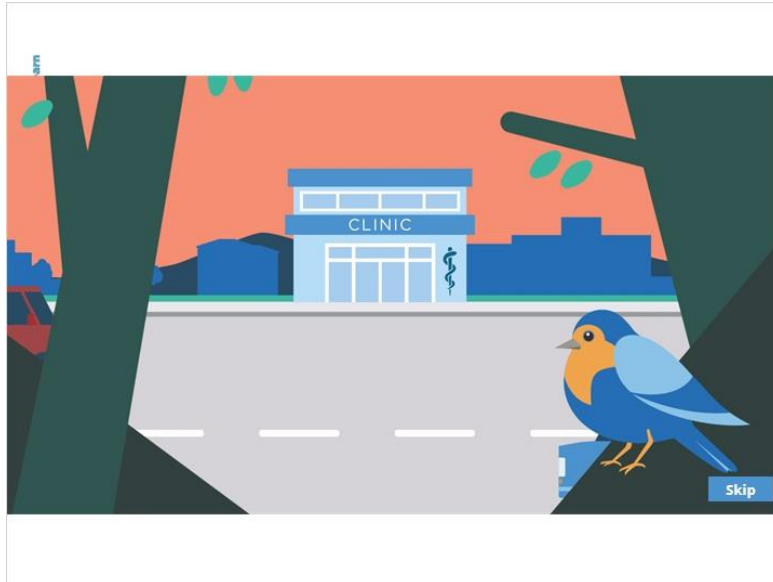


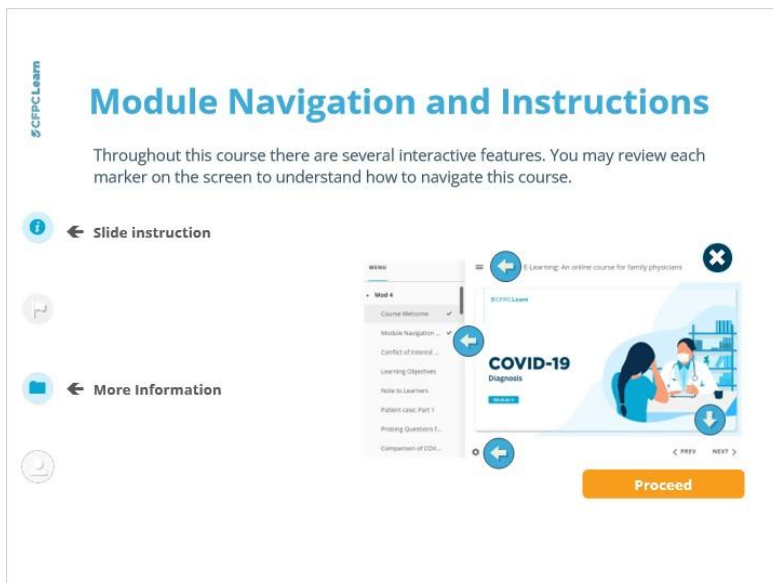
Case 50 Naomi Schiff

1. Conflicts

1.1 Intro Video



1.2 Module Navigation and Instructions



1.3 Learning Objectives

CFPC Learn

1

2

3

4

Learning Objectives

At the end of this module participants should be able to:

1. Identify key factors/findings in family medicine to help establish common clinical diagnoses.
2. Evaluate best evidence/guidance and practice tools to determine preferred treatment options for patients.
3. Synthesize patient preference, evidence and experience to formulate comprehensive plans for patient cases.

 Approximately 15 minutes to complete each patient case.

Proceed

2. Naomi Schiff

2.1 Meet Naomi Schiff

CFPC Learn

1

2

3


4

Ms Naomi Schiff, 75

Ms. Schiff is in with her husband, Steve. She was recently discharged from the Geriatric Rehab inpatient unit after a hip fracture. She was told to follow up with you regarding her driving.

Naomi

What do you think?



Naomi (Slide Layer)



Ms Naomi Schiff, 75


Naomi: You will not believe it... It's bad enough I get a hip fracture. Somehow, they think my brain and my hip are connected. They asked me to draw clocks! Next thing you know, they tell me that I have dementia and that I shouldn't drive until I see my family doctor. Here are the papers they gave me for you to fill out. I have a few others too."

Naomi

What do you think?



2.2 Meet Naomi Schiff



Ms Naomi Schiff, 75



You: Okay, Naomi.
Let's see your MoCA.

Naomi's score on the MoCA is 22.
(She has hand arthritis which impacts her writing.)


Sample 1 **Sample 2**

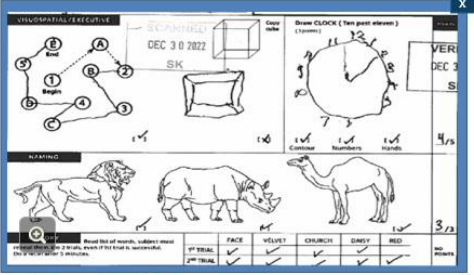
What do you think?

Untitled Layer 1 (Slide Layer)

SCFCLearn

Ms Naomi Schiff, 75





	FACE	VELVET	CHURCH	DAISY	RED	
1 st TRIAL	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	5/5
2 nd TRIAL	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	5/5

Sample 1


Sample 2

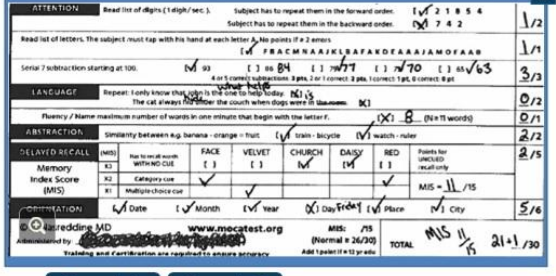
What do you think?

Untitled Layer 2 (Slide Layer)

SCFCLearn

Ms Naomi Schiff, 75





	FACE	VELVET	CHURCH	DAISY	RED	
1 st TRIAL	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	5/5
2 nd TRIAL	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	5/5

Sample 1

Sample 2


What do you think?

2.3 Multiple choice question

(Multiple Response, 10 points, 1 attempt permitted)

SCFPCLearn

Ms. Schiff's score shows cognitive dysfunction and she cannot drive.



i

True

T

False

L

☒ We need more information


C

Submit

2.4 Review Naomi

SCFPCLearn

Review



i

Answer: We need more information.

T

Diagnosis

T

MoCA

L

Driving I

L

Driving II

C

Cognitive Impairment



Click on the buttons to view additional information


Moving Forward

Diagnosis (Slide Layer)


SCFPCLearn

Review







Answer: We need more information.




Diagnosis




MoCA



Driving I




Driving II



Cognitive Impairment

- Dementia is a diagnosis that requires cognitive impairment AND reduced level of function due to cognition.
- Ms. Schiff's MoCA score (22/30) shows cognitive impairment. Performing a functional assessment can help identify whether ADLs (activities of daily living) or IADLS (instrumental activities of daily living) are limited due to cognition and whether she has dementia.






Moving Forward

MoCA (Slide Layer)


SCFPCLearn

Review







Answer: We need more information.




Diagnosis




MoCA



Driving I




Driving II



Cognitive Impairment

The MoCA is helpful but not sufficient to diagnose dementia. Cochrane review, cut-off of 26/30 for the detection of dementia:

- Sensitivity: 94% (good to rule out dementia if the score is normal)
- Specificity: 60% (not great to rule in dementia if the score is low)




Moving Forward

Driving (Slide Layer)

SCFPCLearn

Review



Answer: We need more information.

Diagnosis

MoCA

Driving I

Driving II

Cognitive Impairment

• Driving is complicated, relying on good cognition, and functioning sensory, motor and visual systems.


• To assess fitness to drive, there are no randomized controlled trials, and cohort studies show conflicting results.

Moving Forward

Cognitive Impairment (Slide Layer)

SCFPCLearn

Review



Answer: We need more information.

Diagnosis

MoCA

Driving I

Driving II

Cognitive Impairment


Some patients with mild cognitive impairment or mild dementia are able to continue driving, at least in the short term.

Moving Forward

Driving II (Slide Layer)

SCFPCLearn

Review



Answer: We need more information.

Diagnosis

MoCA

Driving I

Driving II

Cognitive Impairment

As such:

- There is no one test or combination of tests that can be done in the clinic to reliably tell whether a patient is or isn't fit to drive.
- For a given test, there are often no well validated cut-off points but the worse the result, the less likely the fitness to drive.

Moving Forward

2.5 Meet Naomi Schiff

SCFPCLearn

Ms Naomi Schiff, 75



You: Let's see. Can I ask Steve how things have been going at home?

Naomi: Of course! I'm doing everything like I used to. Sometimes I need a little help to get dressed due to my arthritis.... What I really want to know is when can I get back to driving.


What do you think?

2.6 Multiple choice question

(Multiple Response, 10 points, 1 attempt permitted)

CFPCLearn

Which statements would be enough that you would tell Ms. Schiff that she can't drive anymore?



i

Select all that apply.

☒

She can't dress on her own due to her cognition.

☐

She can't cook on her own due to her cognition.

☒

She needs help to cook AND take her medications due to her cognition.

☒


She has neck osteoarthritis and can't move her neck from side to side.

Submit

2.7 Review Naomi

CFPCLearn

Review



i

Answer: Three options are correct: 1) if cannot dress on own due to cognition, 2) needs help to cook and take med, 3) has neck OA and cannot move her neck side to side.

Contraindications

Driving is an iADL




Assessment

Other Issues

Click on the buttons to view additional information

Moving Forward

Contraindications (Slide Layer)



Review

Answer: Three options are correct: 1) if cannot dress on own due to cognition, 2) needs help to cook and take med, 3) has neck OA and cannot move her neck side to side.

Contraindications

Driving is an iADL

Assessment




Other Issues

Moderate or severe dementia is a contraindication to driving: (from CMA Drivers Guide)

- Impairment in **≥2 iADL** due to cognition (SHAFT mnemonic: Shopping, Housework/Hobbies, Accounting [banking, bills, taxes], Food preparation, Telephone/Tools/Transportation)
- Impairment in **≥1 ADL** due to cognition (DEATH mnemonic: Dressing, Eating, Ambulation, Toileting/Transfers, Hygiene)

Moving Forward

Driving (Slide Layer)



Review

Answer: Three options are correct: 1) if cannot dress on own due to cognition, 2) needs help to cook and take med, 3) has neck OA and cannot move her neck side to side.

Contraindications

Driving is an iADL

Assessment




Other Issues

Driving is an iADL!

- Things to look out for: changes in driving skills, getting lost while driving, car accidents, fender-benders in parking lots, tickets (going too slowly, failing to stop), being criticized by friends/family.
- There is little research evaluating the validity of family members' worries regarding fitness to drive. However, for the assessment of cognitive dysfunction, collateral information is always important.

Moving Forward

Assessment (Slide Layer)



Review

Answer: Three options are correct: 1) if cannot dress on own due to cognition, 2) needs help to cook and take med, 3) has neck OA and cannot move her neck side to side.

- The CMA guide recommends cognitive assessment (MMSE, Trail B and Clock drawing tests) with no specific cut-off points.
- Clear abnormalities would likely be a contraindication to driving.

Contraindications




Driving is an iADL

Assessment

Other Issues

Moving Forward

Other Issues (Slide Layer)



Review

Answer: Three options are correct: 1) if cannot dress on own due to cognition, 2) needs help to cook and take med, 3) has neck OA and cannot move her neck side to side.

Other issues to consider:

- Physical inability to drive a car (weakness, coordination or sensory issues that impact ability to use steering wheels, pedals or do shoulder check)
- Visual-spatial issues (acuity or visual field defects)
- Conditions that could alter focus on the road or lead to loss of consciousness (seizures, cardiac arrhythmia, hypoglycemia, alcohol...)

Contraindications

Driving is an iADL

Assessment

Other Issues

Moving Forward

2.8 Meet Naomi Schiff

CFPCLearn

Ms Naomi Schiff, 75

You confirm that Ms. Schiff is able to do all her ADLs on her own. Her family has been helping her with IADLs but it is not clear if it is because of cognition. She does have a hard time lifting heavy pans due to her arthritis but her fine motor skills are sufficient to use a steering wheel safely.

Naomi

What do you think?

Naomi (Slide Layer)

CFPCLearn

Ms Naomi Schiff, 75

You: Sounds like you may have some mild memory issues. Did they do any other tests in rehab?

Naomi: Yes, they did and I brought the test results with me. I'm not sure why this trail thing is relevant but whatever.


Naomi

What do you think?

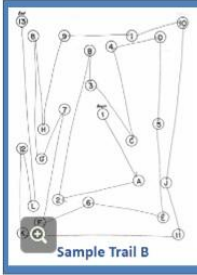
2.9 Review Naomi

CFPCLearn

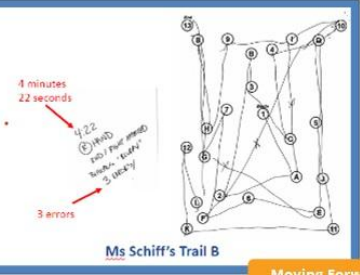
Review



Take a look at the results of Ms. Schiff's Trail B test.



Sample Trail B




Ms Schiff's Trail B

Moving Forward

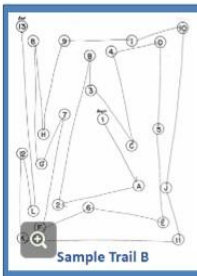
<2 minute (Slide Layer)

CFPCLearn

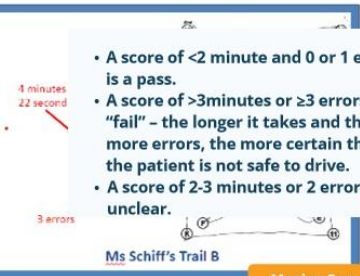
Review



Take a look at the results of Ms. Schiff's Trail B test.



Sample Trail B



Ms Schiff's Trail B

Moving Forward


- A score of <2 minute and 0 or 1 error is a pass.
- A score of >3minutes or ≥3 errors is a "fail" – the longer it takes and the more errors, the more certain that the patient is not safe to drive.
- A score of 2-3 minutes or 2 errors is unclear.

2.10 Multiple choice question

(Multiple Response, 10 points, 1 attempt permitted)

CFPCLearn

Regarding Ms Schiff's Trail B test, on the right, which statement is false?



i

1

2

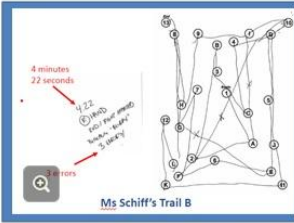
3

4

☐ This test can't be used in isolation to determine driving ability

☐ A score with 3 errors is a fail

☒ A score of 4 minutes 22 seconds is a pass




Ms Schiff's Trail B

Submit

2.11 Review Naomi

CFPCLearn

Review



i

1

2

3

4

Answer: The following statement is **false**:

- a score of 4 minutes and 22 seconds is a pass.

Click on the buttons to view additional information


Scoring Interpretation

Moving Forward

<2 minute (Slide Layer)

SCFPCLearn

Review



Answer: The following statement is **false**:

- a score of 4 minutes and 22 seconds is a pass.

Scoring Interpretation

Scoring the Trail B test:

- 'Pass': a score of <2 minute *and* 0-1 errors.
- 'Fail': a score of >3 minutes *or* ≥3 errors. The longer it takes and the more errors, the more certain the patient is not safe to drive.
- 'Unclear': a score of 2-3 minutes *or* 2 errors is unclear.

Moving Forward

2.12 Meet Naomi Schiff

SCFPCLearn


Ms Naomi Schiff, 75

It's not easy!
Most people will outlive their "driving expectancy" by 7-10 years, yet most don't plan ahead for the day they won't be able to drive. Addressing fitness to drive is one of the hardest jobs of primary care providers. The lack of a "one size fits all" approach makes it even more challenging. It is not uncommon for primary care providers to fear damaging the doctor-patient relationship and negatively impacting the patient's quality of life.

Naomi

You

What do you think?



Naomi (Slide Layer)

SCFPCLearn

Ms Naomi Schiff, 75

You: "Well, Ms Schiff, I am sorry to say, but the trail test gives us some idea of how safe you will be on the road. I'm worried you shouldn't be driving."

Naomi: This makes no sense to me.

Naomi

You

What do you think?

You (Slide Layer)

SCFPCLearn

Ms Naomi Schiff, 75

You: I know it feels weird. These tests tell us about your memory, your ability to switch tasks, to perceive relationships of objects in space, to concentrate. All important things on the road... It would be awful if something were to happen to you or someone else."

Naomi: Ok, how about at least repeating them? I was all doopey when they did it. It was right after my surgery."

Naomi

You

What do you think?

2.13 Naomi Schiff


CFPCLearn

Ms Naomi Schiff, 75

You: I just need you to know that it is my legal duty to report medical conditions that may affect driving. I don't do on-road testing, of course. Let's re-do your testing and if there are still problems, I would have to suggest that you do an on-road assessment if you still want to drive. Unfortunately, you would have to pay for it..."

MMSE and MoCA

What do you think?



MMSE and MoCA (Slide Layer)


CFPCLearn

Ms Naomi Schiff, 75

The MMSE and MoCA have good test-retest reliability. A change of ≥ 5 points on the MMSE and 3 points on the MoCA would be needed to show a "real" change (improvement or deterioration). There is less data for Trail B. Delirium post surgery or narcotics could definitely impact cognition.

MMSE and MoCA



What do you think?








2.14 Create a Plan

CFPC Learn

Let's Make a Plan



Using what you have learned write a plan for Naomi. It can include any/all of the following: lifestyle intervention(s), prescription intervention(s), lab(s)/test(s) required, follow up appointment time frame, and referral required.





Fill in your plan for the patient here

See how your plan compares

2.15 Plan Answers

CFPC Learn

Naomi Schiff



This is the proposed plan for the patient. How does your plan compare?

Stop Driving

Follow Up



Select details on the left to see suggested recommendations

What's in a name?

Stop Driving (Slide Layer)

SCFPCLearn

Naomi Schiff




This is the proposed plan for the patient. How does your plan compare?

Stop Driving

Follow Up



What's in a name?

 Ms Schiff agrees to stop driving for now.

Follow Up (Slide Layer)

SCFPCLearn

Naomi Schiff




This is the proposed plan for the patient. How does your plan compare?


Stop Driving

Follow Up



What's in a name?

 You book a follow-up appointment to do a repeat MoCA and Trail B.






Name (Slide Layer)



Naomi Schiff




This is the proposed plan for the patient. How does your plan compare?




Stop Driving

Follow Up




Meaning Behind the Name: Naomi Schiff
In real life, Naomi Schiff is a Rwandan-Belgian racing driver and television presenter.





What's in a name?

2.16 References



References



Thanks for visiting the clinic!

References are available [here](#).

This activity is eligible for up to 0.25 Mainpro+ credits.

