



**Medications - From The American Medical Association's  
Physician's Guide to Assessing and Counseling Older Drivers (emphasis added) - complete Guide available at  
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3738088/>**

1. Alcohol – As little as one serving of alcohol (1.25 oz. 80 proof liquor, 12 oz. beer, 5 oz. wine) has the potential to impair driving performance in many individuals. In many cases, individuals may be impaired without being aware of it. Furthermore, alcohol can potentiate the central nervous system (CNS) effects of medications to produce profound and dangerous levels of impairment.

*Physicians should always warn their patients against drinking and driving, and against combining alcohol with their CNS-active medications.*

2. Anticholinergics 3. Anticonvulsants

4. Antidepressants

a. Bupropion b. Mirtazapine c. Monoamine oxidase (MAO) inhibitors d. Selective serotonin reuptake inhibitors (SSRI) e. Tricyclic antidepressants (TCA)

5. Antiemetics 6. Antihistamines 7. Anti-hypertensives 8. Anti-parkinsonians 9. Anti-psychotics 10. Benzodiazepines and other sedatives/anxiolytics

11. Muscle relaxants 12. Narcotic analgesics 13. Nonsteroidal anti-inflammatory drugs (NSAID) 14. Stimulants

Many commonly used prescription and over-the-counter medications can impair driving performance. In general, any drug with a prominent central nervous system (CNS) effect has the potential to impair an individual's ability to operate a motor vehicle. The level of impairment varies from patient to patient, between different medications within the same therapeutic class, and in combination with other medications or alcohol.

Medication side effects that can affect driving performance include drowsiness, dizziness, blurred vision, unsteadiness, fainting, slowed reaction time, and extrapyramidal side effects. In many cases, these side effects are dose-dependent and attenuate with time. Whenever possible, the physician should prescribe non-impairing medications. If the physician must prescribe or change the dosage of a medication that can potentially impair driving performance, he/she should counsel the patient regarding the side effects. He/she should also recommend that the patient take the first few doses in a safe environment to determine the presence and extent of any side effects, and

that he/she **temporarily cease driving** as needed until the body has adjusted to the medication. In addition to being alert to potential side effects, the patient should also understand that with certain medications, subjective effects do not always correlate with impairment.

Medications that cause drowsiness, euphoria, and/or anterograde amnesia may also diminish insight, and **the patient may experience impairment without being aware of it**. In the case of these medications, the concerned physician and patient may wish to consider formal psychomotor testing (up to and including driving simulation) or driver evaluation (including on-road assessment) performed by a driver rehabilitation specialist, while off and on the medication to determine the extent of impairment.

When prescribing new medications, the physician should always consider the patient's existing regimen of prescription and non-prescription medications, including medications taken seasonally. Combinations of drugs may affect drug metabolism and excretion to produce

additive or synergistic interactions. In fact, use of multiple psychoactive medications is a common cause of hospitalization for delirium among older adults. Because individuals react differently to drug combinations, the degree of impairment caused by polypharmacy may vary from patient to patient.

With **polypharmacy's strong but unpredictable potential to produce impairment**, physicians should add new medications at the lowest dosage possible, counsel the patient to be alert to any impairing side effects, and adjust the dosages of individual medications as needed to achieve therapeutic effects with a minimum of impairment.

**Polypharmacy:**

(a) The act or practice of prescribing too many medicines. (b) A prescription made up of many medicines or ingredients.– Duglison.