





The road to driving safer and longer

Driving with Diminished Skills

Because driving is a complex task, drivers need to be sure they have the mental and physical capacity for driving safely as they experience changes with aging. Most drivers who are aware of their changing capacity to drive can adjust their driving plans and improve their driving habits to drive safer and longer.

All drivers must:

- watch for objects and activities on all sides, never knowing what may come next;
- judge and respond to all they see and hear around them;
- divide their attention between roadway and in-vehicle information and distractions;
- remember road rules, routes, vehicle operations, and other vehicle positions;
- make complex decisions; and
- carry out effective driving maneuvers.

Changes in the following contribute to older driver challenges.

- Vision
- Reaction time
- Mobility (flexibility, strength and endurance)
- Memory
- Medical history

Vision

Aging drivers need more light to read signs, etc., and require more time to see road signs and hazards clearly. Aging drivers also experience a reduction in their depth perception and peripheral vision, which affects their ability to judge distance and speed.

Scheduling regular eye check-ups and choosing not to drive at night or in adverse conditions can reduce older drivers' risks due to declining vision.



Reaction time

Older drivers can take twice as long as younger drivers to react, due to changes in the brain that occur with aging. Concentrating on driving and not "multi-tasking" is important for older drivers. It also helps to plan ahead, avoid complex situations and reduce distractions.

Mobility

Men and women lose muscle mass (strength) beginning about age 30. Stiffness in joints, ligaments and tendons may increase the difficulty of turning to look for traffic and using the brakes in response to an unexpected situation. Activity and exercise can help older drivers maintain the strength and flexibility needed for driving. A doctor can offer advice on nutrition and exercise that will work best.



Memory

Even mild forgetfulness can result in failing to respond to a stop sign, forgetting to switch on a turn signal or neglecting to watch for changes in another driver's actions. Concentrating on driving and limiting distractions is important for safety.

Medical history

An accumulation of injuries and disease can cause additional changes in strength, response and flexibility. Older drivers who watch for these changes can compensate for some of them with assistive devices.



Medication can also cause a number of conditions such as lethargy, fatigue, drowsiness, confusion, memory impairment, disorientation, lightheadedness, and difficulty concentrating.

With the advice of a doctor, the timing or combinations of medications may be adjusted to reduce side effects that impair driving.

Older drivers can drive safer and longer when they:

- take care of their health;
- exercise to stay fit and flexible;
- watch for changes and adjust their driving;
- concentrate on driving while driving; and
- listen to friends and family when they are concerned about their driving safety.

As family members, caregivers or other concerned individuals, you've taken on the responsibility of examining some of the choices faced by the older lowan in your life. One of the major concerns of older lowans who continue to drive is the way the onset and progression of dementia can affect their safety and the safety of others. Dementia is a disease of the brain that causes a slow, steady decline in memory, reasoning and other thinking tasks. With dementia, drivers may become lost, have near misses or be involved in crashes. This booklet will give you useful information on taking action to protect your loved one and the community.

One or more of these behaviors may mean it is time to limit or stop driving:

- · inability to locate familiar places;
- failure to obey traffic signs;
- slow or poor decision making in traffic;
- driving at an inappropriate speed too fast or too slow;
- difficulty at intersections, such as understanding who has the right-of-way or failing to check the intersection thoroughly; and/or
- becoming angry or confused while driving.





The statistics regarding dementia and Alzheimer's disease

Individuals with dementia are twice as likely to be involved in a traffic accident as other persons of the same age.

Data indicates that 50 percent of persons with Alzheimer's disease (the most common form of dementia) still drive for up to three years after they have been diagnosed.

What actions can you take?

- Encourage the person to voluntarily stop driving.
- Reassure the person that other transportation will be available.
 - Research alternative forms of transportation, such as the regional transit system. All 99 Iowa counties are served by these transit providers.
 - Drive the older person yourself or arrange for someone else to drive.
- Solicit the support of others.
 - Have driving skills tested at a special independent driving evaluation center.
 - Ask the physician to send a letter to the Iowa DOT's Office of Driver Services advising the person is unsafe to drive.

- Make the car less accessible.
 - Take away the keys.
 - Disable the car.
 - Have a mechanic install a "kill switch" or alarm system that disengages the fuel line to prevent the car from starting.
 - Restrict access to the vehicle.

Assistance from the Iowa DOT's Office of Driver Services

In lowa, any individual may ask the DOT to reexamine the ability of another person to drive safely. Family members often find it difficult, if not impossible, to convince someone to take a reexamination, and seek out the help of a physician or peace officer. A re-examination involves both written and road testing, and may also include a requirement for medical information.

While older individuals with diminishing skills can be a hazard to themselves and others, they are often safe drivers in areas that are familiar to them. In recognition of this, driver's license examiners will assess a person's driving skills in that driver's own area. For many older lowans, this process results in a license that allows them independence and mobility, while restricting them to local areas and sometimes "daylight only" driving privileges.

Basic driver's license renewal information

Most driver's licenses expire on the person's birthday. There are exceptions for individuals who are not U.S. citizens.

Individuals who are under age 18, or who are age 70 and older, can only be issued two-year licenses.

Individuals with certain medical conditions will be licensed for a maximum of two years, and some individuals with progressive conditions, such as Alzheimer's disease or Parkinson's disease, may only receive one-year licenses.



Vision is screened each time a person renews their driving privilege. A vision statement from an eye doctor is accepted in place of the screening.

Regardless of age, anyone who wishes to obtain a driver's license must be physically and mentally capable of driving safely.

- Drivers may be asked to provide medical information to attest to their physical and mental capabilities.
- Drivers may be asked to take a drive test to determine whether or not restrictions are necessary.
- Drivers should tell driver's license staff about their medical conditions and medications, if they affect driving.

Frequently asked questions about having a driver retested

Q. Who can request an evaluation of a driver whose skills may be diminishing?

A. Under the law a concerned person can submit a report requesting an evaluation of a driver whose skills are questionable.

Q. Who can be reported?

A. Any person with a physical, mental or visual impairment, regardless of age.

Q. Who can file a report?

A. A family member, physician, health care professional, law enforcement officer, or other concerned citizen can file a report. **Q. Will the driver know who made the report?** A. Yes. If a person asks to know who signed the report, the driver's license examiner will show them.

Q. What will happen if a person filing the report intentionally makes a false report?

A. Re-examinations are not scheduled just because someone makes a report. The Office of Driver Services reviews all requests and makes a determination as to whether or not the person will be required to take the examinations.

Q. If the driver refuses to take the tests, what happens?

A. Drivers who refuse will have their licenses suspended.

Q. What happens if the driver does not pass the examinations?

A. If the person fails, the license will be suspended. The person will then be given the opportunity to study and test again. As a final action, if the person is suspended, he or she may appeal that decision through an administrative appeal process.

Note: If a medical report states the person should not drive, the license will be suspended and the individual may appeal that decision through an administrative appeal process.

For additional information about driving and dementia, contact the nearest office of the Greater lowa Chapter of the Alzheimer's Association (addresses listed on the back of this publication).

For more information contact: lowa Department of Transportation Office of Driver Services PO Box 9204 Des Moines, IA 50306-9204 Phone 800-532-1121



This booklet is part of the lowa Department of Transportation's **"Choices Not Chances - The Road to Driving Safer and Longer"** series. These booklets and video were developed to help lowa drivers remain safe and mobile as they age. For more information, contact the Department of Transportation's Office of Driver Services at 800-532-1121.

Greater Iowa Chapter of Alzheimer's Association Offices

http://www.alz.org/greateriowa/ 24-hour helpline: 1.800.272.3900

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