

Safe Driving and the Older Adult

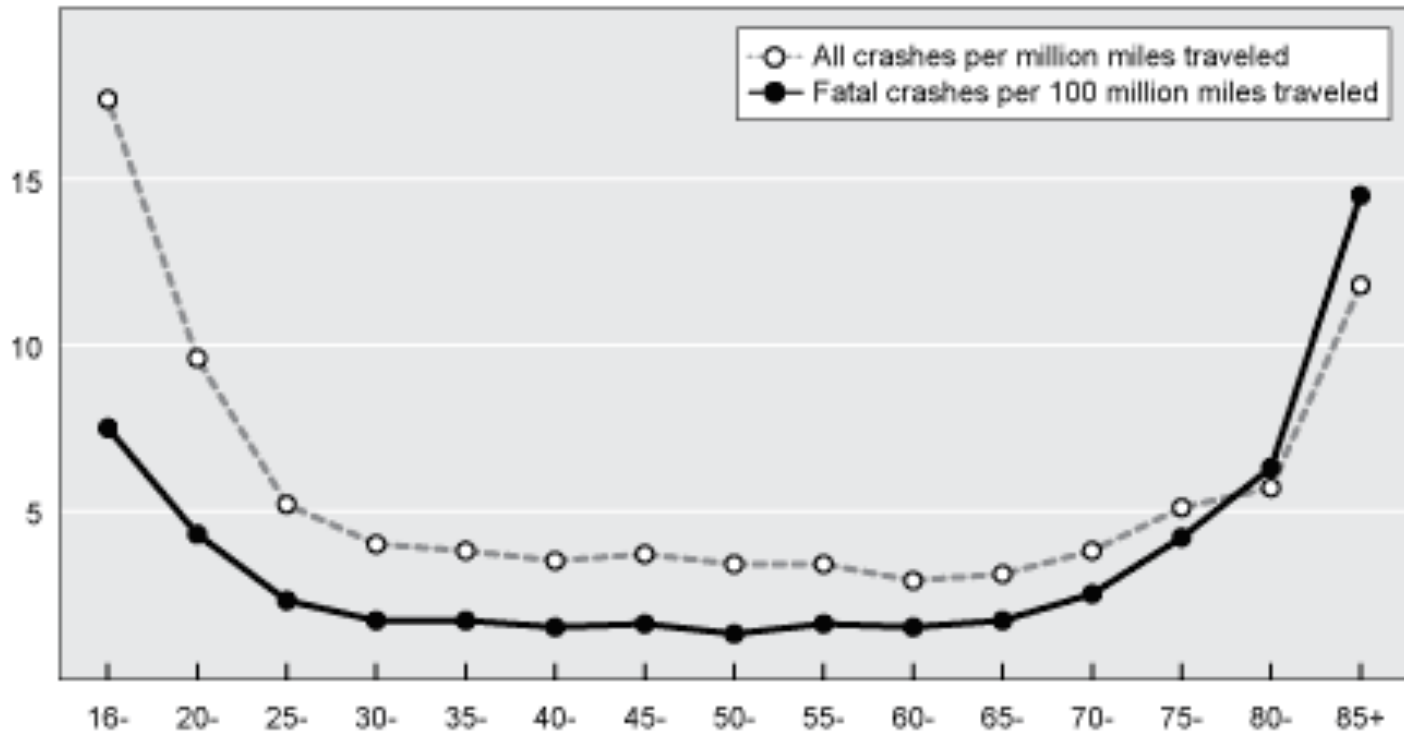
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November 8, 2012

Objectives

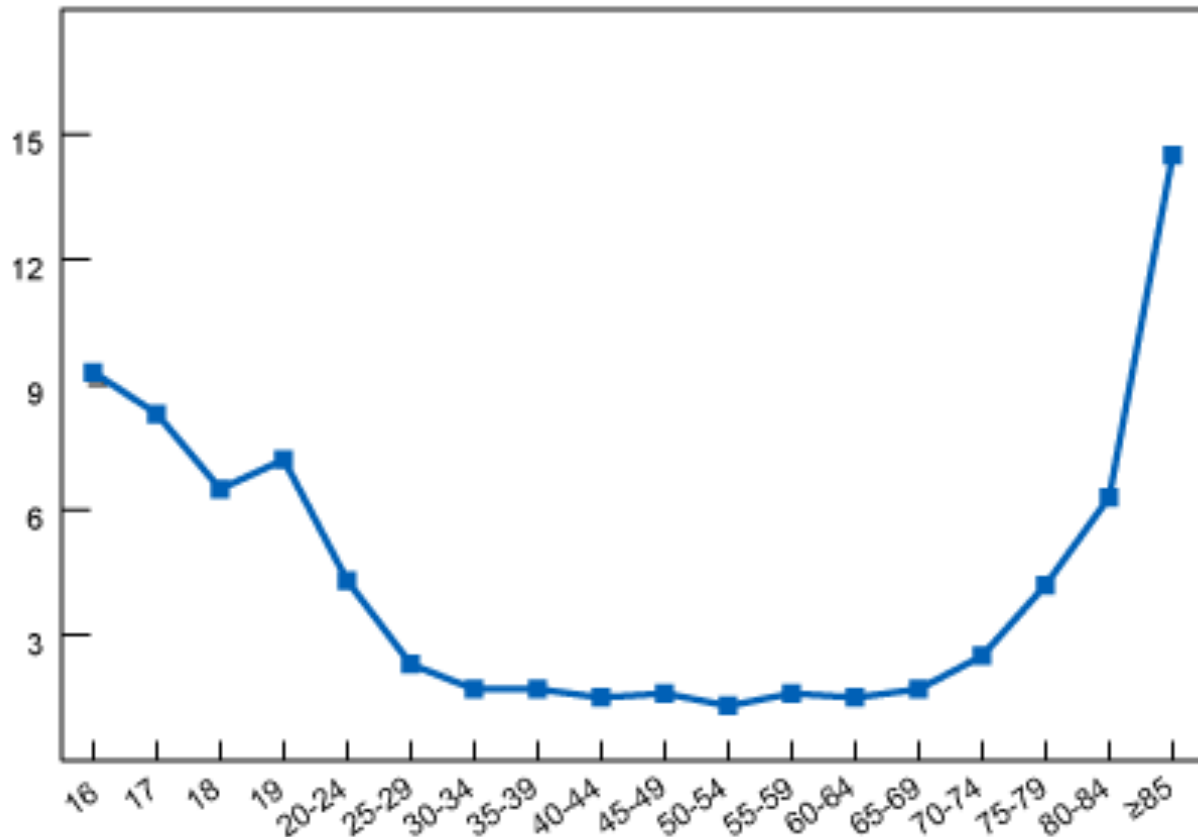
1. Identify older adults at risk for causing harm to the themselves or others due to car crash
2. Communicate effectively with families where the issue of safe driving is raised; determine the best resources necessary to ease transition when driving cessation is necessary
3. Describe appropriate office-based evaluation of deficits, classify appropriately as reversible, irreversible and amenable to rehabilitation, and determine appropriateness of referral for formal driving evaluation

Number of crashes per mile traveled by driver age, 2001-02



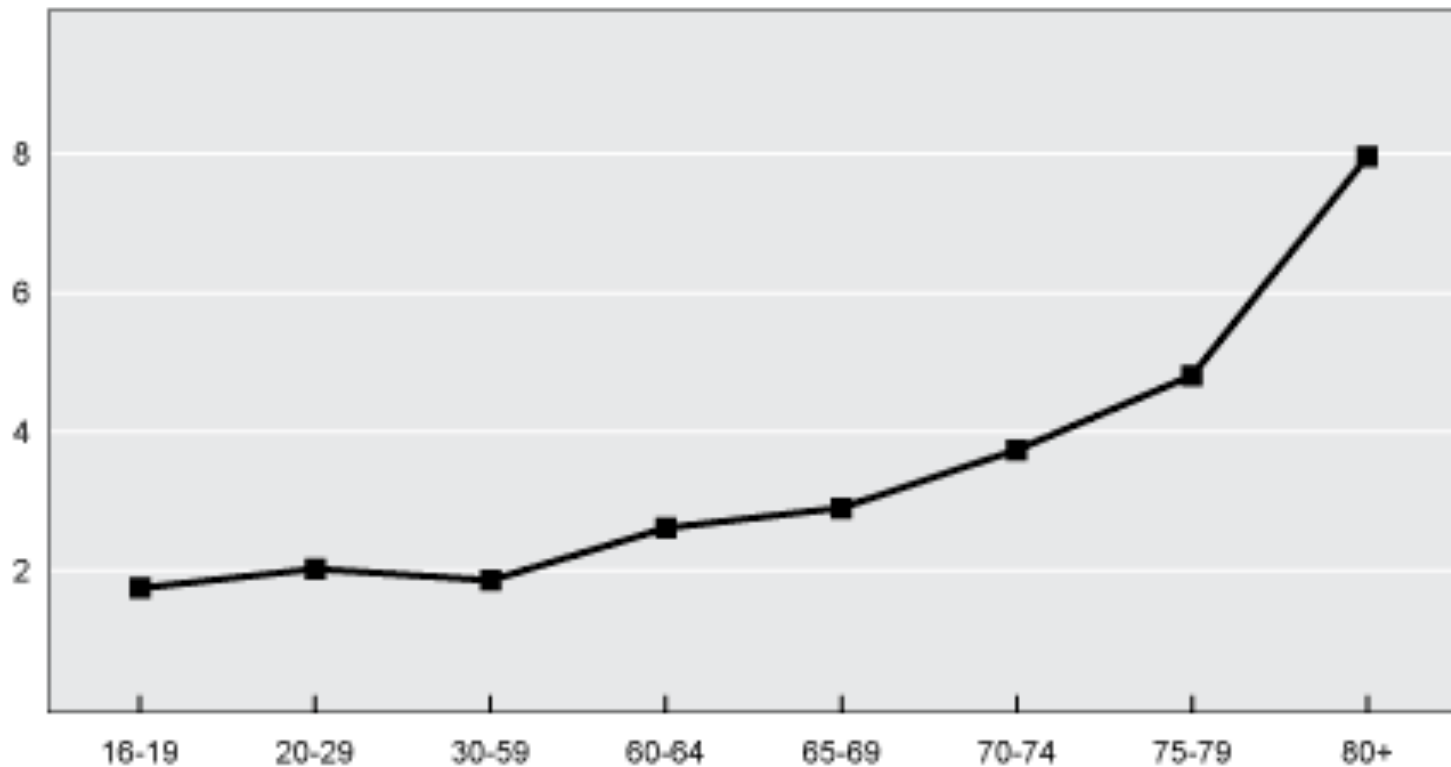
Q&As: Older People.” Insurance Institute for Highway Safety. April 2009.

Passenger vehicle fatal crash involvements per 100 million miles by driver age, April 2001 to March 2002



Q&As: Older People.” Insurance Institute for Highway Safety. April 2009.

Number of passenger vehicle driver deaths per 1,000 drivers involved in police-reported crashes by driver age, 2003-07



Q&As: Older People.” Insurance Institute for Highway Safety. April 2009.

Impact of Older Driver Safety

- Driving
 - primary mode of transportation for most
 - represents freedom/independence
- Vehicle related injuries a leading cause of injury-related deaths among older adults
- Greater death rate per mile driven among all age groups except those younger than 25
- Pool of older drivers is growing

Why does this fall into the hands of health care professionals?

- Change in driving safety with age are not *because of age*
- Physical and mental changes
- Self-regulation is not enough

Issues We Face with Screening and Assessment

- Who can screen and who can assess?
- How do individuals enter screening and assessment?
- Age-based or capacity-based screening?
- What to do when a driver fails a driving test
- Best criteria for evaluating outcomes?
- Domains that require testing and how to evaluate them?

So how is this screen different from other screenings performed?

Relevant Physical Domains

- Vision
 - Acuity
 - Visual fields
- Motor strength
- Range of motion

Relevant Cognitive Domains

- Vigilance
- Language
- Memory – short- and long-term, working
- Selective and divided attention
- Visual – perception, processing, search, and visuospatial
- Executive – planning, judgment, decision-making

Red Flags

- Inattention to hygiene, grooming
- Difficulty getting into and out of chairs, onto exam table
- Impaired gait
- Difficulty with visual tasks
- Poor attention, memory, language
 - Medication non-adherence as a red flag

Screening Questions

- Do you think you are a safe driver? Ever get lost while driving?
- Do you have any problems while driving?
- Have you had any tickets, accidents, or close calls?
- Have you noticed any damage to your car that is hard to explain?
- Who rides in the car with you?

Factors that Affect Driver Safety

Medical Conditions

- Seizure
- Stroke
- Diabetes
- Cardiovascular/dizzy
- Vertigo
- Sleep apnea
- Musculoskeletal disorders
- Dementing illnesses
- Depression

Red Flags

- Family concern
- Curtailing driving distance or situations
- Getting lost
- Use of copilot
- Not being asked to pick up minor family members
- Unexplained damage to vehicle

Medications that can Affect Driving Safety

- Alcohol
- Antihistamines
- Antidepressants
- Anxiolytics
- Antiemetics
- Antiparkinsonian medications
- Anticholinergics
- Antihypertensives
- Antipsychotics
- Anticonvulsants
- Opiate/opioid analgesics
- Stimulants
- Muscle relaxants
- Sedative hypnotics

Physician's Plan for Older Driver Safety (PPODS)

Physician's Guide to Assessing
and Counseling Older Drivers

Figure 1.1 Physician's Plan for Older Drivers' Safety (PPODS)

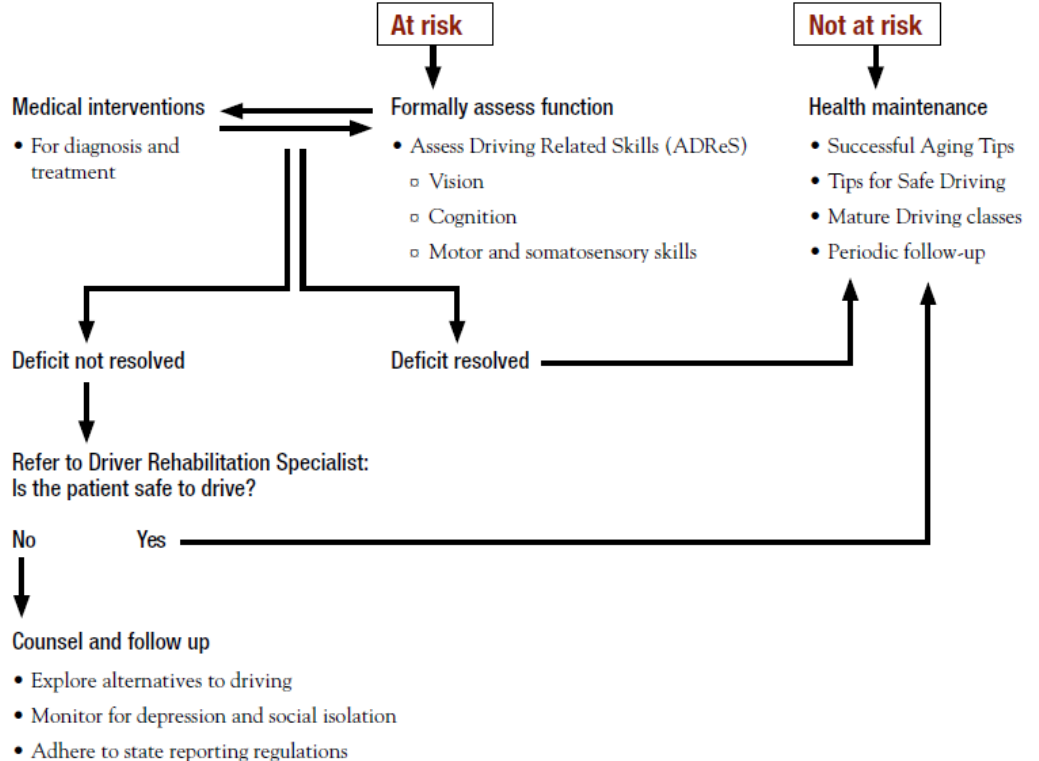
Is the patient at increased risk for unsafe driving?

Perform initial screen—

- Observe the patient
- Be alert to red flags
 - Medical conditions
 - Medications and polypharmacy
 - Review of systems
 - Patient's or family member's concern/
impaired driving behaviors

If screen is positive—

- Ask health risk assessment/social history questions
- Discuss alternatives to driving early in the process
- Gather additional information



Assessment of Driving Related Skills (ADReS)

- Visual fields
 - By confrontation
- Visual acuity
 - Snellen or ETDRS card
- Rapid-pace walk
 - Measure of LE strength, ROM, endurance, balance
 - 10 meter walk and return
- Range of motion
 - Neck, shoulder, elbow, fingers, ankle

Assessment of Driving Related Skills (ADReS)

- Motor strength
 - Shoulder, wrist, hand, hip, ankle
- Trail-making test, part B
 - Assesses working memory, selective and divided attention, visual processing, visuospatial skills
 - Results associated with risk of crash
 - Question about administering Trails A first
- Clock drawing test

Freund Clock Scoring for Driving Competency

- Any incorrect element signals a need for intervention:
 - All 12 hrs in correct order, starting with 12 at the top
 - Only the numbers 1-12 included without duplications or omissions
 - All numbers are equally spaced
 - All are equally spaced from edge of circle
 - One hand points to the eleven
 - One hand points to the four
 - There are only two clock hands

DriveABLE

- Computer-based
 - Motor speed and control
 - Span of attentional field
 - Spatial judgment and decision-making
 - Speed of attentional shifting
 - Executive function
 - Identification of driving situations – short videos of real driving scenes

Approaching the Issue of Driver Safety Assessment

- Early, candid, direct
- Review *your* goal to help patient drive safely
- Emphasis on safety – patient and public
- Referring to transitioning/retiring instead of giving up the keys
- Talk about important information/good news to be gained

Important Resources

- Driving Decisions Workbook
 - <http://www.aota.org/DocumentVault/Driving/Workbook.aspx?FT=.pdf>
- Gather information from others who know the individual
- Geographically specific transportation alternatives
- Driver Rehabilitation Specialist vs. DMV

Driver Rehabilitation Specialist

- Plans and coordinates clinical and functional assessments
- Cost is usually \$300 to \$400
- Reasons to refer
 - Reassure family, patient, provider
 - Follow up after medical problem, physical decline
 - Avoid lawsuits
 - Obtain information about driving safer and longer

Successful Transportation Alternatives

- Family of services
- Sustainable
- Developed from consumer perspective
- Technology for efficiency
- Partners and stakeholders
- Flexibility to accommodate changing needs
- Quality service with QI efforts
- Positive marketing

Legal and Ethical Issues

- Ethically, the older driver who is potentially unsafe requires attention
- Nevada is one of six states with mandatory reporting
- Providers in voluntary reporting states may not be protected from

AMA Ethical Opinion

- Physicians should assess patient's physical and mental impairment
- Tactful discussion before reporting
- Must use best judgment
- Report medical condition that impairs driving safety
- Report minimal amount necessary
- Work with state medical societies to create statutes that uphold patient and community interests and safeguard good faith reporting

How it Works in Nevada

- Duty to protect is clear
- Confidentiality, immunity and legal protection for reporters
- Written and road testing required if change in license classification
- Vision and medical report required to renew at age 70
- Only license restriction is “daytime only”



555 Wright Way
 Carson City, NV 89711
 Reno/Sparks/Carson City (775)
 684-4DMV (4368)
 Rural Nevada (877) 368-7828
 Fax: (775) 684-4829
 Website: www.dmvnv.com

Request for Re-Evaluation

This form must be accompanied by an affidavit from a physician indicating that the physician agrees the driver designated below should be re-examined to determine whether or not they could safely operate a motor vehicle.

I believe the following driver should be re-examined:

NAME _____
 ADDRESS _____
 SSN _____
 DOB _____
 DRIVERS LICENSE NUMBER _____

This driver's difficulties were brought to my attention because:

- The driver was involved in an accident.
- The driver committed a traffic violation.
- Other (please explain)

Please describe in detail the nature of the disability and how it impairs this person's ability to drive safely. Describe the incident and list the names of any witnesses. In addition, please indicate the date of the occurrence. If additional space is needed, please attach another sheet of paper.


I hereby certify all statements on this affidavit are true and correct to the best of my knowledge. I agree and understand that if an administrative hearing is held based on my request for re-examination of this driver, I may be required to appear and testify.

Name (please print) _____
 Signature _____ Drivers License Number _____
 Relationship to Driver _____ Telephone Number _____
 Address _____

Subscribed and sworn before me this _____ day of _____, 20 _____
 Notary Public or
 DMV Representative _____

Referral to the DMV

Patient Returns this form to the DMV; must be completed within 30 days of formal evaluation



555 Wright Way
Carson City, NV 89711
Reno/Sparks/Carson City (775) 684-4DMV (4368)
Las Vegas Area (702) 486-4DMV (4368)
Rural Nevada or Outside Nevada (877) 368-7828
Fax: (775) 684-4829
Website: www.dmvnv.com

CONFIDENTIAL PHYSICIAN'S REPORT

PLEASE NOTE: According to the Nevada Administrative Code, the Department of Motor Vehicles **MUST** receive this report within 30 DAYS after the date of the examination.

Driver's License No. _____ Date of Birth (MM/DD/YYYY) _____

Patient's Name _____
Last First Middle

1. Diagnosis: _____

2. In your opinion, will this medical condition affect the patient's ability to drive a vehicle safely?
 Yes* No Uncertain* **If Yes or Uncertain, please explain:*

3. Status of Patient's Medical Condition(s)*:
 Improving Stable Worsening or Deteriorating Subject to Change
**If multiple conditions exist, please describe status and prognosis.*

4. How long has this person been your patient?
 _____ Years _____ Months Date of Last Examination: _____
5. Is your patient under a controlled medical program? Yes* No
**If Yes, how long has control been maintained?* _____ Years _____ Months
6. Is the patient adhering to the medical regimen? Yes No*
**If No, please explain.*

7. Is the patient knowledgeable about the medical condition? Yes No
8. Medications prescribed (please list **type** and **dosage**):

9. Will these medications affect the patient's ability to operate a motor vehicle safely?
 Yes* No **If Yes, please explain.*

Please complete BOTH SIDES of this form.

DLD-7 (Revised 9/2006)

10. Does the nature of the condition indicate loss/lapse of consciousness, seizure activity, fainting or dizzy spells? Yes* No
**If Yes, please indicate the date (MM/DD/YYYY) of the last occurrence:* _____
11. Please recommend any restrictions you feel are necessary for this patient to safely drive a vehicle:

12. Physician's Comments:

_____ Date of Examination

_____ Signature of Attending Physician

_____ Physician's Office Phone Number

_____ Please PRINT Name of Physician

_____ Office Address of Physician

_____ City

_____ State and Zip Code

I hereby authorize any physician, surgeon, medical practitioner or other person, and/or any clinic, or hospital, including the Department of Veterans Affairs or government hospital, to release any and all acquired medical information that specifically addresses the information on this form and may relate to, or affect, my ability to operate a motor vehicle safely.

_____ Patient's Signature

_____ Date

PLEASE NOTE:
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Some Final Comments

- Most older drivers are safe drivers
- Screen we do that has the broadest public safety implications
- Still no standard screen or assessment
- We don't know how often those with dementing illnesses should be reassessed
- DMV vs. DRS – what the differences are