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Retirement from Driving: Having The Difficult Conversations

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"I'm right there in the room, and no one even acknowledges me."
Successful Retirement from Driving Makes Everyone Feel Good

• Story of Mr. and Mrs. A’s decision
Contentious Retirement From Driving Is A Nightmare!

• Dr. and Mrs. B
Paradox: Older Drivers Are Safer AND More Vulnerable

- In 2008, 33 million older licensed drivers in US
- Older drivers pay attention to safety:\(^1\)
  - Tend to drive when conditions are safest
  - Higher rate of seatbelt use
  - Lower rate of alcohol-related impaired driving
- But older drivers are more vulnerable to injury/death
  - 500 injuries per day in US
  - 15 deaths per day in US
  - Unintentional injury is 8\(^{th}\) cause of death among ≥65 years old
  - Fragility estimated to account for 60-95\% of excess death rates per VMT in older drivers\(^2\)

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1. [http://www.cdc.gov/motorvehiclesafety/Older_Adult_Drivers/adult-drivers_factsheet.html](http://www.cdc.gov/motorvehiclesafety/Older_Adult_Drivers/adult-drivers_factsheet.html)
Absolute Rates of Drivers in Fatal Crashes Suggest Low Risk for Elderly Drivers
Driver Fatality Rates per Miles Traveled
Clarifies Nature of Risk

1996 NHTSA Data, Fatality Rates per 100 million vehicle miles traveled
Characteristics of Elderly Drivers’ Traffic Fatalities

• Daytime (79%)
• Weekdays (73%)
• Other vehicles involved (73%)
• Male > Female
• Making a left turn (OR 5)
• Less often associated with high BAC
• Less often without use of restraints (75% vs 62%)
The Vital Factors

- Frailty
- Vision
- Motor Strength
- Cognition
  - Memory
  - Speed
  - Executive Function
Cognitively Impaired Drivers Fail to Voluntarily Retire from Driving

• Relationship of dementia diagnosis or MMSE to unfitness for driving is not completely clear.

• Retirement from driving may be delayed by:
  – Limited awareness of deficit
  – Difficulties with transportation alternatives
  – Caregiver denial or needs
  – Delay in cessation of up to 48 months after caregiver’s perception of need to stop¹

• In one study, only 42% of DAT patients stopped driving before a crash occurred, and mean MMSE was 19.9 at time of first crash.²

Barriers to Assessment (1)

• Clinician barriers
  – Time, Skill, Reluctance to distress patient
  – Lack of mandate, fear of retribution

• System barriers
  – Formal assessment is expensive
  – License renewal is relatively easy
  – Transportation alternatives may be limited

• Caregiver barriers
  – Empathy
  – Conflict avoidance
  – Convenience
Figure. Referral patterns of optometrists (OD) and ophthalmologists (MD) when they identify concerns about driving safety among their older adult patients. T indicates total; VCPs, vision care providers.
Barriers to Assessment (2)

• Driver Barriers
  – Enjoyment of driving
  – Denial or limited awareness
  – Desire for continued autonomy
  – Self-esteem
  – Avoidance of dependence
When Do You Discuss It?

- Early! Before there is a crisis
- Or Later, when risk becomes apparent
- Not on the fly
- Not without preparation
- Really understand the meaning of driving!
  - One of the most significant age-associated losses
Safe Driver Checklist  (1)

- Do you have difficulty seeing clearly in the dusk and dark?
- Do headlights from other vehicles obstruct your sight?
- Are you easily intimidated by passing vehicles including trucks and motorcycles? Do you have difficulty reading road signs?
- Do you have difficulty following construction detours or seeing the police officer on detail near construction zones?
- Do you have difficulty seeing train crossing signals or hearing train whistles?
- Do you have difficulty keeping up with the posted speed limit?
- Do you get drowsy behind the wheel or have difficulty concentrating?

Safe Driver Checklist (2)

- Do you have difficulty hearing other vehicles?
- Do you often get lost on once familiar roads?
- Do you forget the basics - putting on your headlights and wearing a seat belt?
- Are you unsure of your parking skills?
- Can you parallel park and park in a straight line?
- Are you unsure of your reflexes and reaction time?
- Is it difficult to react quickly, e.g. braking to avoid a collision?
- Have family, friends, or police officers told you that you aren’t a safe driver?

Danger Signals

- CDR score of 0.5 or 1.0
- Caregiver rating of driving as unsafe
- History of crashes/citations
- Self-imposed limits on driving
- MMSE of 24 or less
- Aggressive or impulsive personality traits

But *NOT* self-rating, lack of self-imposed limits

Neurology 2010;74:1316-1324
How Do You Prepare?

- Plan your approach
- Know the reasons for concern
- Know the alternatives
- Be prepared for resistance
- Learn about motivational interviewing
How Do You Discuss It? (1)

• Motivational Interviewing provides a way:
  1. Assess readiness for change:
     A. Precontemplation
     B. Preparation
     C. Action
     D. Maintenance
How Do You Discuss It? (2)

Avoid confrontation
Weigh the Pros and Cons of driving/not driving
Know the alternatives
Express empathy
Support self-efficacy
Roll with the resistance
Develop discrepancy
Listen reflectively

Next Steps

• Repeated discussions (especially with cognitively impaired person)
• Evaluate whether “phasing out” is safe vs. complete cessation
• Enlist clinicians in process as needed
Reporting At–Risk Drivers: An Occupational Therapist’s Perspective

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Department of Rehabilitation Services
Drive Safe Program
Role of OT in Older Driver Safety and Community Mobility
Deciding to Report to Medical Advisory Board

LEGAL ISSUES:
- Reporting
- Liability

ETHICAL ISSUES:
- Patient Confidentiality
  - HIPPA
- Conflicting Obligations
  - To the patient
  - Public Health
Guiding Principles

Occupational Therapy
Code of Ethics

Medical Affairs Overview

The Medical Affairs Branch of the Registry of Motor Vehicles is a division of the Driver Licensing Department. Medical Affairs has 2 main functions:

1. The branch is responsible for the issuance of disabled plates and placards, and
2. The branch sets policies and procedures regarding minimum physical qualifications to operate motor vehicles.

Disabled Plates and Placards

The Medical Affairs Branch issues disabled plates and placards to qualified Massachusetts residents who meet our eligibility criteria. The eligibility criteria to obtain a disabled plate or placard were developed in consultation with the Registry of Motor Vehicles’s Medical Advisory Board and in accordance with federal guidelines governing the issuance of disabled plates and placards. For further information regarding applications for plates and placards, you may contact the Registry at 857-388-6000. Refer to our telephone center page for more information.

Physical Qualifications To Operate Motor Vehicles

The Medical Affairs Branch is primarily responsible for setting agency policies and procedures regarding physical qualifications for operator licensing. The branch issues policies in accordance with recommendations made by the Registry’s Medical Advisory Board. The Medical Advisory Board is appointed to the Registry by statute, Mass. Gen. Laws c. 90, sec. 8C, and consists of a panel of approximately 15 physicians of varying specialties. Currently, the Medical Affairs Branch has set minimum standards for visual qualifications, loss of consciousness and seizure conditions, and cardiovascular and respiratory conditions. When the Registry has cause to believe that a person may be unable to operate a motor vehicle due to any other condition not specifically addressed by the Registry’s minimum standards, the Medical Affairs Branch shall conduct an individualized assessment of that person’s qualifications to operate a motor vehicle safely.
Medical Reporting Process

Encouraging voluntary surrender vs. provider reporting?
VOLUNTARY SURRENDER AFFIDAVIT

Medical Affairs Branch
Phone #: 857-368-8020

NAME: ____________________________________________

DATE OF BIRTH: __________________________________

LICENSE NUMBER: ________________________________

I voluntarily surrender my license. In order to restore my driving privileges I will need to present medical clearance to the Registry of Motor Vehicles.

SIGNATURE: ______________________________________

DATE: _________________________________________
Easing the Transition

- Transportation options
- Family/caregiver support
- Community support
Examples

• Mr. G. – 91 y.o.
  • Not driving s/p TIA

• Mrs. B – 94 y.o.
  • Driving; no clear reason for referral

• Mr. S – 71 y.o.
  • Dementia; multiple evaluations in 2.5 yrs
Reflections

Driving is a Privilege but Community Mobility is a Right.