

SAFE DRIVING CONVERSATION STARTERS FOR DIFFERENT STAGES OF DEMENTIA

Stage	Talking points	Approach to assessment
Mild cognitive impairment	<p>Prepare the patient to expect ongoing conversations about driving:</p> <p><i>“As your cognition and function change, we will discuss how to balance and maintain your safety and independence in all daily activities, including driving. Our goal will be to help you prepare for important transitions and avoid crises.”</i></p>	<p>Brief clinical assessment</p> <ul style="list-style-type: none"> • Ask about crashes, near-misses, getting lost, and traffic violations. • Ask if the patient has concerns about their driving (at this stage, their insight is often reliable). • Ask if family members have concerns about the patient’s driving.
Mild dementia (functional dependence in at least one IADL but no ADL)	<p>Without driving impairments</p> <p>Continue to build rapport with the patient:</p> <p><i>“Dementia is unfortunately stigmatized, but just because you have dementia does not mean that you categorically can’t drive at this stage.”</i></p> <p>Seed the idea of a future referral to OT for in-depth driving assessment and let the patient know that once they have moderate dementia it will no longer be safe for them to drive, based on international consensus.*</p> <p>With driving impairments</p> <p>Acknowledge the conversation is a hard one and emphasize your shared goal of weighing risks and benefits:</p> <ul style="list-style-type: none"> • <i>“It isn’t that you’ve done something wrong, and none of this is your fault, but we’re at a point where I’m worried about your ability to handle some of the chaotic scenarios that can come up while driving.”</i> • <i>“Because you’re having changes in [give specific examples], I’m worried you’re at increased risk for a crash compared to five years ago.”</i> <p>Empower family and care partners with persuasive language to use at home, such as:</p> <ul style="list-style-type: none"> • <i>“It’s not necessarily a question of Can you drive? but rather Should you drive?”</i> • <i>“If you get into a crash or, worse, if someone gets hurt, I don’t want you to have to wonder if it was because of your dementia.”</i> <p>Remind the patient of their potential liability if a crash occurs. Even if it isn’t their fault, they may still be found liable for driving when they knew they had dementia.</p>	<p>In-depth clinical assessment</p> <ul style="list-style-type: none"> • Ask about cognitive symptoms related to attention, processing speed, executive function, and visual abilities. • Ask about crashes, near-misses, getting lost, and traffic violations. • Ask about difficulty with specific driving maneuvers (e.g., left turns, merging, lane keeping, attention to blind spots, stopping and starting, and wayfinding). • Ask family members about their observations and concerns. Ask if they would feel comfortable having the patient drive a child or grandchild. • Discuss and implement self-restrictions (e.g., daylight-only driving, avoiding highways, and driving only within a certain distance from home). <p>Refer for driving assessment</p> <ul style="list-style-type: none"> • OT or CDRS assessment can provide specific evidence to reference in your conversations with patients who have driving concerns or impairments (e.g., executive function, attention, visual processing speed, or reaction time). • If the patient is not willing to do OT or CDRS assessment, suggest DMV driving test as an alternative.
Moderate or severe dementia (functional dependence in increasing numbers of ADLs, often starting with difficulty dressing or bathing oneself)	<p>Be clear that guidelines say the patient should not drive:</p> <p><i>“You are now in the moderate stage of your dementia. In this stage, you will need more support and help so that we can continue to focus on your quality of life. Unfortunately, one of the changes that happens at this stage is no longer driving. I know this is hard to hear, but at this point your cognitive decline cannot handle the demands of driving. I’m glad you haven’t made any mistakes or gotten into accidents, but the risk is too high for you and the community. The consensus of clinical guidelines, and the position of our clinic, is that anyone with moderate or severe dementia should stop driving.”</i></p> <p>Send the patient home with a brief written summary of your recommendation about not driving so family members and care partners can reference it later.</p>	<p>Refer to DMV for driving assessment if the patient contests your recommendation to stop driving</p> <p><i>“If you disagree with me about no longer driving, I am ethically obligated to let the DMV know so that they can make their own determination. If they agree with me, they will void your license and provide you an alternative ID card.”</i></p> <p>Referral to the DMV speeds the process of addressing driver’s license status. Detailed evidence from an OT assessment is not necessary because the patient has moderate to severe dementia and guidelines state they should not drive.</p>

*Kim YJ, An H, Kim B, Park YS, Kim KW. An international comparative study on driving regulations on people with dementia. *J Alzheimers Dis.* 2017;56(3):1007-1014.



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