The Royal New Zealand College of General Practitioners
Te Whare Tohu Rata o Aotearoa

Cognitive Screening in Older Adults – Fitness to Drive

1. Purpose

This document provides evidence-based advice on the use of cognitive screening tools in fitness to drive assessments for older adults, following recent research by N. Kerse and R. Teh, commissioned by NZ Transport Agency | Waka Kotahi and the Office for Seniors.

This guidance should be used alongside NZ Transport Agency | Waka Kotahi's Medical aspects of fitness to drive: a guide for health practitioners.

2. Three levels of cognitive assessment

These three terms are often used interchangeably, but they are distinct and the research findings apply differently to each.

- **Cognitive screening** (for example Mini-ACE, MANA or the Trail Making Test) detects the presence or absence of cognitive impairment. It does not determine fitness to drive.
- **Cognitive assessment** is a more thorough process, undertaken once there is clinical suspicion of cognitive impairment, to establish its severity and impact. Follow the Cognitive Impairment Health Pathway.
- **Assessment of cognitive function in relation to fitness to drive** is undertaken where significant cognitive impairment is suspected. It may include cognitive assessment, on-road testing or an occupational therapy driving assessment.

3. Evidence on office-based cognitive screening tools

The main purpose of cognitive screening is to detect cognitive impairment. Recent research indicates that **commonly used tools**, such as Mini-ACE and RUDAS, **are not reliable predictors of driving ability**. Tests designed for older-driver performance, such as DriveSafe DriveAware and Fit2Drive, are more accurate for predicting on-road ability but are not practical for in-clinic use.

More practical alternatives that may better reflect driving performance include:

- The Trail Making Test (TMT, A and B – with B performing better than A).
- The on-road safety test, where there is uncertainty about real-world driving safety.

Fitness to drive decisions should instead draw on the person's health, function, driving history and safety risk, and be reviewed as conditions evolve.

The following HealthPathways have been updated in response to this research and should be your first reference:

- Driver Medical Certificate
- Driving and Medical Conditions Resources
- Cognitive Impairment

See your local HealthPathways for region-specific guidance. New users can access HealthPathways by selecting their region at communityhealthpathways.org, then searching for these pathways within their local site.

Level 4, 50 Customhouse Quay, Wellington 6011, PO Box 10440, Wellington 6143, New Zealand
Tel: 0800 965 999 **Intl Tel:** +64 4 496 5999 **Email:** rnzcgp@rnzcgp.org.nz **Web:** www.rnzcgp.org.nz

4. Changes to practice

Routine cognitive screening during fitness to drive assessments is no longer recommended. Use of cognitive screening tools remains at the health practitioner's discretion, including which tool is used.

- Cognitive screening should only be used to determine the presence or absence of cognitive impairment.
- This is likely to be relevant when there are concerns about cognitive function, or when the patient is unknown and there is insufficient information to judge cognitive capability.

If cognitive screening is appropriate, begin by screening for impairment:

- Mini-ACE is the recommended tool in most situations.
- For Māori patients aged 55 years and older, MANA uses the Hui process and includes an assessment of wairua and well-being, which should never be omitted.
- Where English is not the patient's first language, or where literacy is limited, RUDAS minimises the effect of cultural, educational, and linguistic diversity.

If screening indicates cognitive impairment, consider further testing relevant to driving performance. The Trail Making Test, particularly TMT-B, is the better indicator.

Broader assessment of cognitive function should occur and could include a traffic situational understanding and road safety test.

If driving safety remains uncertain, use practical driving assessment options:

- Referring the patient for an on-road safety test
  - Free, brief, and available nationally (e.g., VTNZ, AA, VINZ).
  - Provides a real-world assessment.
  - Considered as satisfactory evidence of on-road driving ability by NZTA.
- Referring the patient for an occupational therapy driving assessment
  - Assesses cognitive and functional aspects of driving.
  - Provides more specific information around cognitive ability.
  - Access is determined by cost and region.

5. Known cognitive impairment

In cases where it is already known that a patient has mild cognitive impairment, **do not use cognitive screening tools to determine fitness to drive**. Instead, as per NZTA recommendations and HealthPathways, comprehensive cognitive assessment is required, followed by on-road testing if appropriate.

People with dementia of moderate severity or worse are not medically fit to drive and do not require an occupational therapy driving assessment.

6. Knowing your patient

Knowing your patient remains key to deciding which assessments are needed for fitness to drive. Where possible, book the Driver Medical appointment with a clinician familiar with the patient.