

In the driving cessation decision seat: Testing the feasibility and acceptability of a driving decision aid for people living with dementia within UK memory services



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Background:

- There are over 6.1m drivers aged 70 or over; a figure expected to almost double by 2033 (Department of Transport, 2023). 1 in 11 people over 65 years have - or will be diagnosed with - dementia (NHS Digital, 2025). The number of patients with milder degree of cognitive deficits who have been referred to memory clinics has also increased over the last few years.
- Deciding to cease driving is complex and emotionally charged, particularly for people living with dementia or mild cognitive impairment (MCI) (Sanford et al., 2018). Discussions around driving cessation are frequently postponed by families and healthcare professionals until a critical incident—like a traffic accident (Knoefel et al., 2022; Scott et al., 2019).
- Early, structured discussions can enhance safety and reduce the psychological and practical burden of transitioning to a non-driving lifestyle (Holden and Pusey, 2021, Liddle et al., 2013).
- Many drivers with dementia and healthcare professionals appreciate the need to prepare for a non-driving future (Adler et al., 2000). Despite this, few formal resources exist to guide proactive, structured, discussions.
- Dementia and Driving Decision Aid UK (DDDA UK)** (Fig 1) is a person-centred freely accessible tool designed to support shared decision-making around driving cessation (Veerhuis et al., 2024, Carmody et al., 2022).
- Despite its potential, DDDA UK has not yet been evaluated or implemented within UK dementia services.
- Surrey provides a critical context for evaluating DDDA UK due to its high prevalence of dementia and elevated rates of road traffic accidents (Alzheimer's Dementia Research UK, 2025; Department for Transport, 2024; Surrey County Council, 2024).

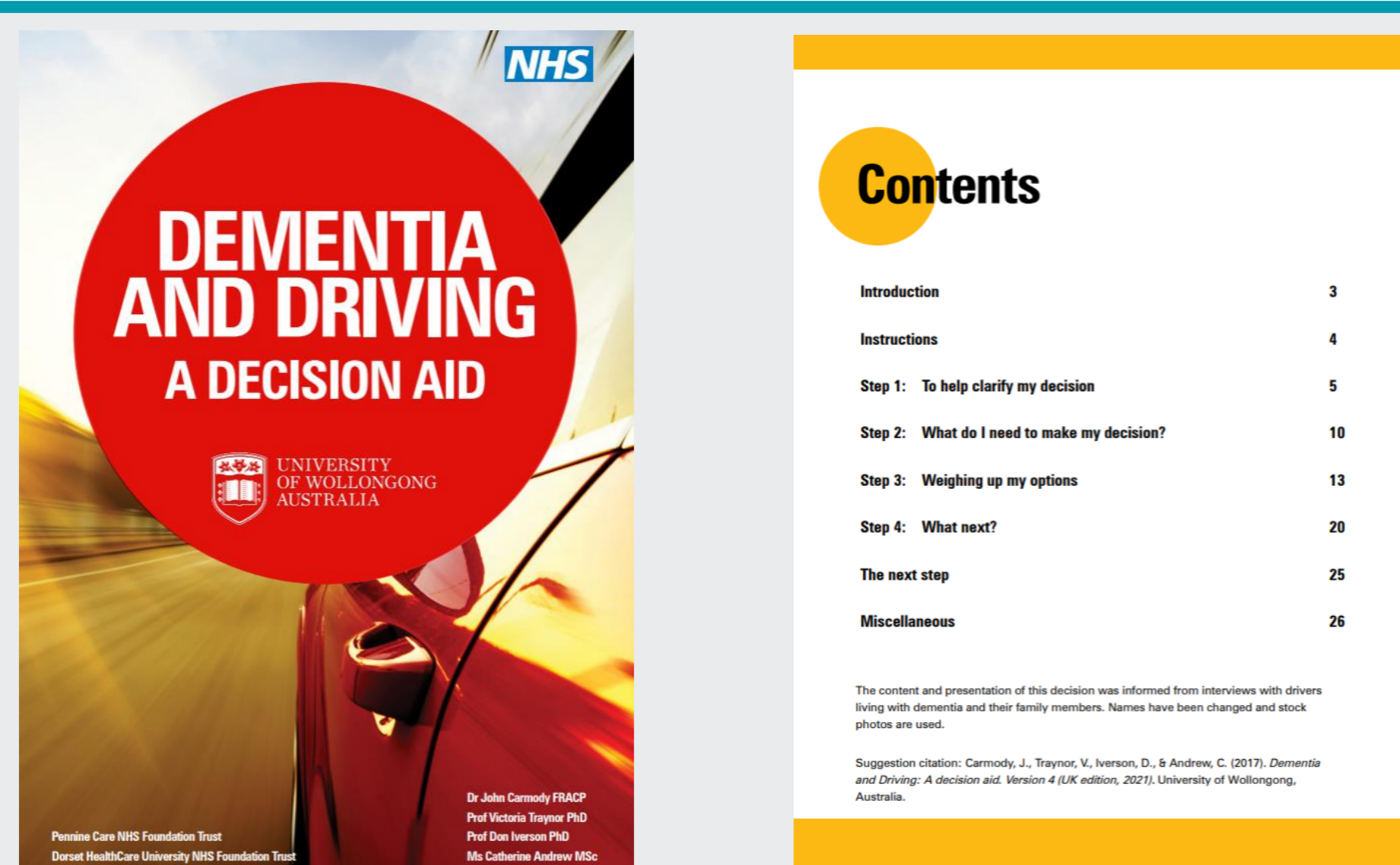


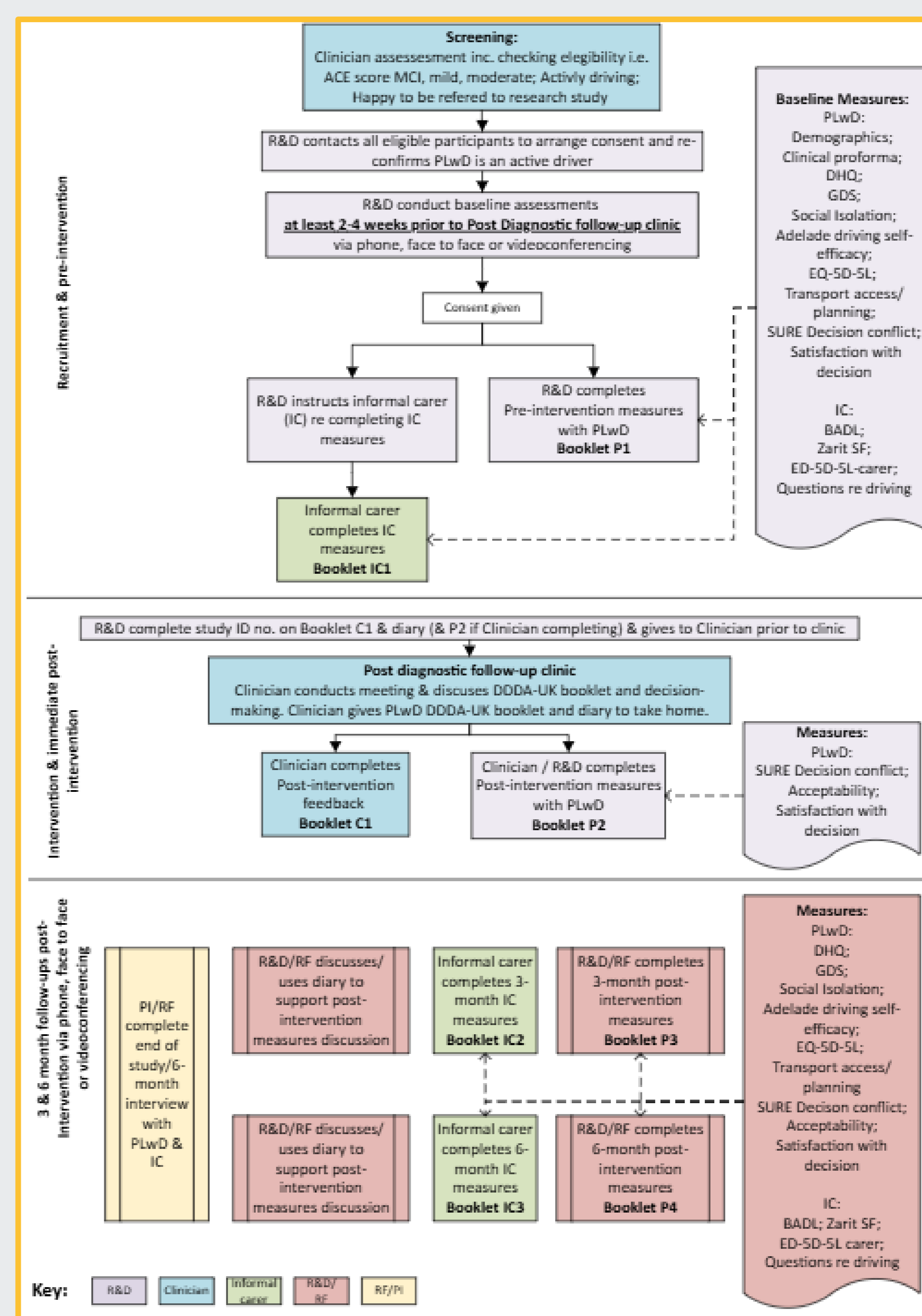
Fig. 1 Images from DDDA UK booklet:

Aim: Pilot use of DDDA UK in memory services; evaluate its feasibility & acceptability over 6 months across clinical and home-based settings.

Method:

- A non-randomised, single-arm prospective feasibility study with an embedded process evaluation.
- A mixed-methods design—incorporating diaries, surveys, fidelity checklists, and interviews—will integrate quantitative and qualitative data to assess the fidelity, acceptability, and implementation potential of the DDDA UK intervention.
- The study will evaluate the suitability of intervention and study procedures; test preliminary effects and sensitivity of gold-standard outcome measures to detect change, informing recommendations for future adaptations and trial design (Fig 2 for full study details).
- Clinicians in Surrey memory services will introduce the DDDA UK to 50 drivers aged 65+ living with mild or moderate dementia or MCI, and their families, during routine clinic follow-up appointments.

Fig. 2 Surrey DDDA UK study flow chart



Study Contributions:

- First UK study to explore the acceptability of DDDA UK in older drivers with mild cognitive impairment (MCI).
- Will i) generate insights into practical benefits & challenges of implementing DDDA UK in memory services; ii) inform the design of a future large-scale national study. iii) produce robust, evidence-based guidance for implementing it in clinical and home settings, supporting improved health, social, and road safety outcomes.

Funded by:

