FREE WEBINAR
May 16, 2019
12:00 - 1:00 pm

Giving up Driving: It Takes a Village

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Objectives

• Understand key factors leading to increased driving risk in older adults
• Learn about long term and short term strategies older drivers and their families can use to facilitate the transition to community mobility alternatives.
• Learn how to access resources relevant to older driver safety and transitions
• Learn about the role of occupational therapists in assessment, intervention and transition counseling

Driving Cessation: Moving from Cliff to Knoll

“People who engaged in pre-planning reported a relatively higher quality of life beyond the car” Musselwhite & Shergold (2012).
Driving reduction and cessation decisions are complex

- Personal factors influencing driving curtailment decisions include gender, education, race and living situation (Vivoda et al. 2012)
- If living alone, less likely to stop (Donorfio et al., 2009)
- Adult children conflicted about decision as it may mean more transportation duties for them (Rosenbloom, 2010)
- Environmental factors influencing decision include road congestion, road density and availability of alternative transportation (Choi et al. 2012)

Conceptual Model of the Driving Cessation Process

Choi, Adams & Mezuk, 2012
Weighing Risks

• Risk of not driving: Driving cessation is very disruptive to social interaction, health and quality of life (Curl et al 2014)

• Risk of driving: Risk to self, risk to others, control over risk Little et al. 2017

• Insights and gender factors

• Older drivers aged 80-84 have similar increase in crash death rates per 100,000 people as 25 year olds.

• Women drivers have about half the crash death rate than men

• Source: Insurance Institute of Highway Safety www.ihs.org
Interpreting Crash Risk Statistics

- Gender difference suggests other factors besides age affect driving safety.
- Crashes of older adults aged 65-75 are more likely to result in the death of the drivers and their passengers than the others on the road.
- The greater risk to older driver could be linked to their frailty.
- Drivers over 75 show an increase in injuries to others, and those over 85 show an increase in fatalities in the other drivers.
- But this risk to others is much lower than the risk that teen drivers pose to others on the road (Braver & Trempel, 2004; Staplin et al., 2017).

Normal age-related changes include:

- Vision and hearing
- Neck mobility
- Slower reaction time
- Problems with divided attention

As a result, more difficulties in:

- Driving at night, complex traffic
- Judging gaps and make timely decisions at intersection, merging and lane changes

Most fatal crashes in older adults happen at intersections and ramps.
Medical Conditions Linked to Increases Crash Risk

- Arthritis
- Diabetes
- Stroke
- Parkinson’s Disease
- Dementia/Neurocognitive disorders
- Eye diseases (i.e. glaucoma)
- Side effects of medications

https://www.youtube.com/watch?v=sMwis4jT4Fw&feature=youtu.be  Link to videos

Importance of Control in Driving Transition

- Encourage behaviors that maximize control:
  - Taking risk of driving longer than one should, could result in loss of control: Others taking keys
  - Planning for driving cessation will likely result in better adjustment and health.
- Caveat: Ability to exercise control depends on insight. Patients with certain condition such as early dementia lack awareness of their disease and functional limitations. (Orfei et al. 2010)
Non-Choice Transition Trajectory. “The Cliff”

- Fender bender or erratic driving will result in traffic stop and may lead to referral to DVS. (MN DVS)
- DVS may require written or knowledge test and/or road test.
- If fail, may result in driving privileges taken away against one’s will
- Family or neighbor may report unsafe driver to DVS to then result in this process and keys taken away if older driver does not pass tests.
- Family may directly take keys away if feel that driver is unsafe.
- In either of those scenarios, could have negative consequence on mental health when older driver is not in control of process.

Gaining Control over Driving Risk and Transition “The Knoll”

- Self-assessment with screening tool (i.e. SAFER, AAA 65+, Warning Signs)
- Defensive driving skills: Refresher classes (insurance discount) DPS list
- Behind the wheel refresher with licensed driving instructor (DriveBest)
- Know medication impact on driving Rx
- Post purchase adaptation of vehicle (CarFit)
- Choice of car with safety features including new technologies:
  - Blind spot detection, Lane departure, Smart Features for older drivers
• Training your brain helps thinking skills related to driving safety. (Hay et al. 2016)
• Practice skills specific to driving:
  • DriveFocus
  • Lifelong Driver
• Practice of general thinking skills
  • BrainHQ
• Hit the gym: Exercise linked to reduced driving risk. Link
• Socialize: Protective against cognitive loss

Gaining Control over Driving Reduction and Transition

• Self-regulation is effective. Type of self-regulation: (Molnar et al. 2015):
  • Strategic (i.e. avoid night time driving)
  • Tactical (i.e. avoid left turns, highways)
  • Life goal (i.e. choice of car, residence)
• Practice using flexible access to destinations: both driving and non-driving
• Consider relocating to places close to amenities or transportation
• Advocate for greater transportation options (Rosenbloom 2010)
• If diagnosed with progressive disease that affects cognition, should use an advanced driving directive with family Driving Contract
Polling Question

• There is a currently a website in Minnesota where people can put their address and it will show available transportation.
  True    False

It Takes a Village

• Policy makers need to be aware of changing demographics requiring transit routes beyond access to work
• Safe, senior friendly roads (i.e. roundabouts)
• Walkable – complete streets
• Dementia friendly communities (ACT tool kit)
• Transportation availability: senior circulator senior-friendly public transit
• Resources to find and use transportation.
• Also gogo grandparent app

https://www.transitwiki.org/TransitWiki/index.php/Complete_streets
Role of MD and of the Family

- Older drivers expect MDs to give advice about this transition (Lum et al., 2015)
- MD’s can use Clinician’s Guide to Assessing and Counseling Older Drivers (Link)
- If MD and family observe that unable to do everyday activities (IADL) that require thinking, it is strong indication that need to discuss driving risk (Lee 2017)
- Assessment tool (ARMT) can inform health professionals about readiness to change in older driver and nature of the conversation needed.
- Strategies for the resistant driver with cognitive impairment Carr & Ott 2010
- Tool available to families: Fitness to Drive Screening Measure
- Families need to know how to approach the topic have conversation: “Lets talk”, “At the Crossroads”, Alzheimer’s association videos about conversations Alz.

Don’t ignore the elephant in the room

- Ignoring an elephant does not make it go away
- Baby elephants just get bigger
Many important roles to play to maintain driving safety, first and foremost:
- Have conversations about driving
Role of Occupational Therapist in driving safety

• Clinical OT in health care setting
  – Assess/treat foundation skills of driving
  – Communicate with client, primary care provider, family/caregivers
  – Refer for formal driver assessment

• Driver Rehabilitation Specialist
  – Comprehensive driver assessments
  – Lessons, training in use of adaptive equipment to remediate
  – Recommend restrictions (if needed), guide equipment selection
  – Search for specialist by state: https://www.aded.net/page/725

Polling Question

• The outcome of a driver assessment is always a pass or fail decision.

  True      False
Case study

• Client with Parkinson’s Disease
  – Significant motor symptoms—dystonia, tremor, rigidity
  – Unsafe in initial assessment
  – Recommended no driving at that time, referral back to neurologist to explore treatment options
  – Driving lessons after deep brain stimulator implanted, medications titrated
  – Final recommendations for restrictions—daytime only, no freeway, 15 mile radius from home

Who should complete a comprehensive driver assessment?

• If there is a concern about driving safety. No formal referral needed for Courage Kenny program.
  • Common reasons:
    – New diagnosis of a neurocognitive disorder
    – Chronic medical condition with possible cognitive impact (rule out need for equipment – cognitive issue vs. physical/sensory issue)
    – Significant health event (brain injury, acute confusion, stroke)
    – Family, MD concerns
Caveat: All driver assessments are not equal

- Overlap but not the same depth as a comprehensive assessment.
  - Testing provided by Dept of Vehicle Services (vision, knowledge, road tests)
  - Pre-driving screen by an occupational therapist
  - Cognitive screens by medical professional
  - Eye exams assess if meet vision requirements only

What is a driver assessment?

- Assess skills of driving, impact of any disability on current driving abilities and safety.

- Components:
  - Clinical assessment
  - On-road assessment of driving abilities (using CKRI vehicle)

- Review results and recommendations

*Importance of involving family/friends in process, from surveys, initial interview to reinforcing outcomes*
Equipment options

• Assess need for adaptive equipment if there are physiological changes due to conditions such as:
  – Diabetes-related peripheral neuropathy
  – Multiple Sclerosis, Parkinson’s Disease
  – Arthritis
  – Various physical limitations

• Significant learning curve and process for installing adaptive equipment in personal vehicle.

Examples of adaptive equipment
Potential outcomes

- Continue/resume driving
  - Restrictions?
- Lessons as extended assessment
- Pursue driving with equipment
  - Lessons indicated
  - Must pass MN State road test with equipment
- Driving not recommended
  - Need for further therapy or re-assessment?
  - Alternative transportation resource options provided

Communication of results

- Report given to client, sent to MD with authorization of client
- Final decision on license status is made by physician based on report outcome, medications, medical history.
- If outcome is restrictions added to license or cancellation of license the physician must report this to MN Dept of Public Safety, Division of Driver and Vehicle Services for change to be made to the driver’s license.
Physician reporting

- No mandatory reporting law in MN, WI, IA, ND or SD
- In MN, physician reporting is encouraged, and they are immune from liability
- MN DVS will also accept information from courts, other DMVs, police, family members and other resources via reporting at-risk driver site: https://dps.mn.gov/divisions/dvs/Pages/dvs-content-detail.aspx?pageID=670

Take home points

- Talk about the elephant
  - Encourage communication—driver, family/caregivers, health care providers, DVS if necessary.
  - Start conversations about driving early
- Take action to optimize safety
  - Use prevention strategies with brain/body health, pro-active adaptations to maintain safe driving as long as possible
  - Plan ahead for transition to driving retirement
  - Advocate for aging-friendly communities.
- Utilize resources
  - For assessment and alternative transportation options
Thank You!

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Starting project about driving and dementia in St. Cloud and NW Minnesota this summer and fall. Please contact me if interested in being a local resource.

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Link to tpt show: "Love of Car: Transportation as we Age"

Questions?
contact info@mngero.org

Next Webinar:  June 17, 2019, Noon - 1:30 pm

Elder Abuse Prevention and Vulnerable Adult Protection in Minnesota - Legislative Updates & Next Steps