

125
YEARS

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Driving and the Elderly

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Driving

- ▶ As our population ages, older drivers are becoming more at risk of being killed or injured on our roads.
- ▶ While for younger drivers increased risk is associated with risky behaviours, for our older drivers the increased risk is associated with frailty and issues associated with aging.
- ▶ From 1st January until the 6th December 2016, 38 people aged 75+ years have lost their lives on Victorian roads. In 2015, 30 people aged 75+ lost their lives on Victoria's roads, compared to 34 in 2014. Over the 5 years (2009-2013), on average, 37 people aged 75+ lost their lives on Victoria's roads each year.
- ▶ Drivers aged 75 years or over have a higher risk (per distance travelled) of losing their lives in a crash than any other age group. In 2015, 12 drivers aged 75+ lost their lives.



Issues associated with driving and aging

- ▶ Decreased vision such as cataracts, glaucoma, diabetic eye disease, macular degeneration
- ▶ Decreased hearing
- ▶ Loss of muscle strength and flexibility
- ▶ Slower reaction times
- ▶ Cognitive issues such as mild cognitive impairment and dementia
- ▶ Use of prescription medication which may cause drowsiness



Driving and Dementia

- ▶ There are many issues associated with driving a motor vehicle and dementia.
- ▶ Two major issues of relevance to drivers with dementia are the progressive nature of the condition and the potential loss of insight
- ▶ There is evidence that driving skills deteriorate with increased dementia severity
- ▶ Dementia frequently leads to impaired visuospatial skills, attention, memory and judgement
- ▶ Driving is a complex activity of daily living that requires all of the above functions

- ▶ Dubinsky RM, Stein AC, Lyons K. Practice parameter: risk of driving and Alzheimer's disease (an evidence-based review). *Neurology* 2000;54:2205-11.

Driving and Mild Dementia

- ▶ Diagnosis of early dementia should alert professionals to the fact that a person may not be competent to drive, it is not sufficient reason to enforce driving retirement in all cases. There is evidence to support such a claim.
- ▶ For example, Ott and Daiello found that pooled data from two longitudinal studies involving 134 drivers with dementia established that 69% of drivers with mild dementia and 88% of drivers with very mild dementia could pass an on-road driving assessment.
- ▶ Ott BR, Daiello LA. How does dementia affect driving in older patients? *Aging Health* 2010;6:77- 85.
- ▶ Ott BR, Heindel WC, Papandonatos GD, Festa EK, Davis JD, Daiello LA, Morris JC. A longitudinal study of drivers with Alzheimer disease. *Neurology* 2008;70:1171-8.
- ▶ Duchek JM, Carr DB, Hunt L, et al. Longitudinal driving performance in early-stage dementia of the Alzheimer type. *J Am Geriatr Soc* 2003;51:1342-7.

Key features of the Australian and New Zealand Society for Geriatric Medicine position statement

- ▶ Some people with mild dementia may drive safely
 - ▶ It is not reasonable to suspend a patient's licence based solely on a diagnosis of mild dementia
 - ▶ A driving co-pilot is not a recognised safe practice for reducing safety risk in dementia
 - ▶ An occupational therapy on-road driving test is accepted as a 'gold standard' assessment
 - ▶ Neuropsychological results generally do not sufficiently or consistently correlate with on-road driving performance
 - ▶ Regular review (at least 6 monthly) of safe driving capacity is required in patients who retain a driving licence in early dementia
- ▶ Australian and New Zealand Society for Geriatric Medicine. Position statement number 11: Driving and dementia. Revised 2009.

Older Drivers and Prescription Medication

- ▶ Many older drivers are unaware of the pharmacy medications they are taking could be impairing their driving, particularly if mixed with alcohol.
- ▶ Recent research also highlights there is a higher prevalence of medication usage for health purposes as drivers' age, however the use of these medications can often and unknowingly, impair driving ability.



Medications that can impair driving by groups (commonly used for)

- ▶ Anxiety, sleep problems, e.g. Benzodiazepines (Oxazepam, Diazepam, Alprazolam)
- ▶ Sleep problems, e.g. Temazepam, Nitrazepam, Zolpidem
- ▶ Depression, bladder problems, migraine, nerve pain, e.g. Tricyclic antidepressants such as Amitriptyline and Doxepin
- ▶ Depression, anxiety, e.g. Sertraline, Mirtazapine, Escitalopram, Moclobemide, Fluoxetine
- ▶ Psychotic conditions, e.g. Olanzapine, Quetiapine, Haloperidol
- ▶ Allergies, cough, cold and flu symptoms, e.g. sedating antihistamines such as Phenergan, Codral, Demazine, Benadryl
- ▶ Epilepsy e.g. Anticonvulsants such as Primidone
- ▶ Pain relief e.g. Opioids such as Codeine, Oxycodone and Morphine

How Can Medicines Affect Driving

The impairing effect of some medicines can be equivalent to a BAC (Blood Alcohol Content) of 0.05% or more so it is important to understand how your medicines affect your ability to drive.

Common side effects of some medications are:

- drowsiness or tiredness
- dizziness or feeling faint
- blurred vision
- shakiness or unsteadiness
- confusion and poor concentration
- slower reaction time
- nausea
- mood changes and anxiety



Older driver checklist

The Transport Accident Commission have put together a general checklist to help assess how safe a driver you are.

Do you:

- Suffer from any serious health conditions such as arthritis, epilepsy, a heart condition, high blood pressure or anxiety?
- Take medication that may impair your driving?
- Have difficulty reacting quickly to other drivers' actions?
- Drive at inappropriate speeds, either too fast or too slow?
- Regularly need your passengers to give you directions, such as when it is clear to pass?
- Ignore or misinterpret traffic signs and signals?
- Fail to judge distances between cars correctly?
- Become easily flustered or angry?
- Have difficulty with glare of oncoming headlights, streetlights or other bright or shiny objects, especially at dawn, dusk and at night?
- Find it hard to turn your head, neck, shoulders or body while in traffic or parking?
- Had one or more near accidents?
- Feel exhausted after driving for an hour or more?
- Have difficulty maintaining concentration while driving?
- Have your passengers warn you about things on the road you may not have seen, or have seen too late?
- Feel uncomfortable in heavy traffic?

Occupational Therapy Driving Assessment

- ▶ An occupational therapy driving assessment is the "gold standard" for determining fitness to drive.
- ▶ The process for referral has changed over the last couple of years, with medical reports now needing to be sent to VicRoads Medical Review for approval to proceed.
- ▶ Older people generally don't like being assessed as many believe driving is a right rather than a privilege.
- ▶ The cost of an occupational therapy driving assessment can be financially difficult for older drivers. Private OT's can charge up to \$400+
- ▶ Driving has implications for freedom and independence so failing can lead to isolation, depression, loss of independence and early entry into aged care facilities.
- ▶ **All drivers must report to the licencing authority any condition that may affect their ability to driver. Many drivers do not realise this!**

Thank you

