Fitness to drive of older drivers with cognitive impairments

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transportation, in order to retain mobility and social participation. Impairment may need support to stimulate the transition to alternative transportation. In the process of driving cessation, patients with cognitive impairment are at risk for unsafe driving, but a large proportion of them are fit to drive in early stages of their disease warranting assessments of fitness to drive to reveal options to compensate for cognitive impairments. 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, neuropsychological tests, and driving simulator rides is a promising approach for patients with AD. Additionally, for patients with different aetiologies of cognitive impairment. This topic is very relevant as before all traffic will become fully automated (Aeberhard et al., 2015; Adler, 2010), i.e. in traffic situations in which road works (Aeberhard et al., 2015) , i.e. in traffic situations in which the driver anymore, therefore, patients with cognitive impairment who are no longer fit to drive may need support, they would have to drive themselves. Nonetheless, if cars become fully automated, there is no need of a navigation system might facilitate a prolonged duration of driving or training as well as strengths that could be used in rehabilitation. As an example.


153


Doumen, M., & Davidse, R. (2012). *Samenstelling van een neuropsychologische testbatterij voor onderzoek naar de rijgeschiktheid van ouderen met cognitieve functiestoornissen. Leidschendam, the Netherlands.


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


Schuhfried, G. (2013). Vienna Test System (VTS) 8 (Version 8.2.00) [Computer software]. Vienna, Austria: SCHUHFRIED.


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
- Additional heteroanamnesis