Table 3. Assessing Fitness to Drive[28]

Step	Rationale/Details
Assess and document the type of dementia	• Certain types of dementia may impact driving earlier than others. • Examples include impulsivity and executive functioning deficits in frontotemporal dementia, fluctuating alertness and attention or motor symptoms in Lewy body dementia.
Assess the functional impact of dementia	• As the disease progresses, decline in functional abilities may affect driving ability. • The patient is no longer safe to drive if any basic ADLs are impacted due to cognitive impairment. • Driving is likely impaired if 2 or more IADLs are impacted due to cognitive impairment.
Evaluate comorbidities, review medications/ substances	• Determine if other medical conditions or mobility impairments negatively affect driving ability (e.g., CVD, hearing impairment, diabetes, arthritis, neurological disease). • Consider medications (Box 4) or substances (alcohol, cannabis) that can cause cognitive impairment.
Take a driving history from the patient and family/ friends/care partners	• Seek input from those who have been in the car while the patient has been driving. Concerns from family/friends often indicate that the patient is not safe to drive. However, lack of concerns does not necessarily imply the patient is safe to drive. • Ask about collisions, dents, near misses, traffic tickets, getting lost or needing a co-pilot, driving too fast or slow, or unsafe turns (especially left hand turns against traffic). • Ask: Would you get in a car with this person driving? Would you allow your grandchild to get in the car? Would the person with dementia be able to brake in time if a child ran after a ball?
Conduct a cognitive assessment	• Assess global cognition: MMSE, MoCA, RUDAS. • Processing speed, executive function, visuospatial skills are highlighted in the Trail Making B (MoCA), intersecting pentagons (MMSE), cube copying (MoCA, RUDAS), and clock drawing (MoCA) tests. • Assess judgment and insight through hypothetical driving scenarios—for example, what would you do if a garbage can rolled out in front of your car when you were driving?
Perform a physical and neurological examination	• Evaluate motor and sensory skills needed to operate a vehicle: visual acuity and fields; mobility and gait; range of motion of neck, shoulder, elbow, fingers, and ankles; strength and sensation in the arms, legs, hands, feet; proprioception. • Assess for parkinsonian features.
Interpret findings	• Review findings from the steps above and base decisions on overall findings, rather than a specific component of the assessment.
Formulate next steps	• *Safe to drive*: Follow up within 6–12 months or sooner if there are significant changes in cognition, behaviour, or function. • *Unsafe to drive*: Advise patient not to drive, document findings, and report. • *Uncertain if safe to drive:* Discuss the option of giving up driving as this will be an eventual outcome. If the patient is not interested in cessation, explain that a specialized driving assessment (on- and off-road) will be required. • Work with the patient or have others work with them to develop alternative transportation plans.
Refer to Appendix 1 for link/QR code to the Driving and Dementia Road Map for further information to help assess fitness to drive and guide patients through the driving cessation process.	

ADLs = activities of daily living (dressing, transfers/mobility, toileting, grooming, eating); IADLs = instrumental activities of daily living (work, medications, finances, shopping, meal prep, use of technology, housework); MMSE = mini-mental state exam; MoCA = Montreal Cognitive Assessment; RUDAS = Rowland Universal Dementia Assessment Scale

Other Safety Concerns

14. Other safety concerns in patients with dementia include:[18]
    - Falls—consider referral to physical and/or occupational therapy to assess home safety and/or need for gait aids.
    - Kitchen/food safety—to reduce fire risk from leaving burner on, unplug stove or install a stove guard. Encourage use of a microwave or crock pot.
    - Firearms, weapons, lighters, matches—ensure these are locked up or removed from the home.
    - Errors in medication management—recommend the use of blister packs, regularly check for adherence, and integrate reminder systems.