



North East Specialized  
Geriatric Centre  
Centre gériatrique  
spécialisé du Nord-Est

**Date: June 12, 2019**

PLEASE NOTE that Project ECHO® Care of the Elderly case recommendations do not create or otherwise establish a provider-patient relationship between any ECHO Care of the Elderly Hub team member/presenters and any patient whose case is being presented in a Project ECHO® setting.

All resources are posted in the COP website, under “June 12 – Driving & Dementia”. You must be logged in to view the resources.

### **Case Synopsis:**

86-year old male lives in small rural town. The family doctor is suspecting "vascular dementia" but wants the patient to be assessed at the local Memory Disorder Clinic by geriatricians. MoCA scored is 24/30. He always goes to his doctor's appointments by himself and voices no concerns for his well-being and for his driving safety. Doctor has not seen his vehicle, and has heard no concerns from family, so has no reason to suspect unsafe driving. The doctor reluctantly reported his results to the MTO, and a letter was sent to the patient some weeks later. The patient refuses to acknowledge it, and his partner is still accepting rides into town as it is her only means of transportation. The OPP were called with concerns, and they say he needs to be caught in the act, but they will keep an eye out for him on the roads without a license and discouraged him from driving

1. Where do we go from here? How do we work best with the FMD?
2. What is the role of the OPP?
3. What is our duty as health care professionals?
4. Does the son have a duty?

### **Summary of Recommendations:**

#### **Further workup/investigations:**

- Consideration of a formal assessment of capacity
- Assessment of potential alcohol use disorder using a validated tool (e.g., Short Michigan Alcoholism Screening Instrument–Geriatric Version (SMAST-G) or CAGE for alcohol use disorder)

#### **Non-Pharmacological interventions:**

- Refer or arrange for a geriatrician/geriatric psychiatry consultation to make home visit for diagnosis of dementia and to clearly communicate concerns related to unsafe driving especially as the disease progresses
- Recruit the help of a third-party person e.g. geriatrician, community liaison officer, if available in your region, to act as the “bad guy”
- Engage the patient’s son in this conversation to see if he can assist in driving retirement and for a larger role as substitute decision maker as his father’s dementia progresses
- Consider referral to a geriatric psychiatry outreach for a comprehensive in-home assessment for issues that may not be easily apparent in the office
- Using a broader, team-based approach and involving external partners as this is a complex issue, such as local BSO, Alzheimer Society
- Advocating for systemic change in approaches to address driving with dementia and limitations in the current system (e.g. notification of revocation of license to primary care providers)

#### **Pharmacological interventions:**

- Consider pharmacotherapy with a trial of a cholinesterase inhibitor