

DEMENTIA	DEFINITION	FUNCTIONAL IMPAIRMENTS	DRIVING-RELATED IMPAIRMENTS	FACTORS TO CONSIDER	LICENSING OPTIONS
<p>Alzheimer's Disease</p> <p><i>PERMANENT & PROGRESSIVE</i></p>	<p>Progressive deterioration of intellect. The natural course of the disease passes through several levels.</p> <p>The driver has little insight into the cognitive changes taking place, due to memory loss.</p>	<p>Persons with early Alzheimer's disease may experience only minor symptoms of dementia. They appear healthy and their social skills are very well preserved. Some anxiety may be exhibited.</p> <p>As subtle symptoms begin to appear, the person may experience confusion, irritability, restlessness, and/or agitation. Impairments in judgment, concentration, orientation and language also appear.</p> <p>Personality changes become noticeable as the disease progresses.</p> <p>NOTE: Not all symptoms will be seen together, as symptoms will vary among people with Alzheimer's disease.</p>	<p><u>Perception:</u> Impairment in visual processing prevents or interferes with the person's recognition of what they see. This could impair judgment in driving situations.</p> <p><u>Divided Attention:</u> Inability to focus on more than one thing and sort out what is appropriate to the driving environment. For example, inability to follow two tasks at once, such as carrying on a conversation with a passenger and paying attention to traffic.</p> <p><u>Selective Focused Attention:</u> Reaction times are generally slower for people in the early stages of Alzheimer's disease. People with mild Alzheimer's disease also have difficulty reacting to more than one external stimulus. For example, they may be able to focus and react appropriately to traffic signs or signals, but not be able to react at the same time to traffic or pedestrian situations surrounding them.</p> <p><u>Judgment:</u> Impaired in more complex traffic situations.</p> <p><u>Impulsive Behavior:</u> Reacting to a situation without considering or realizing the consequences first.</p>	<ul style="list-style-type: none"> • Mileage driven and road exposure in familiar areas. Problem areas will include traffic congestion and unfamiliar streets. • Driving record. • Alcohol consumption. Drivers with any type of dementia should never consume alcoholic beverages. • Cognitive side effects of single or multiple medications. • Other medical conditions that may cause motoric impairments and/or psychiatric conditions could lead to diminished impulse control, emotional lability (instability). • How did this person come to the department's attention (CMR, law enforcement, family, etc.)? • Driver's insight into own driving skills and abilities. • Any other relevant evidence. 	<p><u>No Action:</u> Appropriate only when a false diagnosis of Alzheimer's disease was made. Additional medical documentation from the driver's physician is needed to verify that the diagnosis of Alzheimer's disease was incorrect.</p> <p><u>Restriction:</u> Application of restrictions is guided by the results of a special drive test.</p> <p><u>Calendar Reexamination:</u> Hearing officers have the discretion to determine how soon a calendar reexamination should be held based on evidence presented at the contact.</p> <p>Consider reevaluating drivers in 6 months or less when the results of the knowledge and drive tests are marginal* <u>and</u> their dementia is not expected to progress rapidly.</p> <p>A 12-month reexamination period may be more appropriate for those who are better than marginal. (<i>This may include drivers with disputed diagnoses of memory impairment.</i>)</p> <p>*Marginal: a) When the driver cannot pass the written test but is successful when the questions are restated verbally by the hearing officer. b) When drive test errors are noncritical ones that can be corrected with additional training.</p> <p><u>Revocation:</u> Drivers with moderate to severe Alzheimer's disease should be revoked. If the severity is not identified by the physician, these drivers will be identified by their inability to pass the knowledge test.</p>

Progression beyond the mild stage of dementia renders the person unsafe to drive.

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<p>Multi-Infarct Dementia (Vascular Dementia)</p> <p><i>PERMANENT & USUALLY PROGRESSIVE</i></p>	<p>Brain tissue is lost as a result of loss of blood supply to specific areas of the brain. The characteristics of this dementia differ based on the part of the brain that is damaged.</p> <p>This type of dementia is seen in persons with a history of hypertension, previous strokes, and diabetes.</p>	<p>Impairments may include:</p> <ul style="list-style-type: none"> • Intellectual deterioration. • Sensory loss including loss of complex visual acuity, cortical blindness, or other visuospatial difficulties. • Left-sided neglect. • Weakness or paralysis. • Personality changes. 	<p><u>Perception:</u> Impairment in visual processing prevents or interferes with the person's recognition of what they see. This could impair judgment in driving situations.</p> <p><u>Divided Attention:</u> Inability to focus on more than one thing and sort out what is appropriate to the driving environment. For example, inability to follow two tasks at once, such as carrying on a conversation with a passenger and paying attention to traffic.</p> <p><u>Selective Focused Attention:</u> Reaction times are generally slower for people in the early stages of Multi-Infarct Dementia or Mixed Dementia. People with mild Multi-Infarct Dementia and mild Mixed Dementia also have difficulty reacting to more than one external stimulus. For example, they may be able to focus and react appropriately to traffic signs or signals, but not be able to react at the same time to traffic or pedestrian situations surrounding them.</p>	<ul style="list-style-type: none"> • Mileage driven and road exposure in familiar areas. Problem areas will include traffic congestion and unfamiliar streets. • Driving record. • Alcohol consumption. Drivers with any type of dementia should never consume alcoholic beverages . • Cognitive side effects of single or multiple medications. • Other medical conditions that may cause motoric impairments and/or psychiatric conditions could lead to diminished impulse control, emotional lability (instability). 	<p><u>No Action:</u> Appropriate only when a false diagnosis of Multi-Infarct Dementia or Mixed Dementia has been made. Additional medical documentation from the driver's physician will be needed to verify that the diagnosis of the dementia was incorrect.</p> <p><u>Restriction:</u> Application of restrictions is guided by the results of a special drive test.</p> <p><u>Calendar Reexamination:</u> Hearing officers have the discretion to determine how soon a calendar reexamination should be held based on evidence presented at the contact.</p> <p>Consider reevaluating drivers in 6 months or less when the results of the knowledge and drive tests are marginal* <u>and</u> their dementia is not expected to progress rapidly.</p> <p>A 12-month reexamination period may be more appropriate for those who are better than marginal. (<i>This may include drivers with disputed diagnoses of memory impairment</i>)</p> <p>*Marginal: a) When the driver cannot pass the knowledge test but is successful when the questions are restated verbally by the hearing officer. b) When drive test errors are noncritical ones that can be corrected with additional training.</p>
<p>Mixed Dementia</p> <p><i>PERMANENT & PROGRESSIVE</i></p>	<p>This is a combination of multi-infarct dementia and Alzheimer's disease or multi-infarct dementia and Alzheimer's disease coexisting in the same person.</p>	<p>Not all of the manifestations found in Alzheimer's disease or multi-infarct dementia will be present in mixed dementia.</p>	<p><u>Judgment:</u> Impaired in more complex traffic situations.</p> <p><u>Impulsive Behavior:</u> Reacting to a situation without considering or realizing the consequences.</p>	<ul style="list-style-type: none"> • How did this person come to the department's attention (CMR, law enforcement, family, etc.)? • Driver's insight into own driving skills and abilities. • Any other relevant evidence. 	<p><u>Revocation:</u> Drivers with moderate to severe multi-infarct or mixed dementias should have their driving privilege revoked. If the severity is not identified by the physicians, these drivers will be identified by their inability to pass the knowledge test.</p>

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<p>AIDS Dementia Complex</p> <p><i>PERMANENT & USUALLY PROGRESSIVE</i></p>	<p>Dementia results from the HIV virus directly infecting the brain tissue usually causing progressive dementia.</p> <p>Dementia may be present in the early stages. Cognitive and emotional symptoms may be present very early in the illness also. Severe dementia is less common.</p> <p>Once a central nervous system infection sets in, driving skills will deteriorate rapidly.</p>	<p>People with AIDS dementia have difficulty in using appropriate judgment. This deficit may be identified on a special drive test.</p> <p>NOTE: AIDS dementia does not show language difficulties or visuospatial impairments as Alzheimer's disease does.</p>	<p><u>Selective Focused Attention:</u> Reaction times are generally slower for people in the early stages of AIDS Dementia Complex.</p> <p><u>Judgment:</u> Impaired in more complex traffic situations.</p> <p><u>Impulsive Behavior:</u> Reacting to a situation without considering or realizing the consequences.</p>	<ul style="list-style-type: none"> • Judging and reacting appropriately to traffic situations. • Driving record. • Alcohol consumption. Drivers with any type of dementia should never consume alcoholic beverages. • Cognitive side effects of single or multiple medications. • Other medical conditions that may cause motoric impairments and/or psychiatric conditions could lead to diminished impulse control, emotional lability (instability). • How did this person come to the department's attention (CMR, law enforcement, family, etc.)? • Driver's insight into own driving skills and abilities. • Any other relevant evidence. 	<p><u>No Action:</u> Appropriate only when a false diagnosis of dementia has been made. Additional medical documentation from the driver's physician will be needed to verify that the diagnosis of dementia was incorrect.</p> <p><u>Restriction:</u> Application of restrictions is guided by the results of a special drive test.</p> <p><u>Calendar Reexamination:</u> Hearing officers have the discretion to determine how soon a calendar reexamination should be held based on evidence presented at the contact.</p> <p>Consider reevaluating drivers in 6 months or less when the results of the knowledge and drive tests are marginal* and their dementia is not expected to progress rapidly.</p> <p>A 12-month reexamination period may be more appropriate for those who are better than marginal. (<i>This may include drivers with disputed diagnoses of memory impairment</i>)</p> <p>*Marginal: a) When the driver cannot pass the written test but is successful when the questions are restated verbally by the hearing officer.</p> <p>b) When drive test errors are noncritical ones that can be corrected with additional training.</p> <p><u>Revocation:</u> Drivers with moderate to severe dementia, should have their driving privilege revoked. If the severity is not identified by the physician, these drivers will be identified by their inability to pass the knowledge test.</p>

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<p>Dementia due to Parkinson's Disease</p> <p><i>PERMANENT & PROGRESSIVE</i></p>	<p>Dementia in Parkinson's disease is a degenerative disease primarily affecting the brainstem. It usually causes disturbances of the body's complex motor system.</p> <p>25% of those with Parkinson's disease will develop dementia, generally after the first five years of the disease.</p>	<p>The typical dementing syndrome in persons with Parkinson's disease consists of a slowing of thought processes, a lack of initiative, and impaired problem solving. Language and visuo-spatial deficits may also be present.</p> <p>Motor functions are also affected causing the person to experience tremors, rigidity, and excessively slow movement.</p> <p>The medications used to treat Parkinson's disease may also cause involuntary movement. The common neuroleptic drugs are Sinemet and Parlodel.</p>	<p><u>Perception</u>: Impairment in visual processing prevents or interferes with the person's recognition of what they see. This could impair judgment in driving situations.</p> <p><u>Divided Attention</u>: Inability to focus on more than one thing and sort out what is appropriate to the driving environment. For example, inability to follow two tasks at once such as carrying on a conversation with a passenger and paying attention to traffic.</p> <p><u>Selective Focused Attention</u>: Reaction times are generally slower for people in the early stages of dementia due to Parkinson's disease. People in the mild stage of this dementia also have difficulty reacting to more than one external stimulus. For example, they may be able to focus and react appropriately to traffic signs or signals, but not be able to react at the same time to traffic or pedestrian situations surrounding them. Responses are slower.</p> <p><u>Judgment</u>: Impaired in more complex traffic situations.</p> <p><u>Impulsive Behavior</u>: Acting on a situation without considering or realizing the consequences.</p>	<ul style="list-style-type: none"> • Mileage driven and road exposure in familiar areas. Problem areas will include traffic congestion and unfamiliar streets. • Driving record. • Alcohol consumption. Drivers with any type of dementia should never consume alcoholic beverages . • Cognitive side effects of single or multiple medications. • Other medical conditions that may cause motoric impairments and/or psychiatric conditions could lead to diminished impulse control, emotional lability (instability). • How did this person come to the department's attention (CMR, law enforcement, family, etc.)? • Driver's insight into own driving skills and abilities. • Drugs used to treat dementia in Parkinson's disease (Sinemet and Parlodel) may cause driving impairment. These drugs will cause restless movement and do not help dementia. • Any other relevant evidence. 	<p><u>No Action</u>: Appropriate only when a false diagnosis of dementia has been made. Additional medical documentation from the driver's physician will be needed to verify that the diagnosis of dementia was incorrect.</p> <p><u>Restriction</u>: Application of restrictions is guided by the results of a special drive test.</p> <p><u>Calendar Reexamination</u>: Hearing officers have the discretion to determine how soon a calendar reexamination should be held based on evidence presented at the contact.</p> <p>Consider reevaluating drivers in 6 months or less when the results of the knowledge and drive tests are marginal* and their dementia is not expected to progress rapidly.</p> <p>A 12-month reexamination period may be more appropriate for those who are better than marginal. (<i>This may include drivers with disputed diagnoses of memory impairment</i>)</p> <p>*Marginal: a) When the driver cannot pass the written test but is successful when the questions are restated verbally by the hearing officer.</p> <p>b) When the drive test errors are noncritical ones that could be corrected with additional training.</p> <p><u>Revocation</u>: Drivers with moderate to severe dementia should have their driving privilege revoked. If the severity is not identified by the physician, these drivers will be identified by their inability to pass the written test.</p>

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<p>Huntington's Disease</p> <p><i>PERMANENT & PROGRESSIVE</i></p>	<p>A degenerative disorder of the nervous system causing chorea (<i>involuntary muscle twitching of face and limbs</i>) and dementia.</p>	<p>A high percentage of persons exhibit emotional and cognitive disorders before being diagnosed with Huntington's disease. Persons with Huntington's disease have extremely impaired judgment. However, in the early stages they are able to coherently answer questions. Persons with Huntington's disease lack impulse control, usually exhibit violent behavior, and have a high suicide rate.</p>	<p><u>Impulsive Behavior:</u> Reacting to a situation without considering or realizing the consequences first.</p> <p>Slowness in response time.</p>	<ul style="list-style-type: none"> • Mileage driven and road exposure in familiar areas. Problem areas will include traffic congestion and unfamiliar streets. • Driving record. • Alcohol consumption. Drivers with any type of dementia should never consume alcoholic beverages. 	<p>Revocation of the driving privilege should be imposed early with Huntington's disease when the person is psychologically disabled and unable to recognize his/her problems.</p> <p style="text-align: center;">- otherwise -</p> <p style="text-align: center;">see below.</p>
<p>Posttraumatic Dementia</p> <p><i>USUALLY PERMANENT & NON-PROGRESSIVE</i></p> <p><i>NOTE: In rare cases this dementia may be progressive.</i></p>	<p>This type of dementia results from head injuries that produce chronic cognitive and behavioral deficits. In some cases, a degree of recovery may proceed for a period of 2 or 3 years. The prognosis is better for a younger person.</p>	<p>Intellectual impairment varies depending upon the part of the brain that was injured.</p> <p>A person with Posttraumatic dementia will not completely regain the level of functioning achieved prior to the injury. The dementia will not become worse either.</p>	<p><u>Perception:</u> Impairment in visual processing. Impaired judgment in driving situations.</p> <p><u>Divided Attention:</u> Inability to focus on more than one thing and sort out what is appropriate to the driving environment.</p> <p><u>Selective Attention:</u> Slower reaction times and difficulty reacting to more than one external stimulus.</p> <p><u>Judgment:</u> Impaired in more complex traffic situations.</p> <p><u>Impulsive Behavior:</u> Reacting to a situation without considering or realizing the consequences.</p>	<ul style="list-style-type: none"> • Cognitive side effects of single or multiple medications. • Other medical conditions that may cause motoric impairments and/or psychiatric conditions could lead to diminished impulse control, emotional lability (instability). • How did this person come to the department's attention (CMR, law enforcement, family, etc.)? • Driver's insight into own driving skills and abilities. • Any other relevant evidence. 	<p><u>No Action:</u> Appropriate only when a false diagnosis of dementia has been made. Physician's report is needed to verify incorrect diagnosis.</p> <p><u>Restriction:</u> Application of restrictions is guided by the results of a special drive test.</p> <p><u>Calendar Reexamination:</u> Hearing officers have the discretion to determine how soon a calendar reexamination should be held based on evidence presented at the contact.</p> <p>Consider reevaluating drivers in 6 months or less when results of knowledge and drive tests are marginal* and their dementia is not expected to progress rapidly.</p> <p>A 12-month reexamination period may be appropriate for those who are better than marginal.</p> <p>*Marginal: a) When the driver cannot pass the written test but is successful when the questions are restated verbally by the hearing officer. b) When the drive test errors are noncritical ones that could be corrected with additional training.</p> <p><u>Revocation:</u> Drivers with moderate to severe posttraumatic dementia, should have their driving privilege revoked.</p>

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<p>Postanoxic Dementia</p> <p><i>USUALLY PERMANENT & NONPROGRESSIVE</i></p>	<p>This type of dementia results from oxygen deprivation to the brain. This can result from a heart attack, drug overdoses, near-drowning, carbon monoxide intoxication, or strangulation.</p>	<p>The loss of oxygen to the brain can result in brain death, a vegetative state, or dementia.</p> <p>Return of normal functioning from this dementia varies greatly, depending upon how severe the loss of oxygen was.</p>	<p><u>Perception:</u> Impairment in visual processing prevents or interferes with the person's recognition of what they see. This could impair judgment in driving situations.</p> <p><u>Divided Attention:</u> Inability to focus on more than one thing and sort out what is appropriate to the driving environment. For example, inability to follow two tasks at once such as carrying on a conversation with a passenger and paying attention to traffic.</p> <p><u>Selective Focused Attention:</u> Reaction times are generally slower for people in the early stages of Postanoxic dementia and depression- aggravated dementia. People in the mild stages of these dementias also have difficulty reacting to more than one external stimulus. For example, they may be able to focus and react appropriately to traffic signs or signals, but not be able to react at the same time to traffic or pedestrian situations surrounding them.</p>	<ul style="list-style-type: none"> • Mileage driven and road exposure in familiar areas. Problem areas will include traffic congestion and unfamiliar streets. • Driving record. • Alcohol consumption. Drivers with any type of dementia should never consume alcoholic beverages. • Cognitive side effects of single or multiple medications. • Other medical conditions that may cause motoric impairments and/or psychiatric conditions could lead to diminished impulse control, emotional lability (instability). 	<p><u>No Action:</u> Appropriate only when a false diagnosis of dementia has been made. Additional medical documentation from the driver's physician will be needed to verify that the diagnosis of dementia was incorrect.</p> <p><u>Restriction:</u> Application of restrictions is guided by the results of a special drive test.</p> <p><u>Calendar Reexamination:</u> Hearing officers have the discretion to determine how soon a calendar reexamination should be held based on evidence presented at the contact.</p> <p>Consider reevaluating drivers in 6 months or less when the results of the knowledge and drive tests are marginal.*</p>
<p>Depression</p> <p><i>FULLY OR PARTIALLY REVERSIBLE</i></p>	<p>Depression can cause dementia-like symptoms and lead to a dementia syndrome.</p> <p>If the depression is treated adequately, the dementia may be fully or partially reversible unless another dementing illness is present.</p>	<p>Dementia due to depression may include forgetfulness, impaired responses, disorientation, as well as the overall characteristics of depression, such as loss of interest and altered mood.</p> <p>During times of suicidal tendencies, driving risk may increase.</p>	<p>Reaction times are generally slower for people in the early stages of Postanoxic dementia and depression- aggravated dementia. People in the mild stages of these dementias also have difficulty reacting to more than one external stimulus. For example, they may be able to focus and react appropriately to traffic signs or signals, but not be able to react at the same time to traffic or pedestrian situations surrounding them.</p> <p><u>Judgment:</u> Impaired in more complex traffic situations.</p> <p><u>Impulsive Behavior:</u> Acting on a situation without considering or realizing the consequences first.</p>	<ul style="list-style-type: none"> • How did this person come to the department's attention (CMR, law enforcement, family, etc.)? • Driver's insight into own driving skills and abilities. • Any other relevant evidence. 	<p>A 12-month reexamination period may be more appropriate for those who are better than marginal. <i>(This may include drivers with disputed diagnoses of memory impairment)</i></p> <p>*Marginal: a) When the driver cannot pass the written test but is successful when the questions are restated verbally by the hearing officer.</p> <p>b) When drive test errors are noncritical ones that can be corrected with additional training.</p> <p><u>Revocation:</u> Drivers with moderate to severe postanoxic dementia or moderate to severe dementia caused by depression should have their driving privilege revoked. If the severity is not identified by the physician, these drivers will be identified by their inability to pass the written test.</p>

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<p>Medication Toxicity</p> <p><i>POTENTIALLY AND PROBABLY REVERSIBLE</i></p> <p>See Toxic Dementia on Page 9</p>	<p>Dementia can be caused by medication toxicity.</p>	<p>Dementia due to medication toxicity may manifest itself in one or more of the following ways:</p> <ul style="list-style-type: none"> • Delirium (clouding of the senses.) • Impaired memory. • Impaired language skills. • Disturbance of higher cognitive or executive functions. • Visual spatial disturbances. • Personality changes. 	<p><u>Perception</u>: Impairment in visual processing prevents or interferes with the person's recognition of what they see. This could impair judgment in driving situations.</p> <p><u>Divided Attention</u>: Inability to focus on more than one thing and sort out what is appropriate to the driving environment.</p> <p><u>Selective Focused Attention</u>: Reaction times are generally slower for people in the early stages of dementia caused by medication toxicity or infections. People with mild stages of these dementias also have difficulty reacting to more than one external stimulus. For example, they may be able to focus and react appropriately to traffic signs or signals, but not be able to react at the same time to traffic or pedestrian situations surrounding them.</p> <p><u>Judgment</u>: Impaired in more complex traffic situations.</p> <p><u>Impulsive Behavior</u>: Reacting to a situation without considering or realizing the consequences.</p>	<ul style="list-style-type: none"> • Mileage driven and road exposure in familiar areas. Problem areas will include traffic congestion and unfamiliar streets. • Driving record. • Alcohol consumption. Drivers with any type of dementia should never consume alcoholic beverages. • Cognitive side effects of single or multiple medications. • Other medical conditions that may cause motoric impairments and/or psychiatric conditions could lead to diminished impulse control, emotional lability (instability). • How did this person come to the department's attention (CMR, law enforcement, family, etc.)? • Driver's insight into own driving skills and abilities. • Any other relevant evidence. 	<p><u>No Action</u>: Appropriate only when a false diagnosis of dementia has been made. Additional medical documentation from the driver's physician will be needed to verify that the diagnosis of dementia was incorrect.</p> <p><u>Restriction</u>: Application of restrictions is guided by the results of a special drive test.</p> <p><u>Calendar Reexamination</u>: Hearing officers have the discretion to determine how soon a calendar reexamination should be held based on evidence presented at the contact.</p> <p>Consider reevaluating drivers in 6 months or less when the results of the knowledge and drive tests are marginal.*</p>
<p>Infections</p> <p><i>FULLY OR PARTIALLY REVERSIBLE</i></p>	<p>Dementia from infections can be caused by bacterial, fungal, or viral infections of the brain. It can also result from systemic illnesses such as liver diseases, heart diseases, or parasitic diseases; i.e., meningitis, malaria, toxoplasmosis.</p>	<p>Dementia due to infections may manifest itself in one or more of the following ways:</p> <ul style="list-style-type: none"> • Impaired memory. • Impaired language skills. • Disturbances of higher cognitive or executive functions. • Visual spatial disturbances. • Personality changes. <p>Persons with dementia due to infections will likely be too sick to drive.</p>	<p><u>Judgment</u>: Impaired in more complex traffic situations.</p> <p><u>Impulsive Behavior</u>: Reacting to a situation without considering or realizing the consequences.</p>	<ul style="list-style-type: none"> • Any other relevant evidence. 	<p>A 12-month reexamination period may be more appropriate for those who are better than marginal. (<i>This may include drivers with disputed diagnoses of memory impairment</i>)</p> <p>*Marginal: a) When the driver cannot pass the written test but is successful when the questions are restated verbally by the hearing officer. b) When drive test errors are noncritical ones that can be corrected with additional training.</p> <p><u>Revocation</u>: Drivers with moderate to severe dementia caused by medication toxicity or infections should have their driving privilege revoked. If the severity is not identified by the physician, these drivers will be identified by their inability to pass the written test.</p>

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<p>Metabolic or Systemic</p> <p><i>FULLY OR PARTIALLY REVERSIBLE</i></p>	<p>Metabolic disorders, such as thyroid disorder, nutritional and/or vitamin deficiencies, can cause the dementia.</p> <p>A variety of systemic diseases that involve all organs can cause dementia.</p>	<p>Dementia due to metabolic or systemic diseases may manifest itself in one or more of the following ways:</p> <ul style="list-style-type: none"> • Delirium (clouding of the senses). • Impaired memory. • Impaired language skills. • Disturbance of higher cognitive or executive functions. • Visual spatial disturbances. • Personality changes. 	<p>Perception: Impairment in visual processing prevents or interferes with the person's recognition of what they see. This could impair judgment in driving situations.</p> <p>Divided Attention: Inability to focus on more than one thing and sort out what is appropriate to the driving environment. For example, inability to follow two tasks at once, such as carrying on a conversation with a passenger and paying attention to traffic.</p> <p>Selective Focused Attention: Reaction times are generally slower for people in the early stages of metabolic, systemic, or neurodegenerative dementia. People with mild stages of these dementias also have difficulty reacting to more than one external stimulus. For example, they may be able to focus and react appropriately to traffic signs or signals, but not be able to react at the same time to traffic or pedestrian situations surrounding them.</p>	<ul style="list-style-type: none"> • Mileage driven and road exposure in familiar areas. Problem areas will include traffic congestion and unfamiliar streets. • Driving record. • Alcohol consumption. Drivers with any type of dementia should never consume alcoholic beverages. • Cognitive side effects of single or multiple medications. • Other medical conditions that may cause motoric impairments and/or psychiatric conditions could lead to diminished impulse control, emotional lability (instability). • How did this person come to the department's attention (CMR, law enforcement, family, etc.)? • Driver's insight into own driving skills and abilities. • Any other relevant evidence. 	<p>No Action: Appropriate only when a false diagnosis of dementia has been made. Additional medical documentation from the driver's physician will be needed to verify that the diagnosis of dementia was incorrect.</p> <p>Restriction: Application of restrictions is guided by the results of a special drive test.</p> <p>Calendar Reexamination: Hearing officers have the discretion to determine how soon a calendar reexamination should be held based on evidence presented at the contact.</p> <p>Consider reevaluating drivers in 6 months or less when the results of the knowledge and drive tests are marginal*.</p> <p>A 12-month reexamination period may be more appropriate for those who are better than marginal. (<i>The latter group of drivers may have disputed diagnoses of memory impairment.</i>)*</p> <p>Marginal: a) When the driver cannot pass the written test but is successful when the questions are restated verbally by the hearing officer. b) When drive test errors are noncritical ones that can be corrected with additional training.</p>
<p>Neurodegenerative (Multiple Sclerosis)</p> <p><i>FULLY OR PARTIALLY REVERSIBLE</i></p>	<p>Some neurological diseases, like multiple sclerosis, can lead to dementia syndrome.</p> <p>Multiple sclerosis is an inflammatory disease of the central nervous system.</p>	<p>In the early stages of multiple sclerosis, the person may experience cognitive deterioration and emotional disturbances (though these are not a major feature). As the disease progresses, symptoms of dementia may become apparent. Severe dementia is uncommon.</p>	<p>Judgment: Impaired in more complex traffic situations.</p> <p>Impulsive Behavior: Reacting to a situation without considering or realizing the consequences first.</p>	<ul style="list-style-type: none"> • Driver's insight into own driving skills and abilities. • Any other relevant evidence. 	<p>Revocation: Drivers with moderate or severe dementia caused from a metabolic, systemic, or neurodegenerative disorder should have their driving privilege revoked. If the severity is not identified by the physician, these drivers will be identified by their inability to pass the written test.</p>

DEMENTIA	DEFINITION	FUNCTIONAL IMPAIRMENTS	DRIVING-RELATED IMPAIRMENTS	FACTORS TO CONSIDER	LICENSING OPTIONS
<p>Toxic</p> <p><i>FULLY OR PARTIALLY REVERSIBLE</i></p> <p>See Medication Toxicity on Page 7</p>	<p>Dementia can result from use or abuse of alcohol, illicit drugs, and heavy metals such as lead. Prescribed medications and synergistic effects of multi-medications may also cause dementia.</p>	<p>Dementia due to toxins may manifest itself in one or more of the following ways:</p> <ul style="list-style-type: none"> • Delirium (clouding of the senses). • Impaired memory. • Impaired language skills. • Disturbance of higher cognitive or executive functions. • Visual spatial disturbances. • Personality changes. 	<p>Perception: Impairment in visual processing prevents or interferes with the person recognizing what they see. This could impair judgment in driving situations.</p> <p>Divided Attention: Inability to focus on more than one thing and sort out what is appropriate to the driving environment. For example, inability to follow two tasks at once such as carrying on a conversation with a passenger and paying attention to traffic.</p> <p>Selective Focused Attention: Reaction times are generally slower for people in the early stages of dementia caused by toxins or tumors. People with mild stages of these dementia also have difficulty reacting to more than one external stimuli. For example, they may be able to focus and react appropriately to traffic signs or signals, but not be able to react at the same time to traffic or pedestrian situations surrounding them.</p>	<ul style="list-style-type: none"> • Mileage driven and road exposure in familiar areas. Problem areas will include traffic congestion and unfamiliar streets • Driving record. • Alcohol consumption. Drivers with any type of dementia should never consume alcoholic beverages. • Cognitive side effects of single or multiple medications. • Other medical conditions that may cause motoric impairments and/or psychiatric conditions could lead to diminished impulse control, emotional lability (instability). 	<p>No Action: Appropriate only when a false diagnosis of dementia has been made. Additional medical documentation from the driver's physician will be needed to verify that the diagnosis of dementia was incorrect.</p> <p>Restriction: Application of restrictions is guided by the results of a special drive test.</p> <p>Calendar Reexamination: Hearing officers have the discretion to determine how soon a calendar reexamination should be held based on evidence presented at the contact.</p> <p>Consider reevaluating drivers in 6 months or less when the results of the written and drive tests are marginal.*</p> <p>A 12-month reexamination period may be more appropriate for those who are better than marginal. <i>(This may include drivers with disputed diagnoses of memory impairment)</i></p> <p>*Marginal: a) When the driver cannot pass the written test but is successful when the questions are restated verbally by the hearing officer.</p> <p>b) When drive test errors are noncritical ones that can be corrected with additional training.</p>
<p>Tumors</p> <p><i>FULLY OR PARTIALLY REVERSIBLE</i></p>	<p>Dementia can result from tumors occurring in the brain or skull. Aggressive treatment of tumors may cause dementia. The characteristics of this dementia differ, based on the part of the brain where the tumor(s) is present.</p>	<p>Dementia due to tumors may manifest itself in one or more of the following ways:</p> <ul style="list-style-type: none"> • Impaired memory. • Impaired language skills. • Disturbance of higher cognitive or executive functions. • Visual spatial disturbances. • Personality changes. <p>Brain tumors commonly produce motor and/or sensory impairments.</p>	<p>Judgment: Impaired in more complex traffic situations.</p> <p>Impulsive Behavior: Acting on a situation without considering or realizing the consequences first.</p>	<ul style="list-style-type: none"> • How did this person come to the department's attention (CMR, law enforcement, family, etc.)? • Driver's insight into own driving skills and abilities. • Any other relevant evidence. 	<p>Revocation: Drivers with moderate or severe dementia caused from drug/alcohol use or abuse, or brain tumors should have their driving privilege revoked. If the severity is not identified by the physician, these drivers will be identified by their inability to pass the written test.</p>

