

Mission: Keep Older People On the Road!

The role of the provider is to enable the older driver to continue driving **safely** for as long as possible

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Overview

- Myths about older drivers
- What are the benefits and harms of driving cessation?
- What works in managing older drivers?
- Ethical dilemmas for clinicians:
 - Privacy/confidentiality
 - Patient Advocate vs. Law Enforcement
 - Conflict of Obligation

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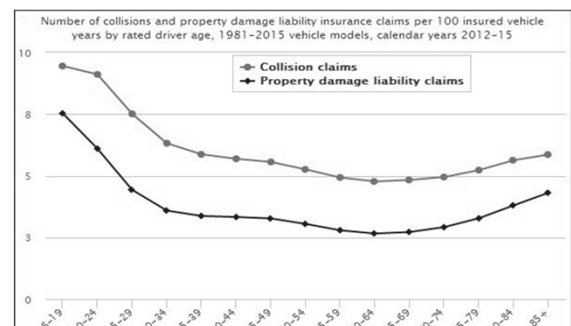
3 Myths About Older Drivers

- Myth 1: All older drivers are bad drivers
- Myth 2: At a certain age, everyone will have to stop driving
- Myth 3: There is a valid office-based assessment to identify older drivers at risk

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Older Drivers Are Relatively Safe



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Motor vehicle crash deaths and deaths per 100,000 people 70 and older, 1975-2014



Fatalities per capita among older people has decreased 47 percent since 1975 and is now at its lowest level. Source: NHTS, Fatality Facts, 2014

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Importance of Driving

- California survey of adults 65+ top 10 fears –
 - 1 Being diagnosed with a fatal disease;
 - 2 Losing the ability to drive and the driver's license**
 - 3 A spouse being diagnosed with a fatal disease
 - 4 Financial security of adult children.

- Responses from **MIT AgeLab** research:

“You can always get another wife, but you can only get one driver's license”. Older Male Respondent, Boston

Joe Coughlin, MIT AgeLab

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Harms of Driving Cessation

- Depression: adults who stop driving have increased rates of depression
Chihuri S, et al. *J Am Geriatr Soc.* 2016; Marottoli et al. *J Am Geriatr Soc.* 1997;45(2):202-6
- Shrinking world syndrome: loss of access leads to loss of living space
- Impact on others: who else's world shrinks? Who will pick up the slack?

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How To Help Older Drivers

- Assessment: vision, cognition, function
- Establishment of a trusting relationship with the patient and family
- Planning for driving cessation if indicated
- Accepting ambiguity and risk, and carefully documenting

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3 Myths About Older Drivers

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Safe Driving Requires Ability To:

- See
- Move
- Think

All at the same time!

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Take a Good Driving History

- How far do you drive each year?
- Where do you drive (local v. distant, familiar v. new places)?
- Have you had any car accidents or tickets recently?
- Have you ever gotten lost while driving?
- For family members: Do you ever drive with the patient? Are you scared to drive with the patient?

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Risk Assessment: Patient Awareness

- Is the patient aware of functional deficits?
- Does patient acknowledge driving difficulties, adverse events?
- Will patient adjust exposure/driving patterns accordingly?

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Driving Assessment Strategies

- Develop approach to:
 - Screening of patients: 4 C's (crash history, family concerns, clinical condition, and cognitive functions) (O'Connor et al, 2010)
 - In-depth assessment focused on driving
- Refer for advanced screening and testing
 - Neuropsychological
 - Driving evaluation
- Access to driving rehabilitation important

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Case Discussion

Martha Stewart (no, not the rich/famous/fussy one) is an 81 F who lives in Newton, MA in a single family home.
 PMH: diabetes, DJD, cataracts, hearing loss
 CRx: glyburide, ASA, Vit D, lisinopril
 SH: lives alone, former smoker, widowed x 15 years, no ETOH, 2 kids, one in NYC, one in St. Louis. Active in her church, drives.

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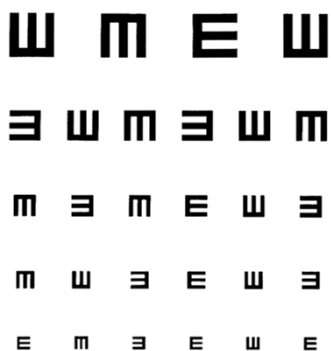
Case Discussion (continued)

- What would you ask Martha about her driving?
- How would you assess her vision, cognition, function?
- You get a call from her daughter from NYC, who says she is worried about her mom's driving. What do you ask her? What do you do?

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test chart for children



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Snellen E Chart

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Assessment: Motor Function

- No single best test:
 - Rapid Pace Walk (aka modified Get Up and Go)
 - Manual Test of Range of Motion
 - Manual Test of Motor Strength

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Patient's Name: _____ Date: _____

6. Trail-Making Test, Part B: _____ seconds

7. Clock drawing test: Please check 'yes' or 'no' to the following criteria.

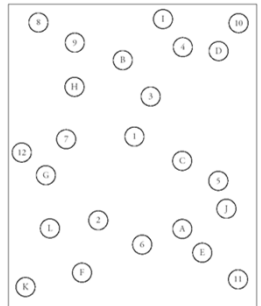
	Yes	No
All 12 hours are placed in correct numeric order, starting with 12 at the top		
Only the numbers 1-12 are included (no duplicates, omissions, or foreign marks)		
The numbers are drawn inside the clock circle		
The numbers are spaced equally or nearly equally from each other		
The numbers are spaced equally or nearly equally from the edge of the circle		
One clock hand correctly points to noon/12 o'clock		
The other hand correctly points to chosen o'clock		
There are only two clock hands		

Physician's Guide to Assessing and Counseling Older Drivers
American Medical Association/American Geriatrics Society Practice Guidelines/American Society on Aging
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Trail-Making Test, Part B

Patient's Name: _____ Date: _____



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Access to Advanced Driving Assessment

- In cases where screening/assessment suggests risks, refer for more detailed testing
- Costs are usually not covered by Medicare or insurance
- Can assist with driver rehabilitation as well as testing
- Need to know local resources; Mass. RMV website has brochure *Your Health and Driving Safely* that contains list of programs http://www.massrmv.com/Portals/30/docs/Med_Affairs_Brochure.pdf. International directory at www.aded.net

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Case (continued)

- Driving assessment showed good vision screening, and reaction time, but neuropsych showed mild executive dysfunction. On the road test, she hit the curb hard while trying to make a right turn
- Recommended: driving lessons, ophthalmology evaluation, PT for range of motion exercises. Concerned about neuropsych results.
- Would you report her to the state?

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States Regulate Driving

- MUST know rules of the state/s where your patients live
- Significant variation between states that can matter for both clinicians and patients

Up To Date Older Driver Licensing Information: Ins. Institute for Highway Safety <http://www.iihs.org/iihs/topics/laws/olderdrivers?topicName=older-drivers>

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Which Laws Matter?

- Renewal in person at age 70+ (as opposed to renewal by mail or online)
- Accelerated renewal
- Mental testing
- Peripheral vision testing
- Restricted licensing

Kulikova E. The social and policy predictors of driving mobility among older adults. *J Aging Soc Policy*. 2011 Jan;23(1):1-18.

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State Reporting Laws

- Mandatory or voluntary?
- Legal protections for reporting?
- Action as result of report?
 - Who does the assessment?
 - What are the consequences for the driver?

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Privacy/Confidentiality

- Privacy is the ability to control access to personal information
- Confidentiality is the expectation each person has about who has access to what level of personal information
 - Patients expect that information disclosed to a physician will remain private

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Conflict Of Obligation

- Physicians have conflicting obligations in regard to older drivers:
 - Fiduciary, trusted relationship to do what is best for patient
 - Role as public health official to protect public from harm due to unsafe drivers (may be legally mandated to report)
- State policies and laws may provide answers on how to address this

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Helping with the Transition

- Planning for non-driving can help (Hartford)
 - Let others do the driving
 - Reduce the need to drive
 - Balance social needs
 - Plan early to limit driving
 - Take the keys as a last resort
- Consider what driving and the loss of driving means to patient/family

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Take Home Messages

- Safe driving requires seeing, thinking, and moving, all at the same time
- Assessment needed for:
 - Seeing (vision)
 - Thinking (pick your favorite cognitive screening tool)
 - Moving (functional assessment)
 - Is the patient aware of any deficits?

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What Works?

- Therapeutic alliance with patient and family
- Advise restriction of driving
- Provide educational materials about planning for cessation (Hartford Foundation and MIT AgeLab publications helpful – see reference list)
- Access to driving rehabilitation specialists and assessment programs can be important for assessing risk and establishing baseline
- Careful documentation of discussions and recommendations

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