Appendix 4

Driving in Dementia Decision Tool Text

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| **Section 1: Prompt Questions and Data Input by User** | | | |
| **Category** | **Text** | **Input Options** | **Follow-up text visible by optional click:** |
| The primary diagnosis | Is the primary diagnosis Mild Cognitive Impairment or Dementia? | *Type of Cognitive Impairment:* MCI, Vascular Cognitive Impairment, Other (specify)  *Type of Dementia:* Alzheimer's disease, Vascular dementia, Mixed dementia, Parkinson's dementia, Lewy Body dementia, Fronto-temporal dementia, Dementia due to brain injury, Type not yet diagnosed, Other (specify) |  |
| Driving History | Caregiver/ informant's relationship to the patient | Spouse, Adult child, Friend, No informant available, Other (specify) |  |
|  | Reliability of caregiver/ informant re: driving history | Reliable, Unreliable, Unknown |  |
|  | Has there been a history of motor vehicle collisions in the last two years? | Yes, No, Unknown |  |
| Caregiver / Informant Concern | Does the caregiver / informant have any concerns about the person's driving?  (Click here for more details) | Yes, No, Unknown | The following questions are examples of concerns that caregivers/informants may have about the patient's driving: -Has there been a history of near misses you are aware of?  -Has s/he confused the gas/brake pedal?  -Has s/he missed stop lights or stop signs?  -Would the family member or caregiver feel safe if a 5 year old grandchild was in the car alone with the patient driving?  -Does the caregiver/informant feel uncomfortable in a car that the patient is driving?  -Has the caregiver/informant noticed any abnormal or unsafe driving behaviours in the patient?  -Have there been any occasions where the patient has gotten lost or experienced navigational confusion?  -Has s/he had traffic tickets or violations?  -Do other drivers honk when s/he drives?  -Are other drivers forced to drive defensively to accommodate the patient's errors in judgment?  -Does s/he often need driving cues or directions from passengers?  -Does s/he need a "co-pilot" to alert them of potentially hazardous events or conditions, or to help navigate?  -Have others commented on the patient's unsafe driving? |
| Dementia History | Has there been behavioural or neuropsychiatric disturbances in the last 6 months?  (Click here for examples of behavioural or neuropsychiatric disturbances.) | Yes, No, None Known | The following are examples of behavioural or neuropsychiatric disturbances:  -Physical aggression  -Verbal aggression   * -Irritability * -Impulsivity * -Agitation * -Hallucinations * -Paranoia/delusions * -Suicidal ideation |
|  | Does this person have difficulty performing any Basic Activities of Daily Living without assistance because of their cognitive impairment?  (Click here for examples of Basic Activities of Daily Living.) | Yes, No | The following are examples of Basic Activities of Daily Living:   * -Dressing * -Bathing * -Eating * -Toileting * -Hygiene |
|  | Does this person have difficulty performing two or more Instrumental Activities of Daily Living without assistance because of their cognitive impairment?  (Click here for examples of Instrumental Activities of Daily Living.) | Yes, No | The following are examples of Instrumental Activities of Daily Living:   * -Shopping * -Housekeeping * -Banking * -Accounting * -Food preparation * -Administering medications * -Using the telephone * -Arranging transportation |
| In-Office Cognitive Performance | Please administer the Mini-Mental State Examination (MMSE) or Montreal Cognitive Assessment (MoCA), or both (you must have at least one of these). Please enter your patient's MMSE / MoCA score (corrected as per protocol with +1 point for <12 years education).  (Click for link to MoCA instructions and test.) | Drop-down list, 0-31 |  |
|  | Please administer the Clock Drawing Test if not completed earlier.  Instructions for the Clock Drawing Test: Instruct patient to draw a clock, and set the hands of the clock to read "10 after 11". Scoring (per Mini-Cog protocol):  Are all the numbers present in the correct sequence?  Are all the number present in the correct approximate position?  Do the hands accurately display the time 10 after 11? | Yes, No for each question |  |
|  | While you or your interdisciplinary team member colleague observed the patient's performance on cognitive testing, how would you describe this patient's speed of cognition? | S/he responded promptly to questions and performed reasonably quickly; S/he showed significant time delays between when questions were asked and responses were given |  |
|  | Optional Trails A and B  (Click here for Trails A and B forms.)  (Click here if you would like to review the instructions).  Leave the fields blank if you chose not to do Trails A or Trails B. | Trails A - Time to completion (min:sec or sec)  Trails A - Number of errors  Trails B - Time to completion (min:sec or sec)  Trails B - Number of errors  Trails B result: Completed Trails B in less than 3 minutes AND with less than 3 errors; It took 3 minutes or more to complete Trails B OR the patient made 3 or more errors; Did not administer Trails B |  |
| Your Decision | (Only physicians may complete this portion): Do you choose to report this patient to the Ministry of Transportation at this time? | Yes, No | If Yes, a table with links to 8 pre-populated MTO-approved reporting forms is displayed.  Options:  1) Medical Condition: Dementia or Alzheimer's; Other / Mild Cognitive Impairment.  2) Want to indicate serious concerns and suggest immediate driving cessation; Want to leave optional section blank; Risk to road safety is uncertain/Recommend road test. |
| Road Testing | The specialized road test is generally seen as the gold standard for assessing driving in dementia, but it is expensive and the patient needs to pay for it him/herself.  Did you choose to recommend a specialized road test for this patient?  *(Intervention version only):* Click if you would like a link to specialized road testing centres. | Yes, No |  |
| *(Intervention version only):*  Caregiver Materials | The caregiver materials package (the Driving and Dementia Toolkit) which you received in the mail is an important part of the Driving in Mild Dementia Decision Tool intervention. Please check the box at the right to confirm that you have given a copy of the toolkit to the patient and his/her caregiver(s). | (check-box): I have given a copy of the Driving in Dementia Toolkit to the patient and his/her caregiver(s). |  |
| **Section 2: Recommendation Output** | | | |
| *(Intervention version only):*  **Report** | Although it is recognized that most patients with Mild Cognitive Impairment and some patients with mild dementia remain safe to drive for the time being, and even though driving cessation poses a risk of depression, social isolation, loss of autonomy, and reduced out-of-home activity, the Driving in Dementia Decision Tool recommendation is to report this patient to the Ministry of Transportation.  The Ontario Highway Traffic Act legislation indicates that:  "Every legally qualified medical practitioner shall report to the Registrar the name, address and clinical condition of every person sixteen years of age or over attending upon the medical practitioner for medical services who, in the opinion of the medical practitioner, is suffering from a condition that may make it dangerous for the person to operate a motor vehicle." (Section 203.1) | |  |
| *(Intervention version only):*  **Do Not Report** | Although the Highway Traffic Act Legislation indicates that:  "Every legally qualified medical practitioner shall report to the Registrar the name, address and clinical condition of every person sixteen years of age or over attending upon the medical practitioner for medical services who, in the opinion of the medical practitioner, is suffering from a condition that may make it dangerous for the person to operate a motor vehicle." (Section 203.1)  -It is recognized that most patients with Mild Cognitive Impairment and some patients with mild dementia remain safe to drive for the time being, and driving cessation poses a risk of depression, social isolation, loss of autonomy, and reduced out-of-home activity.  - According to the pattern that this patient demonstrates, the Driving in Dementia Decision Tool recommendation is not to report this patient to the Ministry of Transportation at this time.  - International guidelines suggest that for such patients:   * -They should be followed closely for progression or changes in driving performance, and a formal reassessment in 6 months or 12 months is warranted. * -They should be counselled about the future need to retire from driving if the cognitive impairment progresses.   -It will be important for your office to be vigilant in arranging this follow-up with this patient. The family should also be advised to promptly report any changes that could impact on driving safety as soon as they are identified rather than wait until the follow-up visit.  -While the recommendation is not to report, you may wish to consider the following notices:  -There are no studies pertaining to the MoCA and driving, and no specific cut-offs regarding a score that separates mild cognitive impairment, mild dementia and moderate dementia. Your patient has a score over nn (e.g. 23), and for scores in this range there is no consensus regarding how the MoCA score itself should impact reporting without taking into account other information such as the extent of functional impairment related to cognitive impairment.  **Medical Caveat for "don't report":**  -The Driving in Dementia Decision Tool is meant to help you assess whether mild dementia or mild cognitive impairment in your patient should lead you to consider reporting him/her to the Ministry of Transportation. Other medical, neurological, and psychiatric conditions, as well as various medications can have a significant impact on driving*. Click here for examples.* Please consider whether other factors are present that are likely to worsen the driving ability of this patient before making your final decision. | | Medical caveat for "don't report":  Many medical, neurological, and psychiatric conditions and medications can have a significant impact on driving ability. There is information in the Canadian Medical Association's Driver's Guide to help you with this assessment. Examples include, but are not limited to:  -Frequent falls  -Auditory impairment despite correction   * -Visual impairment despite correction * -Significant lack of coordination * -Significant dizziness * -Diplopia * -Seizures * -Syncope * -Parkinsonism or bradkykinesia * -Severely limited range of motion of neck * -Excessive sedation or slowed mentation due to medication * -Alcohol or substance use |
| *(Intervention version only):*  **No Consensus** | According to the pattern that this patient demonstrates, the Driving in Dementia Decision Tool does not have a specific recommendation about whether or not to report this patient to the Ministry of Transportation at the present time.  -It is recognized that most patients with Mild Cognitive Impairment and some patients with mild dementia remain safe to drive for the time being, and driving cessation poses a risk of depression, social isolation, loss of autonomy, and reduced out-of-home activity. Nonetheless, the Highway Traffic Act Legislation indicates that:  "Every legally qualified medical practitioner shall report to the Registrar the name, address and clinical condition of every person sixteen years of age or over attending upon the medical practitioner for medical services who, in the opinion of the medical practitioner, is suffering from a condition that may make it dangerous for the person to operate a motor vehicle." (Section 203.1)  -There are no studies pertaining to the MoCA and driving, and no specific cut-offs regarding a score that separates mild cognitive impairment, mild dementia and moderate dementia. Your patient has a score of nn (e.g. 0-23), and for scores in this range there is no consensus regarding how the MOCA score itself should impact reporting without taking into account other information such as the extent of functional impairment related to their cognitive impairment.  While there is no consensus in the literature, current CMA guidelines recommend that physicians should err on the side of reporting any potential medically unfit driver.  **Medical Caveat for "no consensus":**  -The Driving in Dementia Decision Tool is meant to help you assess whether mild dementia or mild cognitive impairment in your patient should lead you to consider reporting him/her to the Ministry of Transportation. Other medical, neurological, and psychiatric conditions, as well as various medications can have a significant impact on driving. *Click here for examples*. Please consider whether other factors are present that are likely to worsen the driving ability of this patient before making your final decision. | | Medical caveat for "no consensus”:  Many medical, neurological, and psychiatric conditions and medications can have a significant impact on driving ability. There is information in the Canadian Medical Association's Driver's Guide to help you with this assessment. Examples include, but are not limited to:  -Frequent falls  -Auditory impairment despite correction   * -Visual impairment despite correction * -Significant lack of coordination * -Significant dizziness * -Diplopia * -Seizures * -Syncope * -Parkinsonism or bradkykinesia * -Severely limited range of motion of neck * -Excessive sedation or slowed mentation due to medication * -Alcohol or substance use |
| *(Control version only):*  For all control version outputs. | It is recognized that most patients with Mild Cognitive Impairment and some patients with mild dementia remain safe to drive for the time being, and driving cessation poses a risk of depression, social isolation, loss of autonomy, and reduced out-of-home activity. Nonetheless, the Highway Traffic Act Legislation indicates that:  Every legally qualified medical practitioner shall report to the Registrar the name, address and clinical condition of every person sixteen years of age or over attending upon the medical practitioner for medical services who, in the opinion of the medical practitioner, is suffering from a condition that may make it dangerous for the person to operate a motor vehicle." (Section 203.1). | |  |