transportation, in order to retain mobility and social participation. Impairment may need support to stimulate the transition to alternative transport. In the process of driving cessation, patients with cognitive impairment who were fit to drive and driving cessation of patients who were no longer fit to drive assessments were effectively promoting driving continuation of patients to evaluate their fitness to drive. Driving recommendations given after fitness-to-drive assessments provide information about individuals' weaknesses for which they may require in-car support, education or training as well as strengths that could be used in rehabilitation. As an example, for some patients with wayfinding difficulties, driving with a GPS may be useful and could be considered as a compensation strategy.

This thesis addresses how fitness to drive should be assessed in patients with different aetiologies of cognitive impairment. This topic is very relevant as the proportion of them are fit to drive in early stages of their disease warranting further research. In addition, the development of technological innovations, in example, for some patients with wayfinding difficulties, driving with a GPS may be useful and could be considered as a compensation strategy. Moreover, a promising approach for patients with AD. Additionally, for patients with different types of dementia (e.g. vascular dementia, frontotemporal dementia, Alzheimer’s disease and Associated Disorders, 17(2), 68–71.


References


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Kok, R., & Verhey, F. (2002). [Dutch translation of the Mini Mental State Examination (Folstein et al., 1975).]


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Appendix Protocol

Inviting patients
You have received a patient referral from a doctor or the patient has signed up themselves. Send the patient the information letter along with the participation form and informed consent form by mail, unless the doctor has already given the patient an information letter, participation form, and informed consent form. Wait until the participation form and informed consent form are sent back. If you have not received anything after two weeks call the patient to inquire whether they have forgotten to send the forms. After sign up is completed you can schedule the patient and call them to make an appointment. Afterwards send a confirmation by mail along with a copy of the Driving questionnaire. The patient should fill this in and bring it along on the day of testing. Also mention in the invitation that the patient should bring a list of his medication.

Preparation for the day of testing
Two researchers are required to be present on the day of testing:
• The anamnesis supervisor will administer the heteroanamnesis and anamnesis. This supervisor will also be present during the visual field test and driving simulator tests.
• The testing supervisor will administer the neuropsychological tests and is also present during the driving simulator tests.
Both researchers are involved in the driving simulator section. This creates the opportunity for discussion on the driving behaviour and interpretation thereof.

Make sure all of the following items are printed out, write the participant number in the right top corner of each sheet, and place them in the correct order:
• Informed consent form (already filled in by the patient)
• CDR-form
• Addition heteroanamnesis