



**ACCREDITED TRAINING FOR THE NATIONAL
REGISTRY OF CERTIFIED MEDICAL
EXAMINERS**

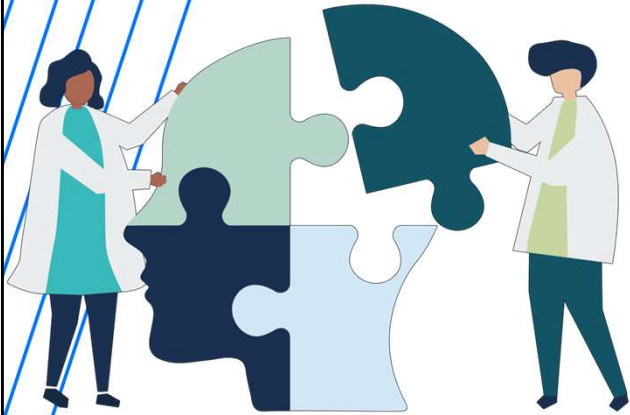
MODULE 9

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Welcome to the TeamCME accredited training for the National Registry of Certified Medical Examiners. This is Module 9.

Psychological (Mental) Disorders 49 CFR 391.41(b)(9)



A person is physically qualified to drive a commercial vehicle if that person:

“Has no mental, nervous, organic or function disease or psychiatric disorder likely to interfere with his/her ability to driver a commercial motor vehicle safely”

The Code of Federal Regulations states, “A driver can be physically qualified to drive a commercial motor vehicle if they have no mental, nervous, organic, or functional disease, or a psychiatric disorder likely to interfere with their ability to drive a commercial motor vehicle safely.”



Medical Advisory Criteria

- Emotional or adjustment problems can contribute to a person's memory, reasoning, attention, and judgment
- Any disorder, even in the early stages, which may result in incapacitation of the driver may result in disqualification
- Consider the side effects and interactions of medications
 - Medications may be likely to interfere with the ability to drive a commercial motor vehicle safely

“It is unlikely that drivers who are highly susceptible to frequent states of emotional instability (e.g., due to schizophrenia, affective psychoses, paranoia, severe anxiety, or depressive neuroses) would satisfy the physical qualification standard.”

These are the Medical Advisory Criteria concerning psychological disorders. Emotional and adjustment problems can contribute to the driver's memory, reasoning, attention and judgement. Any psychological disorder, even in the early stages, which may result in incapacitation of the driver, may result in disqualification. Careful consideration should be given to the side effects and interactions of medications in the overall qualification determination. Medications used to treat mental, nervous, organic, or functional disease or psychiatric disorder may be likely to interfere with the ability to drive a commercial motor vehicle safely. “It is unlikely that drivers who are highly susceptible to frequent states of emotional instability (e.g., due to schizophrenia, affective psychoses, paranoia, severe anxiety, or depressive neuroses) would satisfy the physical qualification standard.”



Three Categories of Risk

There are three categories of risk associated with psychological disorders:

1. **The mental disorder**
 - Including symptoms
 - Disturbances in performance that may pose hazards for driving
2. **Residual symptoms**
 - occurring after time-limited reversible episodes or initial presentation that can interfere with driving
3. **Psychopharmacology**
 - Many psychotropic medication compromise performance hazardous to driving

When evaluating a driver that has a psychological condition, the medical examiner considers three categories of risk. The first is the mental disorder itself. What are the symptoms or disturbances to driving performance that may pose a risk to safety? The second is whether there are any residual symptoms that occur after a reversible episode or initial presentation that can interfere with safe driving? And lastly, are the effects or side effects of the treating medication hazardous to safe driving. Many psychotropic medications compromise performance, making them a risk to safe driving.



Safety Concerns

Conditions associated with psychological disorders can interfere with safe driving by compromising:

- Attention, concentration, or memory affecting information processing
- The ability to remain vigilant to the surrounding traffic and environment
- Visual-spatial function (decreased motor response)
- Impulse control
- Judgment
- Problem solving (executive functioning)

Conditions associated with psychological disorders can interfere with safe driving by compromising attention, concentration, or memory affecting information processing, the ability to remain vigilant to the surrounding traffic and environment, visual-spatial function (decreased motor response), impulse control, judgment, and problem solving (executive functioning).

Does the driver display:

- Suspiciousness
- Inappropriate dress
- Evasiveness
- Threatening behavior
- Hostility
- Distractibility
- Dishonesty
- Flat affect or no emotional expression
- Unusual or bizarre ideas
- Auditory or visual hallucinations
- Omission of important information

ME may on case-by-case obtain testing/consultation with mental health specialist to assess fitness for duty.

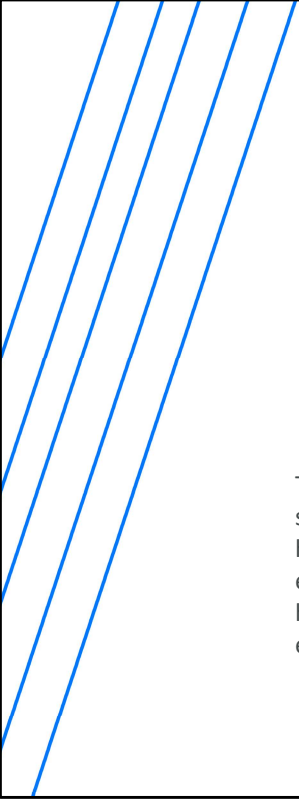
Disqualification is not based solely on diagnosis. But the more serious the diagnosis, the more likely disqualification may occur.



Simple observation of the driver may be the key to detecting psychological disorders. Many psychological disorders present symptoms that can be observed during the review of the driver's medical history. The medical examiner should be looking for signs of unusual behavior and appearance. Key observations are whether the driver is dressed appropriately and has good hygiene. Do they appear to be depressed, have a flat affect, or display no emotional expressions? Is the driver dishonest, or do they omit important information? Is the driver hostile, or threatening, suspicious, evasive, or easily distracted. Does the driver answer questions appropriately or do they respond with unusual answers, bizarre ideas or appear to have auditory or visual hallucinations?

Medical examiners may on a case-by-case basis obtain a consultation or additional testing from a mental health specialist to assess the driver's fitness for duty.

Drivers that have a psychological disorder are not disqualified from driving based solely on diagnosis although it is true that the more serious the diagnosis, the more likely the driver will be disqualified from driving.



During an examination, the examiner notices that the driver is distant, lacks eye contact and shows no emotional response during the exam. The examiner's best response should be:

- A. Complete a "CAGE" questionnaire for evaluation of alcoholism
- B. Refer the driver to a mental health professional prior to certification
- C. Refer the driver to a neurologist prior to certification
- D. Complete a MMSE questionnaire for evaluation of mental disorders

The correct answer is **B**. The driver appears to exhibit a "Flat affect" which is seen in schizophrenia and in severe depression. The driver should be evaluated by a mental health expert for evaluation prior to certification. The MMSE questionnaire is used for evaluation of cognitive status, not necessarily mental disorders. If the driver does not have a current medical certificate, the ME could consider using determination pending exam status.

During an examination, the examiner notices that the driver is distant, lacks eye contact and shows no emotional response during the exam. The examiner's best response should be. A, Complete a cage questionnaire for evaluation of alcoholism. B, Refer the driver to a mental health profession prior to certification. C, Refer the driver to a neurologist prior to certification. Or D, Complete a MMSE questionnaire for evaluation of mental disorders. The correct answer is **B**. The driver appears to exhibit a Flat affect which is seen in schizophrenia and in severe depression. The driver should be evaluated by a mental health expert for evaluation prior to certification. MMSE questionnaire is used for evaluation of cognitive status, not necessarily mental disorders. If the driver does not have a current medical certificate, the ME could consider using determination pending exam status.



PSYCHIATRIC MEDICATIONS

Anti-depressant Medications

First Generation: (Tricyclics)

- Often cause drowsiness or “foggy” brain
- Commonly prescribed for nerve pain and as a sleep aide

2nd Generation: (SSRIs, SNRIs, NDRIs)

- fewer side effects and generally safer but can interfere with driving

Certify If:

- Nature/Severity not a risk to safe driving
- Effects or side effects of medication is not a danger to safety



Medical examiners are recommended to perform a case-by-case assessment whenever an anti-depressant medication is used. Drivers who have been taking the medication long-term may have tolerance to the sedative effects of the medication. First generation antidepressant medications such as Elavil often cause drowsiness or “foggy” brain and they are commonly used as a sleep aide. However, second-generation antidepressant medications have fewer side effects and are generally considered safer, although they can still interfere with safe driving. Medical examiners should always consider the underlying condition being treated before certifying the driver. The driver can be certified if the severity of the underlying condition is not a risk for safe driving and the side effects of the medication are not a safety concern.

Anti-depressant Medications

- **Selective serotonin reuptake inhibitors (SSRIs)**
 - Fluoxetine (Prozac)
 - Paroxetine (Paxil)
 - Escitalopram (Lexapro)
 - Sertraline (Zoloft)
 - Citalopram (Celexa)
- **Norepinephrine-Dopamine Reuptake Inhibitors (NDRIs)**
 - Bupropion (Wellbutrin)
- **Tricyclics**
 - Amitriptyline (Elavil)
 - Nortriptyline (Pamelor)
 - Mirtazapine (Remeron)
 - Imipramine (Tofranil)
- **Selective serotonin & norepinephrine inhibitors (SNRIs)**
 - Desvenlafaxine succinate (Pristiq)
 - Duloxetine (Cymbalta)
 - Venlafaxine (Effexor)

Selective Serotonin Reuptake Inhibitors (SSRIs) are the most common type of anti-depressants seen in practice. They include Celexa, Lexapro, Paxil, Prozac, and Zoloft. Serotonin and Norepinephrine Reuptake Inhibitors (SNRIs) are also generally considered safe for driving. They include Cymbalta, Effexor, and Pristiq. Drivers who are taking Wellbutrin (which is a unicyclic antidepressant) may also be qualified to drive.

Antipsychotic Therapy

Neuroleptics:

- Zyprexa (Olanzapine)
- Abilify (Aripiprazole)
- Haldol (Haloperidol)
- Seroquel (Quetiapine)
 - Low dose often used as a sleep aide
- Used to treat schizophrenia, psychotic mood disorders, and some personality disorders
 - Conditions associated with impulsiveness, disturbances in perception and cognition
- Often the behaviors and symptoms are only partially corrected by neuroleptics

Side effects:

- Motor dysfunction
- Decreased coordination
- Increased response time
- Sedation
- Visual disturbances

Neuroleptics are anti-psychotic drugs. They are used to treat schizophrenia, psychotic mood disorders, and some personality disorders. They include Zyprexa, Abilify, Haldol, and Seroquel. On the NRCME test, remember that Zyprexa is used to treat psychotic disorders, particularly schizophrenia. Many of the conditions are associated with behaviors and symptoms such as impulsiveness and disturbances in perception and cognition. However, a very low dose of Seroquel is often used as a sleep aide which is an acceptable use. Often the behaviors and symptoms are only partially corrected by neuroleptics. They also cause a number of side effects including motor dysfunction, decreased coordination, increased response time, sedation, and visual disturbances.

Anxiolytic & Sedative Hypnotic Therapy

Anxiolytics

- Benzodiazepines are commonly prescribed
 - Alprazolam (Xanax)
 - Clonazepam (Klonopin)
 - Diazepam (Valium)
 - Lorazepam (Ativan)

Hypnotics

- Ambien (Zolpidem)
- Nytol (Medinex, Diphenhydramine)
- Sominex (Phenergan, Promethazine)

Considerations:

- Medication has been shown to be adequate/effective, safe, and stable
- Short-acting (half-life <5 hours)
- The lowest effective dose
- Is the medication non-sedating
- Is the nature and severity of the disorder likely to interfere with safe driving?

These are all controlled substances. Medical clearance from treating provider and/or medication form should be obtained.



Drivers presenting with a history of anxiety and/or insomnia disorders are often treated with benzodiazepines. Other medications include barbiturates and sedative hypnotics, including Ambien, Nytol, and Sominex. All these medications can cause drowsiness and impair skills at pharmacological doses. Also, they are all controlled substances and medical clearance from treating provider and/or medication form should be obtained. When making a qualification determination, the medical examiner should not certify the driver until their treatment has proved to be effective, safe, and stable. The driver must be on the lowest dose that is required to control the condition being treated and the medication should be short-acting with a half-life of less than 5 hours.



Central Nervous System Stimulant Therapy

Stimulants – may be used for the treatment for ADHD, narcolepsy, and as adjunctive therapy with antidepressants

- Adderall (Dextroamphetamine/amphetamine)
- Vyvanse (Lisdexamphetamine)
- Ritalin or Concerta (Methylphenidate)

Low doses of CNS stimulants can enhance:

- Vigilance and attention
- Performance of simple tasks (not complex intellectual functions)

Considerations:

- What is the medication dosage?
- Are there medication side effects for this driver?
- Has treatment been shown to be adequate, effective, safe, and stable?
- Is the nature and severity of the underlying psychological disorder likely to interfere with safe driving?

Stimulants such as Adderall, Vyvanse, and Ritalin can be used for the treatment of ADHD, narcolepsy, and as an adjunctive therapy with antidepressants. Low doses of these stimulants can enhance vigilance, attention, and the performance of simple tasks. When making a qualification determination, the ME should consider obtaining clearance from their prescribing provider. They should also consider the dosage of the medication, whether there are any medication side effects, if the treatment is effective and driver is safe and stable.



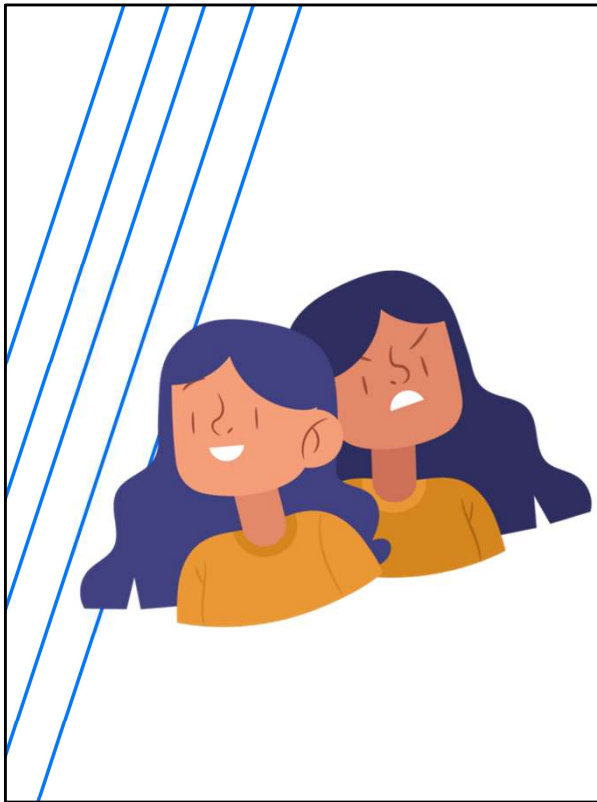
Electroconvulsive Therapy (ECT)

- ECT treatment for depression causes confusion, disorientation, short-term memory loss
- Acute side-effects usually resolve within a few months

Considerations:

- Is the driver symptom free following a course of ECT?
- Is the driver undergoing maintenance ECT?
- Has the driver been evaluated by a behavioral health specialist?
 - What are the specialist's recommendations?
- What is the medication dosage?
- Are there medication side effects for this driver?
- Has treatment been shown to be adequate, effective, safe, and stable?
- Is the nature and severity of the underlying mental disorder likely to interfere with safe driving?

The use of Electroconvulsive therapy for the treatment of depression has increased. ECT causes confusion, disorientation and short-term memory loss, but the acute side-effects usually resolve within a few months. When making the qualification determination, the ME should consider the following: Is the driver symptom free following a course of ECT? Is the driver undergoing maintenance ECT? Has the driver been evaluated by a behavioral health specialist? If so, what are the specialist's recommendations? What is the medication dosage? Are there medication side effects for this driver? Has treatment been shown to be adequate, effective, safe, and stable? Ans is the nature and severity of the underlying mental disorder likely to interfere with safe driving?



Bipolar Medications

Lithium (Lithobid)

- Positively-charged salt used for both bipolar and depressive disorders
- Not likely to interfere with safe driving
- Blood levels must be monitored

Lamotrigine (Lamictal)

- Anticonvulsant medication used for both seizures and bipolar disorder

Carbamazepine (Tegretol)

- Anticonvulsant medication used for seizures, bipolar disorder, and neuropathic pain

**Valproic acid (Depakene)
Divalproex (Depakote)**


- Used for epilepsy, bipolar disorder, schizophrenia, and migraines

Lithium is an older drug that is still being used for the treatment of bipolar and depressive disorders. There is little evidence of lithium interfering with driver performance. However, it does require the monitoring of blood levels. Most medications used to treat bipolar disorder were initially designed for treatment of other conditions, primarily seizures.



ATTENTION DEFICIT HYPERACTIVITY DISORDER





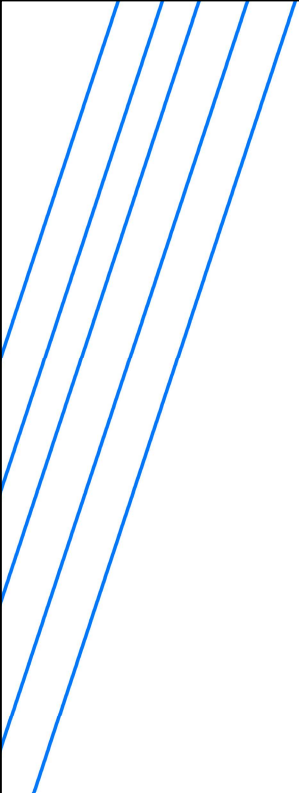
Symptoms:

- Age-inappropriate levels of attention
- Impulsiveness
- Hyperactivity
- Mood lability
- **Low frustration tolerance**
- Explosiveness
- Often treated with stimulants
 - *This is not a disqualifier if for the treatment of ADHD*

Certify If:

- Complies with treatment plan
- Tolerate medication without disqualifying side effects such as sedation or impaired coordination
- Has a comprehensive evaluation from a mental health professional

Attention Deficit Hyperactivity Disorder (ADHD) consists of age-**in**appropriate levels of attention, impulsiveness, & hyperactivity. Other symptoms include mood lability, low frustration tolerance, and explosiveness. The use of a stimulant for the treatment of ADHD is not disqualifying. The ME should consider the effects of the medication and whether the treatment is effective, safe, and stable.



A 21-year-old male presents for a medical exam prior to obtaining his CDL learner's permit. He reports being on psychostimulant medication for ADHD since the age of 12. No other medical history and physical exam is unremarkable. What is the most likely?

- A. ADHD is not likely to affect driving
- B. ADHD is more likely to cause road rage
- C. Drivers with ADHD have heightened reflexes and make better drivers
- D. Psychostimulant medication is automatically disqualifying

The correct answer is **B**. It is well-documented that drivers with ADHD are more likely to have road rage. This is a reason why it is important to obtain clearance from the treating provider stating that treatment is effective. The use of psychostimulants (Adderall, Ritalin, Modafinil, etc.) is not disqualifying.

A 21-year-old male presents for a medical exam prior to obtaining his CDL learner's permit. He reports being on psychostimulant medication for ADHD since the age of 12. No other medical history and physical exam is unremarkable. What is the most likely? A, ADHD is not likely to affect driving. B, ADHD is more likely to cause road rage. C, Drivers with ADHD have heightened reflexes and make better drivers. Or D, Psychostimulant medication is automatically disqualifying. The correct answer is **B**. It is well-documented that drivers with ADHD are more likely to have road rage. This is a reason why it is important to obtain clearance from the treating provider stating that treatment is effective. The use of psychostimulants (Adderall, Ritalin, Modafinil, etc.) is not disqualifying.

BIPOLAR MOOD DISORDER



One or more manic episodes accompanied by one or more depressive episodes.

Manic Symptoms:

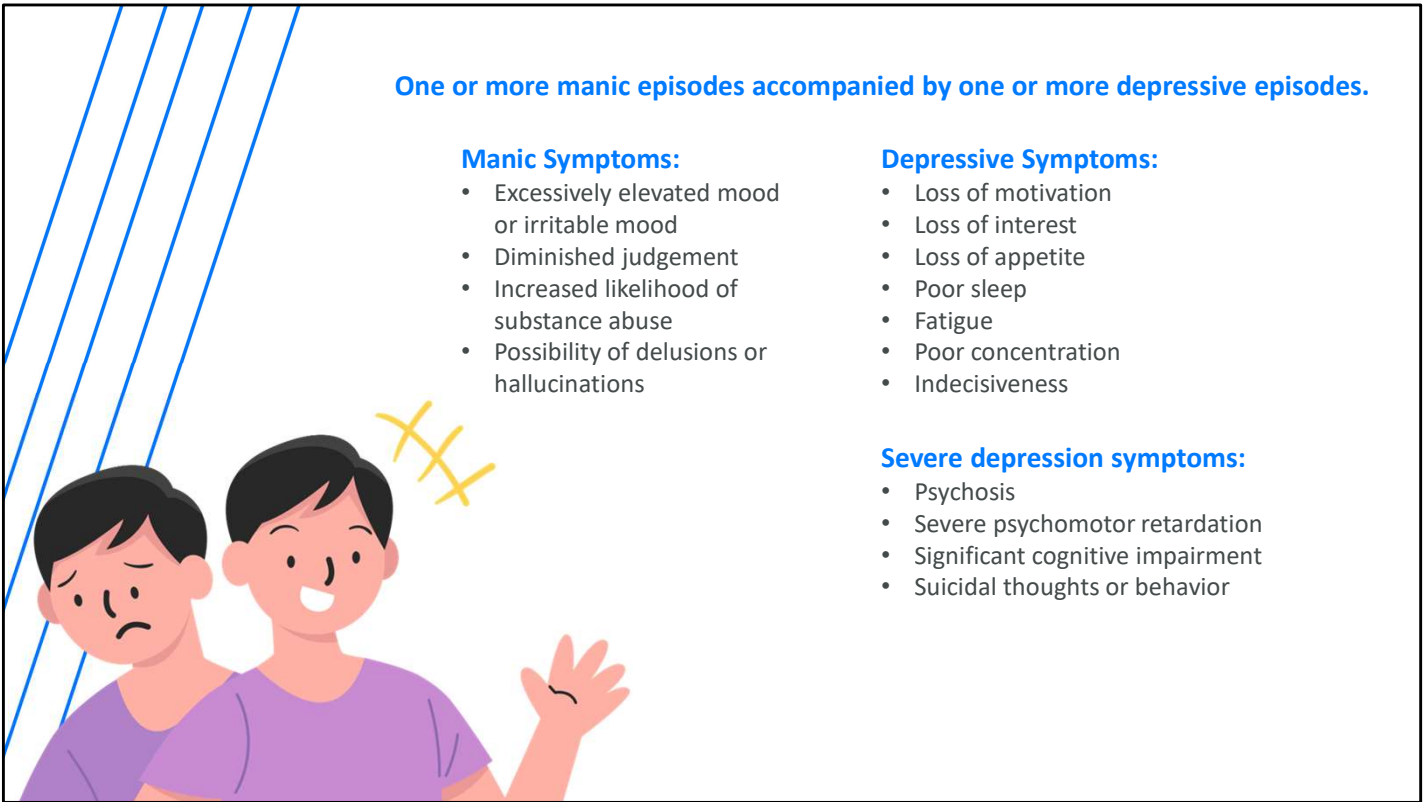
- Excessively elevated mood or irritable mood
- Diminished judgement
- Increased likelihood of substance abuse
- Possibility of delusions or hallucinations

Depressive Symptoms:

- Loss of motivation
- Loss of interest
- Loss of appetite
- Poor sleep
- Fatigue
- Poor concentration
- Indecisiveness

Severe depression symptoms:

- Psychosis
- Severe psychomotor retardation
- Significant cognitive impairment
- Suicidal thoughts or behavior



Bipolar mood disorder is characterized by one or more manic episodes accompanied by one or more depressive episodes. Manic symptoms include excessively elevated or irritable moods, diminished judgement, increased likelihood of substance abuse, and the possibility of delusions or hallucinations. The depressive episodes of bipolar disorder may include loss of motivation, loss of interest, poor sleep, fatigue, indecisiveness, and poor concentration. Severe depressive symptoms include psychosis, severe psychomotor retardation, significant cognitive impairment, and suicidal thoughts or behavior.



The Certification Determination

The certification determination is not based on diagnosis alone but by an evaluation focused on function and relevant history.

Considerations:

- How long has the driver been symptom free following a nonpsychotic major depression unaccompanied by suicidal behavior?
- How long has the driver been symptom free following a severe depressive episode, a suicide attempt, or a manic episode?
- Are there adverse medication side effects?
- Has treatment been shown to be adequate, effective, safe, and stable?
- Is the nature and severity of the underlying mental disorder likely to interfere with safe driving?

The certification determination is not based on diagnosis alone but by an evaluation focused on function and relevant history. Considerations for an ME when making a physical qualification determination should include the following: How long has the driver been symptom free following a nonpsychotic major depression unaccompanied by suicidal behavior? How long has the driver been symptom free following a severe depressive episode, a suicide attempt, or a manic episode? Are there adverse medication side effects? Has treatment been shown to be adequate, effective, safe, and stable? Is the nature and severity of the underlying mental disorder likely to interfere with safe driving?



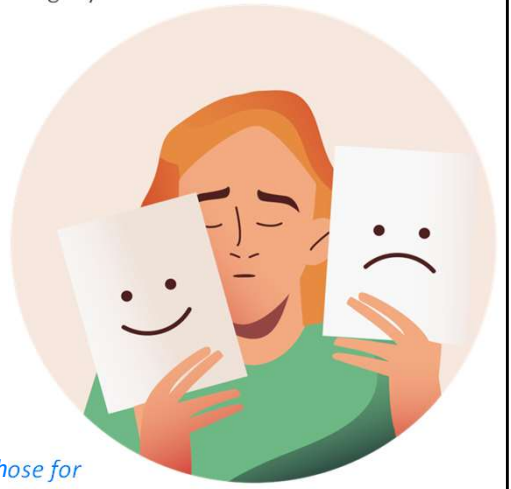
MAJOR DEPRESSION

Major depression consists of one or more depressive episodes that may alter mood, cognitive functioning, behavior, and physiology.

Most individuals will recover but some will relapse within 5 years.

Symptoms:

- Depressed or irritable mood
- Loss of interest or pleasure
- Social withdrawal
- Appetite disturbance
- Sleep disturbance
- Weight change
- Fatigue
- Restlessness and agitation
- Impaired concentration
- Poor judgement
- Suicide thoughts or attempts



The considerations for certification are the same as those for bipolar mood disorder.

Major depression consists of one or more depressive episodes that may alter mood, cognitive functioning, behavior, and physiology. Symptoms may include a depressed or irritable mood, loss of interest or pleasure, social withdrawal, appetite and sleep disturbances, weight change, fatigue, restlessness and agitation, impaired concentration, poor judgment, and suicidal thoughts or attempts. *The considerations for certification are the same as those for bipolar mood disorder.*

Practice Scenario

43-year-old male driver provides a “Yes” response to nervous or psychiatric disorders and a history of a suicide attempt 10 months ago.

- Driver provides a letter from his psychiatrist from 4 months ago
 - Taking Paroxetine (Paxil), 40 mg once daily
 - Psychiatrist provides clearance stating that the driver’s treatment is adequate and effective, and that he is to return to work and normal activities
- Driver denies current suicidal or homicidal ideation or hallucinations
- He denies any adverse side effects from Paxil

Should the driver be certified or disqualified? Why?

A 43-year-old male driver provides a “Yes” response to nervous or psychiatric disorders and a history of a suicide attempt 10 months ago. The driver provides a letter from his psychiatrist from 4 months ago that demonstrates the driver is taking Paroxetine (Paxil), 40 mg once daily. The psychiatrist provides clearance to return to work and normal activities. The driver denies current suicidal or homicidal ideation or hallucinations and denies any adverse side effects from Paxil. Should the driver be certified or disqualified? Why?



Practice Scenario Answer

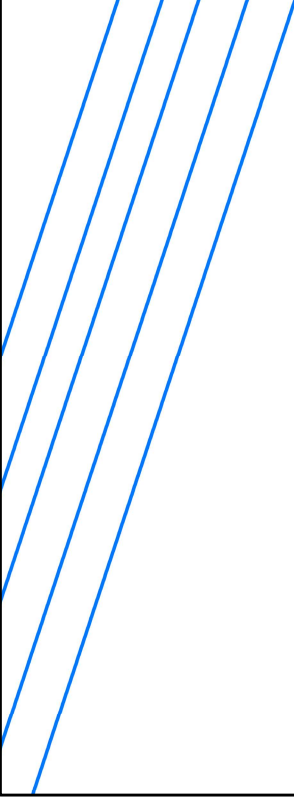
- The driver has been symptom-free for 10 months following an attempted suicide
- The treating provider has stated that treatment is adequate and effective
- The driver is not experiencing adverse effects from the medication
- It does not appear that the nature and severity of the disorder are likely to interfere with safe driving

It appears that all the recommended considerations have been covered. However, as the medical examiner, you must make the final qualification determination.

The driver has been symptom-free for 10 months following an attempted suicide. The treating provider has stated that treatment is adequate and effective. The driver is not experiencing adverse effects from the medication. It does not appear that the nature and severity of the disorder are likely to interfere with safe driving. It appears that all the recommended considerations have been covered. However, as the medical examiner, you must make the final qualification determination.



POST-TRAUMATIC STRESS DISORDER



Post-traumatic stress disorder (PTSD) is an anxiety disorder that develops following frightening, stressful, or distressing life events. It can be associated with behavior changes, mood swings, and suicidal ideations.

Treatment:

- **Psychotherapy**
 - Mild to medium severity can be successfully completed within a year
 - Severe PTSD can take longer
- **Medications**
 - Used in conjunction with psychotherapy and will lessen the symptoms
 - Antidepressants can decrease anxiety, depression, panic, aggression, impulsivity, and suicidal thoughts
 - Benzodiazepines can provide quick relief of anxiety, but the individual can develop dependence on the medication and possibly worsen the PTSD over time


Considerations:

- Are there medication side effects for this driver?
- Has treatment been shown to be adequate, effective, safe, and stable?
- Is the nature and severity of the underlying mental disorder likely to interfere with safe driving?
- Has the driver been evaluated by a behavioral health specialist? If so, what are the specialist's recommendations?

Post-traumatic stress disorder (PTSD) is an anxiety disorder that develops following frightening, stressful, or distressing life events. The disorder can be associated with behavior changes, mood swings, and suicidal ideations. The two primary types of treatment for PTSD consist of medications and psychotherapy. Most psychotherapy can be successfully completed within a year for individuals with mild to medium severity while severe PTSD can take longer to treat. Medications are generally used in conjunction with psychotherapy and will lessen the symptoms. Antidepressants can decrease anxiety, depression, panic, aggression, impulsivity, and suicidal thoughts. Benzodiazepines can provide quick relief of anxiety, but the individual can develop dependence on the medication and possibly worsen the PTSD over time. When making a qualification determination, the ME should consider the following: Are there medication side effects for this driver? Has treatment been shown to be adequate, effective, safe, and stable? Is the nature and severity of the underlying mental disorder likely to interfere with safe driving? Has the driver been evaluated by a behavioral health specialist? If so, what are the specialist's recommendations?



PERSONALITY DISORDERS



A personality disorder is a type of mental disorder in which the individual has a **rigid and unhealthy pattern of thinking, functioning, and behaving**.

A person with a personality disorder has trouble perceiving and relating to situations and people.

Any personality disorder characterized by excessive, aggressive, or impulsive behavior warrants further inquiry for risk assessment to determine if serious enough to interfere with safe driving.

Considerations:


- Does the driver have prominent negative symptoms, including substantially compromised judgment, attentional difficulties, or suicidal behavior or ideation, or a personality disorder that is repeatedly manifested by overt, inappropriate acts?
- Tolerates treatment w/o disqualifying side effects
- Has treatment been shown to be adequate and effective?
- Is the nature and severity likely to interfere with safe driving?

A personality disorder is a type of mental disorder in which the individual has a rigid and unhealthy pattern of thinking, functioning, and behaving. A person with a personality disorder has trouble perceiving and relating to situations and people. Drivers who exhibit behavior which is excessively aggressive or impulsive warrant further investigation for risk assessment to determine if the personality disorder is serious enough to interfere with safe driving. The ME should consider whether the driver has prominent negative symptoms, including substantially compromised judgment, attentional difficulties, suicidal behavior or ideation, or a personality disorder that is repeatedly manifested by overt, inappropriate acts. Also, does the driver tolerate treatment without disqualifying side effects? Has treatment been shown to be adequate and effective? Is the nature and severity likely to interfere with safe driving?



SCHIZOPHRENIA & RELATED PSYCHOTIC DISORDERS





Schizophrenia is the most severe of all psychotic disorders

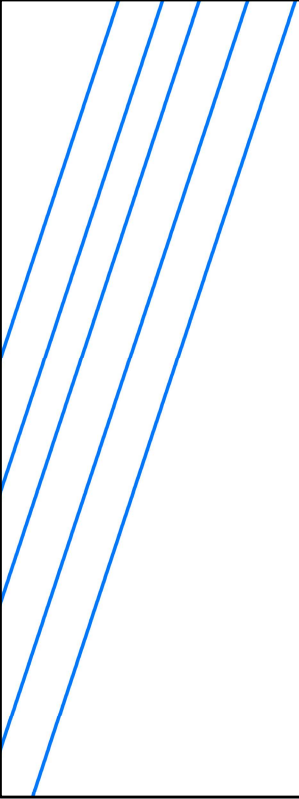
Characteristics:

- Psychosis (Hearing voices or experiencing delusional thought)
- Loss of motivation
- Loss of apathy
- Reduced emotional expression (Flat Affect)
- Compromised cognition, judgment, and attention
- Increased likelihood of suicide

Related Conditions:

- Schizophreniform disorder
- Brief reactive psychosis
- Schizoaffective disorder
- Delusional disorder

Schizophrenia is the most severe condition within the spectrum of psychotic disorders. It is associated with psychosis (hearing voices, delusional thoughts) loss of motivation, loss of apathy, reduced emotional expression (flat affect), compromised cognition, judgement, and attention, and risk of suicide. Related conditions which are not as severe are brief reactive psychosis, schizoaffective disorder, and delusional disorder.



Determination is not based solely on diagnosis but on an evaluation focused on function and relevant history.

Considerations:

- Has the etiology been confirmed?
- How long has the driver been symptom free?
- Does the driver have a diagnosis of schizophrenia or active psychosis?
- Are there medication side effects for this driver?
- Has treatment been shown to be adequate, effective, safe, and stable?
- Is the nature and severity of the underlying mental disorder likely to interfere with safe driving?


“It is unlikely that individuals who are highly susceptible to frequent states of emotional instability (e.g., due to schizophrenia, affective psychoses, paranoia, severe anxiety, or depressive neuroses) would satisfy the physical qualification standard.”

The determination of whether a driver is certified for driving is not based solely on the diagnosis but on an evaluation that is focused on function and relevant history. The following are considerations the ME should take into account when making a qualification determination: Has the etiology been confirmed? How long has the driver been symptom free? Does the driver have a diagnosis of schizophrenia or active psychosis? Are there medication side effects for this driver? Has treatment been shown to be adequate, effective, safe, and stable? Is the nature and severity of the underlying mental disorder likely to interfere with safe driving?

The following statement comes directly from the FMCSA handbook: *“It is unlikely that individuals who are highly susceptible to frequent states of emotional instability (e.g., due to schizophrenia, affective psychoses, paranoia, severe anxiety, or depressive neuroses) would satisfy the physical qualification standard.”*



DEMENTIA



A progressive decline in mental functioning affecting memory, language, spatial functions, problem solving and behavior. Alzheimer's is the main cause.

Symptoms:

- Memory loss
- Difficulty in communication, especially finding the right words
- Reduced ability to organize, plan, reason, or solve problems
- Difficulty handling complex tasks
- Confusion and disorientation
- Difficulty with coordination and motor functions
- Loss of or reduced visual perception
- Metallic taste in mouth
- Decreased sense of smell
- Changes in personality and behavior
- Depression
- Anxiety
- Hallucinations
- Mood swings
- Agitation

Medication: Aricept

“Driving a CMV requires memory, alertness, concentration, communication, organizational skills, attentiveness, performing simple and complicated tasks, and having awareness of one’s surroundings. Therefore, a driver with dementia may not have the ability to drive a CMV safely due to cognitive deficits.”

Dementia is described as a progressive decline in mental functioning that affects memory, language, spatial functions, high functions and problem-solving. Alzheimer's is the main cause. Symptoms include Memory loss, Difficulty in communication, especially finding the right words, Reduced ability to organize, plan, reason, or solve problems, Difficulty handling complex tasks, Confusion and disorientation, Difficulty with coordination and motor functions, Loss of or reduced visual perception, Metallic taste in mouth, Decreased sense of smell, Changes in personality and behavior, Depression, Anxiety, Hallucinations, Mood swings, and agitation. The most common medication prescribed for the treatment of dementia and related diseases is Aricept.

This is the FMCSA statement regarding dementia: “Driving a CMV requires memory, alertness, concentration, communication, organizational skills, attentiveness, performing simple and complicated tasks, and having awareness of one’s surroundings. Therefore, a driver with dementia may not have the ability to drive a CMV safely due to cognitive deficits.”

STANDARDIZED MINI-MENTAL STATE EXAMINATION (SMMSE)							
NAME OF PATIENT	DATE						
<p>Directions for administration of the SSMSE:</p> <ol style="list-style-type: none"> Before the questionnaire is administered, try to get the person to sit down facing you. Assess the person's ability to hear and understand very simple conversation, e.g. <i>What is your name?</i> If the person uses hearing or visual aids, provide these before starting. Introduce yourself and try to get the person's confidence. Before you begin, get the person's permission to ask questions, e.g. <i>Would it be alright to ask you the same questions about your memory?</i> This helps to avoid catastrophic reactions. Ask each question a maximum of three times. If the subject does not respond, score 0. 	<ol style="list-style-type: none"> If the person answers incorrectly, score 0. Accept that answer and do not ask the question again, hint, or provide any physical clues such as head shaking, etc. The following equipment is required to administer the instrument: A watch, a pencil, Page 3 of this SMMSE with CLOSE YOUR EYES written in large letters and two five-sided figures intersecting to make a four-sided figure, and Page 4, a blank piece of paper. If the person answers: What did you say?, do not explain or engage in conversation. Merely repeat the same directions a maximum of three times. If the person interrupts (e.g. What is this for?), reply: <i>I will explain in a few minutes, when we are finished. Now if we could proceed please... we are almost finished.</i> 						
<p>I am going to ask you some questions and give you some problems to solve. Please try to answer as best as you can.</p>							
<p>1. Time: 10 seconds for each reply:</p> <p>a) <i>What year is this?</i> (accept exact answer only). /1</p> <p>b) <i>What season is this?</i> (accept either: last week of the old season or first week of a new season). /1</p> <p>c) <i>What month is this?</i> (accept either: the first day of a new month or the last day of the previous month). /1</p> <p>d) <i>What is today's date?</i> (accept previous or next date). /1</p> <p>e) <i>What day of the week is this?</i> (accept exact answer only). /1</p>							
<p>2. Time: 10 seconds for each reply:</p> <p>a) <i>What country are we in?</i> (accept exact answer only). /1</p> <p>b) <i>What province are we in?</i> (accept exact answer only). /1</p> <p>c) <i>What city/town are we in?</i> (accept exact answer only). /1</p> <p>d) (In home) <i>What is the street address of this house?</i> (accept street name and house number or equivalent in rural areas). /1</p> <p>(In facility) <i>What is the name of this building?</i> (accept exact name of institution only). /1</p> <p>e) (In home) <i>What room are we in?</i> (accept exact answer only). /1</p> <p>(In facility) <i>What floor of the building are we on?</i> (accept exact answer only). /1</p>							
<p>3. Time: 20 seconds</p> <p>Say: <i>I am going to name three objects. When I am finished, I want you to repeat them. Remember what they are because I am going to ask you to name them again in a few minutes.</i> (Say the following words slowly at approximately one-second intervals): <i>Ball / Car / Man.</i></p> <p>For repeated use: <i>Bell, jar, fan; Bill, tar, can; Bull, bar, pan.</i></p> <p><i>Please repeat the three items for me.</i> (score one point for each correct reply on the first attempt.)</p> <p>If the person did not repeat all three, repeat until they are learned or up to a maximum of five times (but only score first attempt). /3</p>							
<p>4. Time: 30 seconds</p> <p>Spell the word WORLD. (you may help the person to spell the word correctly) Say: <i>Now spell it backwards please.</i> If the subject cannot spell world even with assistance, score 0. Refer to Page 3 for scoring instructions. /5</p>							
<p>5. Time: 10 seconds</p> <p>Say: <i>Now what were the three objects I asked you to remember?</i></p> <p>(score one point for each correct answer regardless of order) /3</p>							
<p>6. Time: 10 seconds</p> <p>Show wristwatch. Ask: <i>What is this called?</i></p> <p>(score one point for correct response: accept "wristwatch" or "watch"; do not accept "clock" or "time", etc.). /1</p>							
<p>7. Time: 10 seconds</p> <p>Show pencil. Ask: <i>What is this called?</i></p> <p>(score one point for correct response; accept "pencil" only; score 0 for pen) /1</p>							
<p>8. Time: 10 seconds</p> <p>Say: <i>I would like you to repeat a phrase after me: No ifs, ands or buts</i></p> <p>Score one point for a correct repetition. Must be exact, e.g. no ifs or buts, score 0). /1</p>							
<p>9. Time: 10 seconds</p> <p>Say: <i>Read the words on this page and then do what it says.</i> Then, hand the person the sheet with CLOSE YOUR EYES on it. If the subject just reads and does not close eyes, you may repeat: <i>Read the words on this page and then do what it says.</i> (a maximum of three times. Score one point only if the subject closes eyes. The subject does not have to read aloud. /1</p>							
<p>10. Time: 30 seconds</p> <p>Hand the person a pencil and paper (Page 3). Say: <i>Write any complete sentence on that piece of paper.</i> Score one point. The sentence must make sense. Ignore spelling errors. /1</p>							
<p>11. Time: 1 minute maximum</p> <p>Place design, eraser and pencil in front of the person. Say: <i>Copy this design please.</i> Allow multiple tries. Wait until the person is finished and hands it back. Score one point for a correctly copied diagram. The person must have drawn a four-sided figure between two five-sided figures. /1</p>							
<p>12. Time: 30 seconds</p> <p>Ask the person if he is right or left handed. Take a piece of paper, hold it up in front of the person and say: <i>Take this paper in your right/left hand (whichever is non-dominant), fold the paper in half once with both hands and put the paper down on the floor.</i> Score one point for each instruction executed correctly.</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">Takes paper in correct hand</td> <td style="width: 20%; text-align: right;">/1</td> </tr> <tr> <td>Folds it in half</td> <td style="text-align: right;">/1</td> </tr> <tr> <td>Puts it on the floor</td> <td style="text-align: right;">/1</td> </tr> </table>		Takes paper in correct hand	/1	Folds it in half	/1	Puts it on the floor	/1
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Puts it on the floor	/1						
<p>Total Test Score: /30</p> <p>Adjusted Score /</p>							

The Mini-Mental Status Exam (MMSE) is a brief questionnaire used for cognitive impairment evaluation and can be used to screen for dementia. Some versions are copyrighted, but free versions are available to be downloaded from the internet. The version shown here was available for free on the internet. A score greater than or equal to 25 out of 30 is normal.



This is the end of Module 9 of the TeamCME Accredited Training for the National Registry of Certified Medical Examiners.