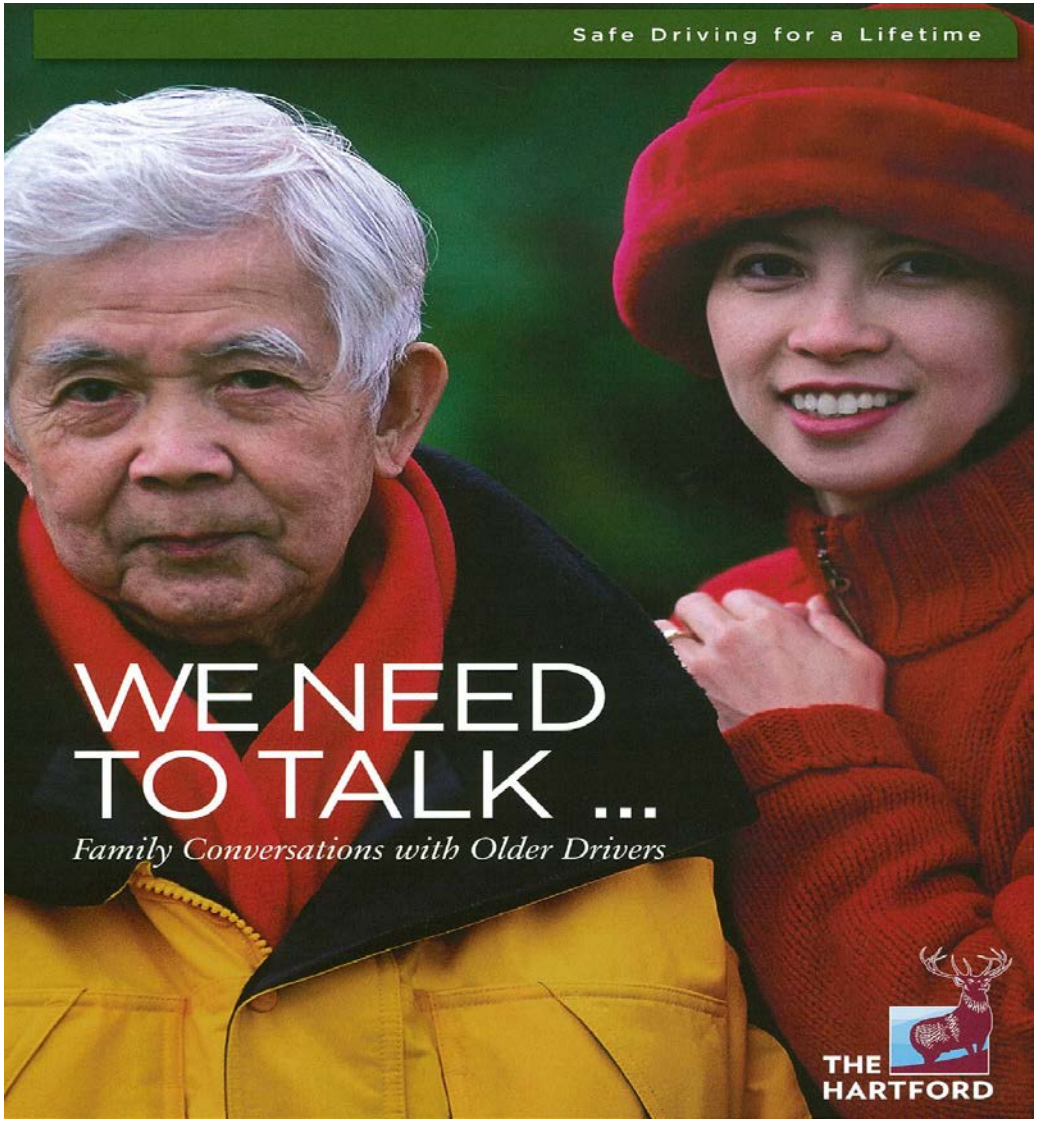
Counseling Older Patients

- Explain the assessment results and the patient's level of functioning
- Involve the patient in the decision-making process
- Develop a plan to involve family and friends
- Address alternative transportation
- Use the term "driving retirement"

Driving Retirement

- Acknowledge that the patient has suffered a loss
  - If necessary, assess the patient for symptoms of depression and make appropriate referrals
- Explain that driving retirement is for their safety and the safety of others
- Help the patient view the ‘positives’
- Discuss possible legal/financial consequences
- Send a follow-up letter to the patient and family

Resource


Safe Driving for a Lifetime
WE NEED TO TALK ...
Family Conversations with Older Drivers
THE HARTFORD

Alternative Transportation

It is important to discuss alternative transportation with your patients

- Rides from friends and family
- Taxi
- Bus or Senior Shuttle
- Walking
- Delivery Service
- Volunteer Driver

* **Older adults may initially feel uncomfortable taking public transportation, so friends and family are crucial here**

CA Title 17 Section 2806-2810

"Every physician and surgeon shall report…every patient at least 14 years of age or older whom the physician and surgeon has diagnosed as having a case of a disorder characterized by **lapses of consciousness**."

'Lapse of Consciousness' refers to conditions that involve:

- Reduction of alertness or responsiveness to external stimuli
- Inability to perform one or more activities of daily living
- Impaired sensory motor functions used to operate a motor vehicle

http://www.dmv.ca.gov/pubs/vctop/appndxa/hlthsaf/hs103900.htm

Health and Safety Code 103900

Mandatory reporting of conditions that may progress in severity and are associated with 'lapses of consciousness'

- Narcolepsy, Sleep Apnea
- Abnormal metabolic states
  - hypoglycemia
  - hyperglycemia
- Epilepsy
- Dementia, Alzheimer's Disease
- Brain Tumor
- Syncope

Reporting Considerations

Making the decision to report a patient may require physician discretion

Factors to consider:

1) Did a lapse in consciousness occur?

2) Is it related to an on-going condition vs. a one-time event?

Who Requires Reporting?

Case Example One:

35-year-old type 1 diabetic was taken to the ED after family found him unresponsive. At initial evaluation, glucose was 32. He said he used the wrong bottle of insulin due to being distressed over a break-up. He comes to you for follow-up.

The ED did not report; do you?

YES

Who Requires Reporting?

Case Example Two:

75 year old woman develops gastroenteritis one week-end after attending the church picnic. She ate the potato salad, which made her and others sick. After 2 days of vomiting, she got up from bed and fainted. Her daughter took her to the doctor, who prescribed medication and fluid replacement, and she made an uneventful recovery.

Do you report?

NO

Who Requires Reporting?

Case Example Three:

Your patient, a truck driver, admitted to seizing in a motel while on vacation. Besides this episode, he has not had a seizure in five years. On questioning, he admits he left his medication at home but returned the next day and has not missed a dose since. He begs not to be reported because he will lose his commercial driver's license and this was an unusual circumstance.

Do you report?

YES

Who Requires Reporting?

Case Example Four:

19-year-old male was hit in the head while surfing and experienced a LOC for 10 minutes. He was immediately taken ashore and never stopped breathing. His friends drove him home but he visits you the next day. He is oriented and all exams and tests are normal.

Do you report?

NO

Who Requires Reporting?

Case Example Five:

An 83-year-old woman visits you for the first time after moving from New York to be closer to her daughter. She brings her medical records, which reveal a work-up and diagnosis of mild dementia; she is currently taking Aricept.

Do you report?

YES

Reporting is NOT Required

- Patient's sensory or motor functions are impaired to the extent that patient is unable to ever operate a motor vehicle
- Patient states he/she does not drive and never intends to drive, and the MD believes the statements to be true
- MD previously reported diagnosis and since report, patient has not operated a motor vehicle
- There is documentation in the chart that another MD reported the diagnosis and, since that report, the MD believes the patient has not operated a motor vehicle

Provider Liability

- Physicians are considered negligent if they do not inform patients of medications and medical conditions that can impair driving
  - **Physicians may be held liable for civil damages** if they clearly failed to report an impaired driver who causes a MVC
  - **Immunity is granted** to the physician if the patient is reported prior to a MVC
- Document all referrals, recommendations, conversations, and reports (e.g. copy of a driver retirement letter and "do not drive" prescription)

Litigation Against Physicians

Three California cases against physicians who failed to report a patient for Lapse of Consciousness: each unreported patient later experienced an episode while driving that resulted in a death or injury to occupants of other cars

- The first case resulted in a plaintiff verdict of 1.9 million dollars and litigation expenses exceeding $900,000
- The second case was settled for $475,000
  (along with $73,000 in expenses)
- The third case was dismissed, but legal expenses were in excess of $179,000

(Turnipseed, et al., 2007)

Reporting Responsibility

- **ED Physician:** often the first person to see someone with a lapse in consciousness
- **Hospitalist:** may be the first get a history of recent lapse in consciousness when that is not the presenting complaint
- **Primary Care/Specialist:** more likely to have contact with patient, and have a detailed history

Promote Reporting Practices

- Know the policy of the risk management or legal department(s) in your institution
- Designate an individual to complete the forms for physician signature
- Have an internal form for patient's record to document that reporting occurred
- Include reporting in QI/QA activities
- Have reporting forms readily available

MD Reporting in Canada

- Correlation between physician reporting and reduced crashes
- Ontario introduced financial incentive to report
  - $36.25 per report
  - 45% total reduction in annual rate of crashes per 1,000 patients
    - 1,430 crashes reduced to **273** post reporting

CMR Form 110c

[illegible] and Human Services Agency — California Department of Public Health

CONFIDENTIAL MORBIDITY REPORT

PLEASE NOTE: Use this form for reporting lapses of consciousness or control, Alzheimer's disease or other conditions which may impair the ability to operate a motor vehicle safely (pursuant to H&S 103900).

DEPARTMENT OF MOTOR VEHICLES (DMV)

California Driver License or Identification Card Number (eight characters): ☐☐☐☐☐☐☐☐

1. If this report is based upon episodic lapses of consciousness, when was the most recent episode?: _____ *(mm/dd/yyyy)*

2. If there have been multiple episodes of loss of consciousness or control within the past three years, please indicate the dates if they are known to you.

   (a): _____ *(mm/dd/yyyy)* (b): _____ *(mm/dd/yyyy)* (c): _____ *(mm/dd/yyyy)* (d): _____ *(mm/dd/yyyy)* (e): _____ *(mm/dd/yyyy)* (f): _____ *(mm/dd/yyyy)*

3. Within the past 12 months, has there been an episode of loss of consciousness or control while driving? ☐ Yes ☐ No ☐ Uncertain

4. Are additional lapses of consciousness likely to occur? ☐ Yes ☐ No ☐ Uncertain

5. If the patient has had episodes of nocturnal seizures, is there likelihood of lapses of consciousness occurring while he/she is awake? ☐ Yes ☐ No ☐ Uncertain

6. Has this patient been diagnosed with dementia or Alzheimer's disease? ☐ Yes ☐ No ☐ Uncertain

7. Would you currently advise this patient not to drive because of his/her medical condition? ☐ Yes ☐ No ☐ Uncertain

8. Does this patient's condition represent a permanent driving disability? ☐ Yes ☐ No ☐ Uncertain

9. Would you recommend a driving evaluation by DMV? ☐ Yes ☐ No ☐ Uncertain

Remarks:

DMV Form DS699

STATE OF CALIFORNIA
DMV
DEPARTMENT OF MOTOR VEHICLES

REQUEST FOR DRIVER REEXAMINATION

INSTRUCTIONS:

1. Complete this form if you wish the Department of Motor Vehicles (DMV) to reevaluate a driver's ability to drive safely.
2. Sign this request in the signature block provided. Anonymous reports will not be considered unless you are an immediate family member. You may request that your name not be revealed to the individual being reported. Confidentiality will be honored to the fullest extent possible.
3. Take your completed request to any DMV office or mail to: DMV, Driver Safety Office (see addresses below for your local office.)

NAME OF PERSON BEING REPORTED *(FIRST, M.I., LAST)*	DATE OF BIRTH OR APPROXIMATE AGE	TELEPHONE NUMBER
Calvin Californian	01-01-1923	(619) 555- 2222

DRIVER LICENSE NUMBER	VEHICLE LICENSE PLATE NUMBER, IF AVAILABLE
B 0000003	

STREET ADDRESS	CITY	STATE	ZIP CODE
1234 Rural Route Road	San Diego	CA	92000

DRIVER CONDITION—*Check all appropriate boxes below. Please use the space below to provide specific details, if known, about the driver's medical (physical or mental) condition such as name of disease or illness, any medications taken, etc.*

- ☑ Medical Condition
- ☐ Physical Condition
- ☐ Mental/Emotional Condition
- ☐ Vision Condition
- ☐ Weakness or Coordination Problems
- ☐ Difficulty Walking
- ☐ Confused/Disoriented
- ☐ Alcohol/Drug Use (Describe below)
- ☐ Blackouts, Seizures, Fainting Spells
- ☐ Needs help with daily activities (i.e., cooking, dressing, bathing, balancing checkbook)
- ☐ Other: _____

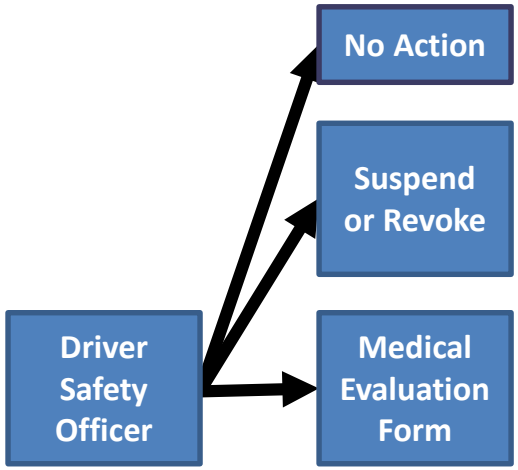
DRIVER BEHAVIOR—*Check appropriate boxes for driving problems you have observed: (Use space below if needed for additional comments.)*

- ☐ Does not see or react to other cars, pedestrians, etc.
- ☐ Drives in wrong lane
- ☐ Drives on wrong side of the road
- ☐ Acts violent or aggressive when driving
- ☐ Drives too slow, or stops, for no reason
- ☐ Has trouble steering, braking, or otherwise controlling car
- ☐ Is confused by traffic
- ☐ Gets lost or confused while driving near home
- ☐ Fails to react to traffic signals, other cars, pedestrians, etc.
- ☐ Makes turns from wrong lane
- ☐ Turns in front of on-coming cars
- ☐ Allows car to drift in and out of lane
- ☐ Backs up or changes lanes without looking back or checking mirrors
- ☐ Applies brake and gas pedals at the same time
- ☐ Slow reactions that may be caused by medications or drugs
- ☐ Drives on sidewalk
- ☐ Makes driving mistakes while talking to passengers
- ☐ Falls asleep while driving
- ☐ Other actions (Describe below)

You may use the space below to further describe the driver's condition(s) or action(s) which lead you to believe this driver should be reevaluated by DMV.

Driving poses a serious safety risk to this patient due to...

Report Made to DMV



Driver Safety Officer (DSO) may

- Take No Action
- Suspend or Revoke License
  (effective four days from mailing notice)
- Provide Medical Evaluation Form
  (due within 7-21 days)

DMV Form DS326 – Page 1

STATE OF CALIFORNIA
DMV
DEPARTMENT OF MOTOR VEHICLES
A Public Service Agency

DRIVER MEDICAL EVALUATION

(Medical information is CONFIDENTIAL under Section 1808.5 CVC)

INSTRUCTIONS TO THE DRIVER: Please take this form to the medical professional most familiar with your health history and current medical condition. **Before** giving this form to your medical professional, complete and sign Sections 1-3. **PLEASE PRINT LEGIBLY.**

INSTRUCTIONS TO THE MEDICAL PROFESSIONAL: Please complete Sections 5-13, on pages 2 through 5. The Department of Motor Vehicles' records indicate your patient may have a condition that could affect the safe operation of a motor vehicle. In this case, the department is concerned about the following condition:

PHYSICIAN *RETURN FORM TO:*
DEPARTMENT OF MOTOR VEHICLES
Licensing Operations Division
Driver Safety Branch
P. O. Box 934345 MS J-234
Sacramento, CA 95818

RETURN BY: within 21 days

1. DRIVER INFORMATION

NAME (LAST, FIRST, MIDDLE)	DRIVER LICENSE NO.	BIRTH DATE	FIELD FILE
Californian, Calvin	B 0000003	01-01-23	A12345678

STREET ADDRESS	CITY	ZIP	PATIENT'S DAYTIME OR HOME PHONE NO.
1234 Rural Route Road	San Diego CA	92000	619 555-2222

DRIVER MUST COMPLETE HEALTH HISTORY BELOW. (Please explain any "YES" answers)

YES	NO		YES	NO	
	✓	Head, neck, spinal injury, disorders or illnesses		✓	Kidney disease, stones, blood in urine, or dialysis
	✓	Seizure, convulsions, or epilepsy		✓	Muscular disease
	✓	Dizziness, fainting, or frequent headaches		✓	Any permanent impairment
	✓	Eye problem (except corrective lenses)		✓	Nervous or psychiatric disorder
	✓	Cardiovascular (heart or blood vessel) disease		✓	Regular or frequent alcohol use
	✓	Heart attack, stroke, or paralysis		✓	Problems with the use of alcohol or drugs
	✓	Lung disease (include tuberculosis, asthma or emphysema)		✓	Other disorders or diseases
✓		Nervous stomach, ulcer, or digestive problems		✓	Any major illness, injury, or operations in last 5 years
		Diabetes or high blood sugar	✓		Currently taking medications

EXPLANATION: *(Include onset date, diagnosis, medication, doctor's name and address and any current condition or limitation. Attach additional sheet, if needed).*

I have had diabetes since 1998 and have been prescribed the drug Aricept...

DMV Form DS326 – Page 2

DOES YOUR PATIENT'S MEDICAL CONDITION CURRENTLY AFFECT SAFE DRIVING?

☑ Yes ☐ No If yes, please explain:

DO YOU CURRENTLY ADVISE AGAINST DRIVING?

☑ Yes ☐ No

MP COMMENTS:

Driving poses a serious safety risk to this patient due to…

Severity of Dementia – Page 3

Mild Dementia

- Judgment is relatively intact, but work or social activities are significantly impaired. Ability to safely operate a motor vehicle may or may not be impaired.

Moderate Dementia

- Independent living is hazardous and some degree of supervision is necessary. The individual is unable to cope with the environment and driving would be dangerous.

Severe Dementia

- Activities of daily living are so impaired that continual supervision is required. This person is incapable of driving a motor vehicle.

***As defined by the CA DMV on DS 326 page 3**

DMV Form DS326 – Page 1

WOULD THE SIDE EFFECTS FROM THE PRESCRIBED MEDICATIONS INTERFERE WITH YOUR PATIENT'S ABILITY TO DR

☐ Yes ☐ No If yes, please describe:

DOES YOUR PATIENT'S MEDICAL CONDITION CURRENTLY AFFECT SAFE DRIVING?

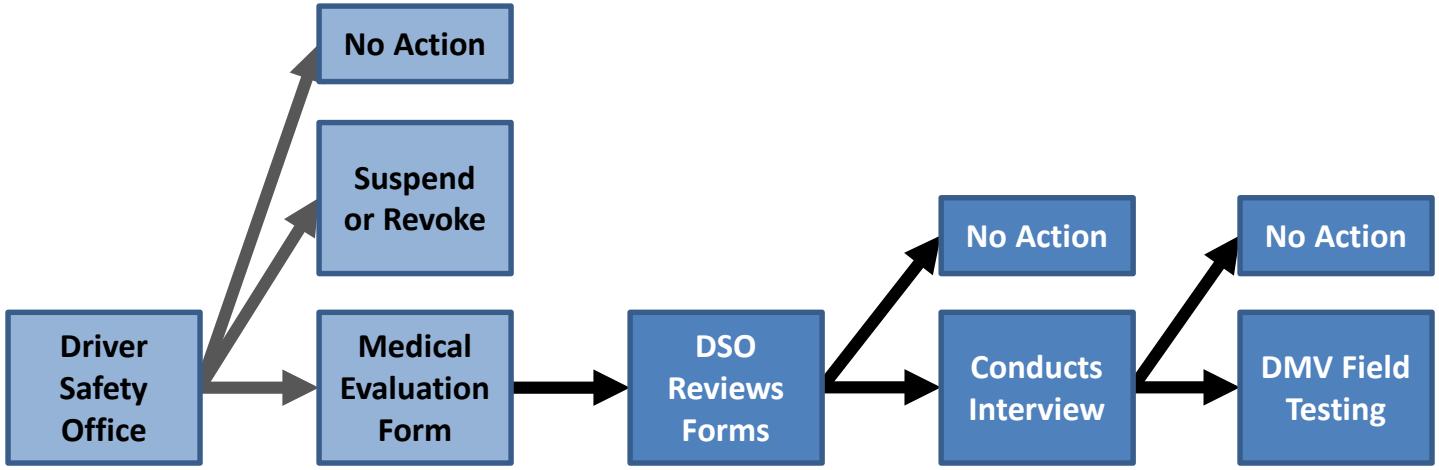
☐ Yes ☐ No If yes, please explain:

DO YOU CURRENTLY ADVISE AGAINST DRIVING?

☐ Yes ☐ No

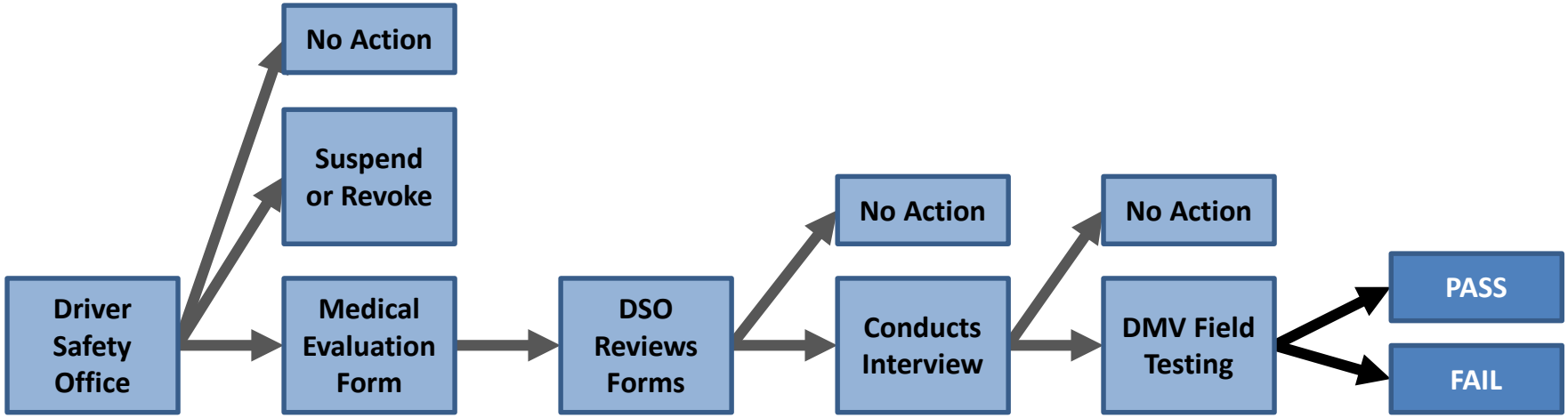
MP COMMENTS:

DMV Review and Testing



- DMV reviews Medical Evaluation Form
- Conducts driver interview
- DMV field testing can include vision, written and driving
- Reexamination considerations
  - Desired scope of driving and needs
  - Current knowledge and skills
  - Primary driving environment (rural/urban, time of day)
  - Understanding of condition, treatment, and DMV involvement

DMV Outcome



PASS:

Driver retains driving privileges

- May have Unrestricted License
- May have License Restrictions
- May have Enhanced Monitoring

FAIL:

Driver considered unsafe to drive

- License Suspension/Revocation
- Driver may appeal decision
- Driving evaluation may be appropriate

Senior Driver Ombudsman

- Role of the Ombudsman is to help the senior keep driving safely
- Help navigate the DMV process
- Also works with people with disabilities, strokes, head injuries, etc.
- **dmv.ca.gov**

Covid-19 and the Older Driver

- Mileage reduction
- Less access to alternative transportation
- Less access to family members for rides
- Less access to health care
- Increase risk of depression, alcohol, drugs, all risks in their own right

Online Tutorial

Clinical Assessment of the Older Patient for Driving Fitness

Tutorial Components

Four Modules with Knowledge Checks

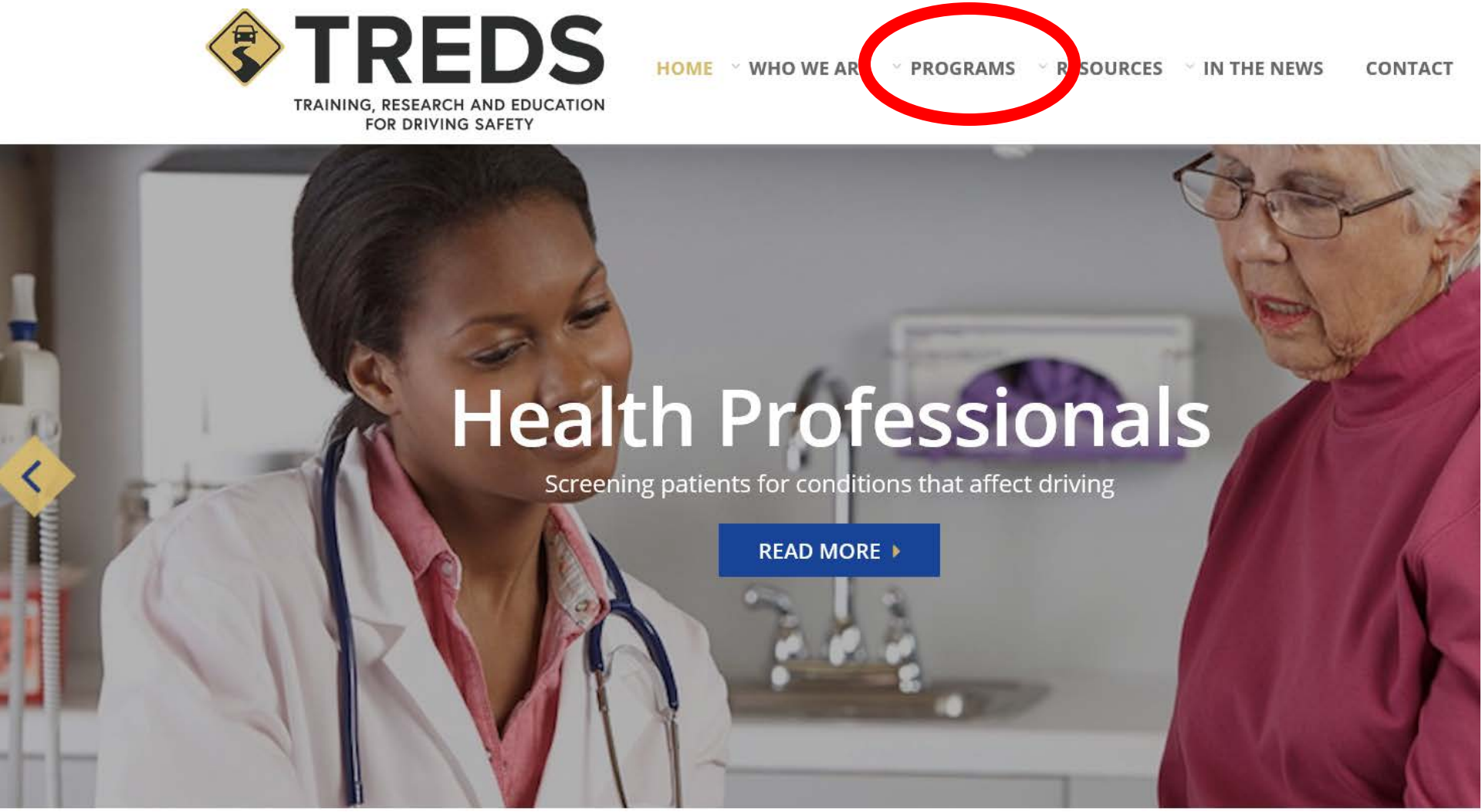
- Module 1: Demographics and Safety Risks of Aging
- Module 2: Screening and Interpretation
- Module 3: Managing Outcomes
- Module 4: Reporting Requirements

Final Quiz

Certificate of Completion


UC San Diego
SCHOOL OF MEDICINE
Department of Family Medicine and Public Health
CERTIFIES THAT
Jana Jahns
HAS COMPLETED THE 1.25 HOUR EDUCATIONAL ACTIVITY
Clinical Assessment of the Older Patient for Driving Fitness
DATE: September 2, 2018
PRESENTED BY:
Linda Hill, MD, MPH
TREDS

Resources at treds.ucsd.edu



Training Videos

Clinical Screening and Assessment

Training Videos

Driving Rehabilitation Specialist

Training Videos

Counseling and Referral

Training Videos

CA Title 17 Section 2806 – 2810

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'Lapse of Consciousness' refers to conditions that involve

- Reduction of alertness or responsiveness to external stimuli
- Inability to perform one or more activities of daily living
- Impaired sensory motor function used to operate a motor vehicle

Physician Mandated Reporting of Drivers in California

Contact

Training, Research and Education for Driving Safety

University of California, San Diego
9500 Gilman Dr. #0811
La Jolla, CA 92093-0811

Tel: (858) 534-9330
Fax: (858) 534-9404

Website: TREDS.ucsd.edu
Email: TREDS@ucsd.edu