

Factsheet 439 Driving and dementia

August 2020

Driving and dementia



**Alzheimer's
Society**

Together we are help & hope
for everyone living with dementia



This factsheet is for anyone who wants information and guidance on what the law says about driving with dementia.

It is about driving cars and motorcycles, which carry ‘group 1’ driving licences. It does not cover ‘group 2’ licences, which are for large lorries and buses. A person diagnosed with dementia cannot have a ‘group 2’ licence.

A person with dementia may also find it useful to read booklet 1504 **Driving**.

Contents

| | |
|--|-----------|
| 1 How dementia affects driving | 1 |
| 2 What the law says about driving and dementia | 3 |
| 3 If the person wants to keep driving | 5 |
| 4 When DVLA/DVA decides that the person can keep driving | 7 |
| 5 When DVLA/DVA decides that the person must stop driving | 8 |
| 6 Giving up driving | 10 |
| Other useful organisations | 12 |

1 How dementia affects driving

Space for your notes

A diagnosis of dementia is not in itself a reason to stop driving. One in three people with dementia still drives. The most important thing is whether the person can still drive safely.

Driving may feel easy and natural for people who drive often or have been driving for many years. However, it is a complex task that involves quick thinking as well as sensory (vision, hearing) and manual skills. A safe driver must use a range of mental abilities including:

- focus and attention – to switch between different driving tasks while ‘reading’ the road
- visuospatial skills – to keep the right speed, distance and road position
- problem-solving skills – to deal with any challenges on the road, such as diversions or obstacles
- judgement and decision-making – for example to understand and prepare for the actions of other road users
- reaction skills – to act quickly to avoid an accident
- memory – for example, to remember a route.

A safe driver also needs to be patient and calm. Being patient and calm also helps people to drive more safely.

The common symptoms of dementia can affect all the skills needed for driving – this is why the driver licensing agencies must know about it. As dementia gets worse, it affects these skills even more. This means everyone with dementia will eventually be unable to drive safely.

How quickly this happens varies from person to person. However, most drivers with Alzheimer’s disease will need to stop driving in the middle stage of dementia. Some types of dementia have certain early symptoms that mean an end to driving might be sooner. For example, visual hallucinations are common in dementia with Lewy bodies and impulsive behaviour is common in frontotemporal dementia.

For more information about the stages of dementia, see factsheet 458 **The progression and stages of dementia**.

Space for your notes

Other health conditions

Many people with dementia have other health conditions that may also affect their driving. Problems with vision and hearing are common in older people, as is arthritis. If this affects a person's neck, it may reduce their head-turning ability. This can make manoeuvres like pulling out into moving traffic much harder. Some older people also have weaker muscles which can make physical tasks like steering or braking difficult.

Certain medications, such as those taken to help a person to sleep or some medicines for depression, may also affect a person's driving. If the person needs to inform their driver licensing agency about taking these medications, the doctor will advise them of this.

2 What the law says about driving and dementia

Space for your notes

UK law on driving and dementia is clear. A driver (or ‘licence holder’) who is diagnosed with dementia must tell their licensing agency straightaway. If they don’t, they can be fined up to £1,000. In England and Wales, drivers must tell the Driver and Vehicle Licensing Agency (DVLA). In Northern Ireland, they must tell the Driver & Vehicle Agency (DVA). See ‘Other useful organisations’ on page 12 for full contact details. The doctor or other healthcare professional should make these rules clear to the person and anyone else when they diagnose the person’s dementia.

Drivers with dementia must also tell their car insurance provider straightaway. If they do not, their policy may not be valid. It is illegal to drive without at least third-party cover.

If a person with dementia wants to keep driving, they must tell DVLA/DVA. The agency will ask about the person’s medical information and decide if they are safe to drive. Or DVLA/DVA may ask the person to have a driving assessment. ‘If the person wants to keep driving’ on pages 5–6 explains this in more detail.

In some cases, the doctor will tell the person to stop driving straightaway. This will happen if the person’s symptoms will clearly make them unsafe on the road. The doctor may be unsure of someone’s ability and will want them to stop driving until more tests are done. Medical advice like this must always be followed – even if it takes many weeks for DVLA/DVA to decide if the person can keep driving.

Some people diagnosed with dementia decide for themselves that they want to stop driving and send their licence back to DVLA/DVA. This is called ‘voluntary surrender’. For more about this, see ‘Giving up driving’ on pages 10–11.

Driving and mild cognitive impairment (MCI)

Mild cognitive impairment (MCI) is a condition that causes minor problems with memory, perception, reasoning, judgement or attention. People diagnosed with MCI do not have dementia, but some will get it over time. For more, see factsheet 470 **What is mild cognitive impairment (MCI)?**

Space for your notes

MCI can affect a person's driving, but this happens much less often than in dementia. This means that drivers diagnosed with MCI do not always have to tell DVLA/DVA about their condition.

If a person with MCI finds their driving is affected by their MCI symptoms, they must tell DVLA/DVA about this. A person's close family, friends or healthcare professional may be good judges of their driving and can also tell DVLA/DVA if needed. As with dementia, DVLA/DVA will ask for a medical report and decide if the person is safe to drive.

If the person does not tell DVLA/DVA

Some people who are diagnosed with dementia do not tell the driver licensing authorities and keep driving. This may be because they do not accept or recognise their diagnosis, or they aren't aware of how much their dementia is affecting their driving.

Not telling DVLA/DVA puts the person at risk of a fine and arrest as well as a possible accident. It also puts them in danger of driving without insurance as their policy may now be invalid.

If this happens, the doctor should try to persuade the person to stop driving and encourage them to tell DVLA/DVA (or let their family do this for them). If this does not work, the doctor may have to give the person's relevant medical information to DVLA/DVA. The doctor does not need to ask the person before they do this, but they must tell them afterwards in writing.

This can all be very difficult and stressful for the person with dementia, their family, their doctor and anyone else supporting them. For tips on how to handle these situations and to find out what support is available, see 'If the person refuses to stop driving' on pages 8–9.

It may be helpful to try to reason with the person. However, for some people, their dementia may mean that they are not able to accept their diagnosis or understand how it affects their driving.

3 If the person wants to keep driving

The first step for someone who is diagnosed with dementia and wants to keep driving is to tell DVLA/DVA about their diagnosis straightaway.

The person should give their:

- full name
- address
- date of birth
- driver number on their driving licence (if known).

They can get in touch with their licensing agency by post, on the phone or online (see 'Other useful organisations' on page 12).

DVLA/DVA will then send the person a questionnaire and a request to get medical reports from their doctor. If you live in England or Wales, this questionnaire can also be downloaded from the [gov.uk](#) website (see 'Other useful organisations' on page 12). Once the person has returned it, DVLA/DVA will speak to their doctor.

Based on the doctor's report, medical advisers at DVLA/DVA will decide if the person can keep driving. There are several possible results at this stage. DVLA/DVA may:

- renew the person's licence, usually for one year
- cancel or 'revoke' it straightaway (see 'When DVLA/DVA decides that the person must stop driving' on pages 8–9)
- ask for more information, such as more medical details
- ask the person to take an on-road driving assessment before making a decision (see 'Driving assessment' below). This is the least common of the possibilities.

In all cases, DVLA/DVA will tell the person in writing.

Driving assessment

DVLA/DVA will ask someone to take a driving assessment if they are not sure if the person can still drive safely. This will be at one of 20 approved driving assessment centres around the UK, or at one of their related 'satellite' centres (see Driving Mobility centres under 'Other useful organisations' on page 12). DVLA/DVA will refer the driver to a centre near their home and will pay for the assessment.

Space for
your notes

“

My husband has recently been diagnosed with Alzheimer's and people ask if he is driving. He is a good driver so yes, he is still driving.

Carer for a person with dementia

”

Space for your notes

Some people choose to have an assessment without DVLA/DVA asking them to. A person may do this if they have a valid licence but want some extra advice or teaching. In these cases, the person must get in touch with the centre directly and pay for the assessment. Prices vary but the average cost is between £70–90.

The person being assessed should go to the centre with another person who can drive or accompany them home using alternative transport, if necessary. This is in case the assessment finds that the person is unsafe to drive. The person with dementia must also bring their driving licence and any glasses they need for driving.

The assessment is not like a learner's driving test. It is carried out by a specialist occupational therapist and an advanced driving instructor. They assess how much the person's dementia is affecting their driving and whether they can drive safely and comfortably. The assessment is done in a supportive way and is understanding of the bad habits that many drivers pick up, such as not indicating or turning the steering wheel while parked before moving off. The assessors will work with the person to help them keep driving if this can be done safely.

The driving assessment takes about two hours and generally includes the following steps.

- 1** The person with dementia answers questions about their medical and driving history, and any driving problems they may have. After this, they do a short written test of mental abilities.
- 2** Reaction time and limb strength (for steering and braking) are tested on a special static 'rig'. This is a car with the steering wheel and foot pedals linked to a computer. The person's eyesight is also checked. By this stage, a few people will be found to be unsafe to drive and the assessment will end here.
- 3** The main part of the assessment is a drive on public roads, along a set route. This is the best test of a person's driving ability. This part happens in a dual-control car, which has a brake on the passenger's side as well as the driver's side. Some centres have a private road that the person drives around first. This helps them get used to the car and allows the instructor to check that they are safe to go on the public road. The person drives with the advanced driving instructor in the passenger seat and the occupational therapist in the back.
- 4** Back at the centre, the assessors tell the driver what they have found. If the decision is that the person can drive safely, they'll be advised how to do this confidently. If the assessors decide that the person is not safe to drive, the information and advice they receive will be about other options. In this case, someone else will need to drive the person home if they came to the centre by car. If DVLA/DVA asked for the assessment, the centre will send them a report. The licence holder can ask the agency for a copy of this.

4 When DVLA/DVA decides that the person can keep driving

Space for your notes

If DVLA/DVA decides that a person with dementia can keep driving, they will send them a new driving licence. It will usually be valid for one year. For people with early dementia, this may be up to three years.

The person's condition must be reviewed every time they renew their licence. They won't have to pay a fee for this and DVLA will send a reminder letter.

It is a good idea for those close to the person with dementia to stay aware of their driving skills. The person should also have regular check ups with their doctor to see how their dementia is progressing. The effect of dementia on the person's driving should be considered at these check ups or at other healthcare appointments, where appropriate.

Reducing the risks

While a person with dementia may be able to drive safely, driving may feel a bit more difficult than before. It may be easier to stay safe on the road if they:

- don't go for long periods without driving – to keep their skills and stay confident
- keep to short and familiar routes at quiet times of the day – so they are less likely to get lost or stuck in heavy traffic
- drive in daylight – with good road and weather conditions
- drive without distractions, like the radio – for better focus
- only drive when they feel fully awake and well.

Even if DVLA/DVA decides the person can keep driving, it may be helpful for them to plan ahead for when they must stop completely. Talking to others about this and making some changes to their usual arrangements can make it much easier to stop driving when the time comes. See 'Tips: Supporting someone who has given up driving' on pages 10–11 for more on this.

Space for
your notes

5 When DVLA/DVA decides that the person must stop driving

If DVLA/DVA decides that the person is not safe to drive, the person must return their licence to DVLA/DVA and stop driving.

Drivers who wish to appeal must send a formal petition to the Magistrates' Court in England and Wales within six months of the refusal letter being sent. Or, to a Clerk of Petty Sessions in Northern Ireland, within three months. During this time, the person is not allowed to drive, even if they think they will win their appeal.

Being told to stop driving affects people in different ways. For some it is a relief, but many others feel it is a huge loss. A few are very angry with the decision as they may not understand how much dementia impacts their driving skills. You can help them to accept the decision by listening to them, acknowledging their feelings and addressing their concerns.

If the person refuses to stop driving

Some people keep driving even though DVLA/DVA has assessed them as unsafe to do so. This can be a very distressing situation for both the person and their family.

However, it is important to remember that the person is not being difficult on purpose. Their dementia may mean they cannot see how their symptoms affect their driving. They may not accept their diagnosis, or keep forgetting that their licence has been cancelled. This means they may find it very difficult to accept DVLA/DVA's decision or listen to reasoning from their doctor, family members, carers or professionals.

When this happens, the person's doctor or family should write in confidence to DVLA/DVA. The agency will follow things up with the local police.

Supporting someone who is unsafe to drive but refuses to stop can be very challenging. Where possible, many carers may:

- hide the car keys
- sell or give the car away
- disable the car or lock the steering wheel
- park the car out of sight.

They can also get help by calling our Dementia Support Line on **0333 150 3456** or by talking to people with similar experiences on our online community, the Dementia Support Forum at **forum.alzheimers.org.uk**

Space for your notes

“

At first we were disappointed about not driving... but it doesn't really affect us too much, in fact we go out more now than we used to before.

A person with dementia

”

Space for your notes

6 Giving up driving

Many people with dementia choose to stop driving because they begin to find it stressful or they lose confidence in their abilities. A person should consider stopping if they:

- get annoyed easily and frequently when driving
- get lost even on routes they know well
- misjudge speeds or distances
- drift between lanes or hit kerbs
- get very confused by roadworks
- have minor accidents or near-misses
- find that passengers worry about their driving.

Giving up driving can be a very difficult decision to make. A person who feels they must do this will need support and understanding from those close to them. They may feel unhappy about stopping driving if:

- they are used to being independent
- they have always driven their partner or family around
- they are used to visiting friends or family or going on day trips by car
- it means everyday tasks will get more difficult, such as shopping, going to places of worship or seeing the doctor.

However, it may be easier for a person with dementia to accept not driving if it has been their choice, rather than DVLA/DVA telling them to stop. It can also help if they have planned for the change by slowly adapting their use of the car over time.

If a person decides to give up driving, they must send a ‘Declaration of voluntary surrender’ form to DVLA (or a covering letter to DVA) along with their licence. They can download the form from [gov.uk](#) or get one by calling DVLA (see ‘Other useful organisations’ on page 12).

Tips: Supporting someone who has given up driving

Giving up driving is not always an easy decision for a person with dementia. However, with plenty of support and understanding they can adapt to this change.

The following suggestions may be useful:

- Recognise how the person is feeling. Driving may have been an important part of their independence. Without it, they may lose confidence and feel unhappy. Using public transport may also seem stressful or difficult, particularly if the person has physical problems. Cuts in public transport may also mean the services in their area are expensive or not very regular.
- Encourage the person to use new transport options, so that they can feel more in control. They could find out details and timetables of local transport services, for example. Make sure the person is getting all the travel discounts they are entitled to. Many mobility centres also offer an ‘aftercare’ service of practical local advice for people who have stopped driving.

There are many day-to-day tasks that a person can still do without driving. Other than using public transport, a person can:

- book a taxi to go to and from the supermarket once a month or when they have larger amounts of shopping. They could set up an account with a taxi firm they trust and like, and order taxis in advance
- get a shoppers’ bus to the supermarket and back
- find out about local organisations that offer community transport services to help people who are older or have difficulty accessing public transport to get out and about (such as Dial-a-ride)
- ask if the hospital can help with transport for appointments
- pay bills by direct debit so they don’t need to visit the bank or post office so often – if they’ve made someone an attorney, under a property and financial affairs LPA, this person may be able to do these things for them, or with them
- order shopping online (if possible) for home delivery, or be helped to do so.

Pointing out the benefits of not driving may also help, such as:

- no longer having to find parking spaces or remember routes
- not spending money on petrol, servicing, road tax and car insurance every month
- no more stress of having to drive in busy traffic
- meeting and chatting to people on public transport
- getting more exercise if they decide to walk instead.

Space for your notes

Space for your notes

Other useful organisations

Driver & Vehicle Agency (DVA)

Driver Licensing Enquiries

County Hall

Castlerock Road

Waterside

Coleraine BT51 3TB

0300 200 7861 (9am–4pm Monday–Friday)

dva@infrastructure-ni.gov.uk

www.nidirect.gov.uk/index/information-and-services/motoring.htm

The DVA manages the licensing and testing of vehicles and drivers in Northern Ireland.

Driver and Vehicle Licensing Agency (DVLA)

Drivers' Medical Enquiries

DVLA

Swansea SA99 1TU

0300 790 6806 (8am–7pm Monday–Friday,
8am–2pm Saturday)

www.gov.uk/contact-the-dvla

The DVLA looks after the database of drivers in Great Britain, and a database of vehicles in the UK. Search 'Form CG1' on their website to find the medical questionnaire.

Driving Mobility centres

Driving Mobility is a network of driving assessment centres across the UK.

Enter your postcode to find a centre near you at
www.drivingmobility.org.uk/find-a-centre

You can also call **0800 559 3636**. If you call from a mobile, this goes to the Driving Mobility Head Office. They will give you contact details for your nearest Driving Mobility centre. Calls from a landline will divert to your nearest centre automatically.



Factsheet 439

Last reviewed: August 2020

Next review due: August 2023

Reviewed by Dr Paul Donaghy, Consultant in Old Age Psychiatry,
Gateshead Healthcare NHS Foundation Trust and Intermediate
Clinical Fellow, Newcastle University

This factsheet has been reviewed by people affected
by dementia.

To give feedback on this factsheet, or for a list of sources,
please email **publications@alzheimers.org.uk**

This publication contains information and general advice.
It should not be used as a substitute for personalised advice
from a qualified professional.

Alzheimer's Society does not accept any liability arising from
its use. We strive to ensure that the content is accurate and
up to date, but information can change over time. Please
refer to our website for the latest version and for full terms
and conditions.

© Alzheimer's Society, 2025. All rights reserved. Except
for personal use, no part of this work may be distributed,
reproduced, downloaded, transmitted or stored in any form
without the written permission of Alzheimer's Society.

We are reviewing this publication. If you would like to give us any feedback, you can email us at publications@alzheimers.org.uk or call us at **020 7423 7455**.

At Alzheimer's Society we're working towards a world where dementia no longer devastates lives. We do this by giving help to everyone who needs it today, and hope for everyone in the future.

We have more information on **Practical arrangements after diagnosis**.

For advice and support on this, or any other aspect of dementia, call us on **0333 150 3456** or visit alzheimers.org.uk

Thanks to your donations, we're able to be a vital source of support and a powerful force for change for everyone living with dementia. Help us do even more, call **0330 333 0804** or visit alzheimers.org.uk/donate



Alzheimer's Society
43–44 Crutched Friars
London EC3N 2AE

0330 333 0804
enquiries@alzheimers.org.uk
alzheimers.org.uk

Registered charity no 296645. A company limited by guarantee and registered in England no 2115499. Alzheimer's Society operates in England, Wales and Northern Ireland.

