

# Driving and Brain Tumors: Tips for Caregivers

By Harriet Patterson, MPH

For many people, the allure of the open road and of driving represents the ultimate in independence. We use our cars to get to work, run errands, go to medical appointments, drive kids to soccer practice, and see friends. So what happens when someone is diagnosed with a brain tumor and told they can no longer drive?

In the initial period following diagnosis and before and after surgery, most patients take anti-seizure medications. Most states have mandatory driver restrictions related to seizures and these vary (ranging from three months to two years). Figuring out when someone is "fit" to resume driving can be difficult for caregivers.

Many caregivers have told us about the difficulty of navigating this delicate balance. "On the one hand, I want my husband to have his independence and be able to get back to as much of his life as he can," said one caregiver from Minnesota. "On the other hand, I worry." Another caregiver, an adult son, said "Dad does not like his kids telling him what he can and can't do. In our whole life he always drove and I think he hates not being able to be 'the man' when we go out as a family."

Marge from Nebraska explained that seizures were not the problem in the case of her husband. "He has trouble with multi-tasking, gets overwhelmed easily, and I don't think his reaction time is what it used to be," she said. "He is looking forward to his 'six months seizure free' so he can drive again, but honestly, I don't know if it is safe for him to get behind the wheel."

These situations are common and there are several strategies for family members who want to make sure their loved one and others on the road are safe while at the same time maintaining as much independence as possible.

- **Work with your health team.** Ask members of your health care team to start difficult conversations about driving so you don't have to be the "bad guy." Fax or call the doctor or nurse in advance, explain your concerns, and have them bring it up at the appointment.

- **Utilize community resources.** Look into driver rehabilitation programs and other ways to assess and improve driver skills. Occupational therapists can work with your loved one on driving-related skills. Driver rehabilitation programs, which are not part of the DMV, offer a closed course with a trained driving instructor so people can test their driving, reaction time, and other necessary driving skills. This will allow you to feel more secure about your loved one's abilities, and gives an objective third party a chance to make an evaluation.
- **Be honest about your concern.** Try open communication with your loved one, using "I" statements and recognizing how difficult this topic may be for him or her. For example, say "I am really worried about your driving. I know that driving is very important to you. Could we talk about ways to compromise or to help you be independent without driving?"
- **Maximize patient independence.** For those patients and survivors for whom driving may not be possible, be creative in thinking up ways to maximize independence. Check with your local transit company for paratransit options. Make a schedule for outings so that your loved one is not isolated and left at home. Arrange for regular visits from friends. Encourage your loved one to participate in household chores, parenting, social activities—anything that will help him or her be an active participant in life.

Adjusting to these changes can be hard for the whole family. For the patient, learning to accept "the new normal" takes time and can be very difficult. For the caregiver, learning to let go of some control in a time when you are very anxious may be important as well.

To find a driver rehabilitation program in your area, visit the website of the American Occupational Therapy Association at [www.aota.org](http://www.aota.org).

## NBTF Family Caregiver Program

Are you caring for someone with a brain tumor? NBTF can help. Join us for our upcoming Caregiver Training Workshops. Trainings are free; pre-registration is required.

September 6, 2006 - New Haven, CT • Yale New Haven Hospital

September 30, 2006 - Fort Worth, TX • Moncrief Cancer Center

October 20, 2006 - New York, NY • Memorial Sloan-Kettering Cancer Center

October 20, 2006 - Charlottesville, VA • UVA Health Sciences Center

November 2, 2006 - Hershey, PA • Penn State Hershey Medical Center

November 10, 2006 - Seattle, WA • Virginia Mason Medical Center