

Senior Driving: Read This Before Making Car-Key Decisions



Age alone shouldn't be a reason to stop driving. Instead, the focus should be on function. (iStockPhoto)

The on-road assessment begins in an empty parking lot so drivers – often older adults – can adjust to the evaluator car. "We want to make sure they can basically control the car," says Peggy Barco, an assistant professor of occupational therapy at Washington University School of Medicine in St. Louis and a driver rehabilitation specialist. "That they can steer OK. They can use the gas and brake pedals OK."

In rare cases, a driver might exit the parking lot onto a sidewalk instead of the road, for example. "Safety is paramount," Barco says. "If there are concerns with safety on the road, we're not going to continue driving assessments."

Next, most drivers move on to a low-speed, low-traffic environment, like a park. Eventually, they work their way up to more-challenging city traffic, traveling up to about 45 mph. Certain issues may appear. For example, Barco says: "If we are preparing to make a left turn, and they do not get into the left-turn lane. So when they try to turn, they are going to collide with traffic."

At that point, the specialist on the passenger side, which also has brakes, calmly takes control. "If we have to intervene, we either have to guide with the wheel or put on the brake," Barco says. "And then we explain why we did that." Drivers don't always perceive the seriousness of the episode on their own.

Older adults may undergo driving assessments, which include a clinical evaluation, because of a doctor's referral, a notice from the state licensing office or a family member's request.

Yielding to Age

Older adults often feel pressure to give up on driving and move to the passenger seat. But age in itself is not a reason to stop driving, experts says. Instead, the focus should be on function.

Driving issues crop up in several ways with older adults, says Dr. Alice Pomidor, a professor of geriatrics at Florida State University College of Medicine. Patients recognizing they're having difficulties is the first stage of prevention, says Pomidor, editor of the latest *Clinician's Guide to Assessing and Counseling Older Drivers* from the American Geriatrics Society and the National Highway Traffic Safety Administration.

"Usually they will say, 'I realize I can't react as fast' or 'I have trouble seeing,'" Pomidor says. "That's a perfect person, for example, to make sure their cataracts aren't troubling their vision. Or to check their strength or speed of reactions and perhaps have them go for therapy."

Out of concern for others' safety, many older adults stop driving at night, she says, or they avoid driving on the highway and stick to local roads. Some seniors even take self-imposed detours so they never have to make a left turn.

Intersection: Driving and Health

Any number of medical conditions can affect people's ability to drive. A severe right ankle sprain from a fall could be a temporary barrier, while a setback [like stroke](#) could turn patients into long-term or permanent passengers, depending on how well they recover.

Subtle changes in physical and mental health can gradually erode driving skills, and medications can impair driving as well. "Be extremely wary of medication changes," Pomidor says. Older adults often take multiple medications, she points out, and some dosages might need to be adjusted.

Doctors look at three main areas that affect patients' driving: vision, mobility and thinking or cognition. Vision testing at the doctor's office can uncover problems with nearsightedness and visual fields, including peripheral vision. Contrast sensitivity – the ability to distinguish cars or pedestrians against a background – is reduced in older adults, especially at night or during storms. Contrast vision can be improved with special lenses, Pomidor says.

Mobility, strength and range of motion can improve with physical rehabilitation – and safer driving is a potential bonus. "If you can't brush your teeth because you can't get your toothbrush in the right place, then we don't want you trying to put a car in a parking spot," Pomidor says.

Progressive neurological conditions pose major driving challenges. With Parkinson's disease, people need to be evaluated every six to 12 months because muscle control and speed of response is affected, Pomidor says.

A dementia diagnosis doesn't necessarily mean a person cannot drive, Barco points out – at least in early stages with careful monitoring. However, that's a best-case scenario. "It's not uncommon that we have to tell people that maybe now's not the time to be driving," Barco says. "It's not something that we want to say or that individuals want to hear." However, she adds, "With people that have a fair amount of dementia going on, families often feel a weight lifted off them to have somebody else intervene with this difficult decision."

"Dementia is probably the sort of poster child for driving problems where people lack insight," Pomidor says. "These are the people who tell you, 'You can have my car keys when you pry them from my cold, dead fingers.'"

More than 85 percent of Americans 65 and older continue to drive, according to NHTSA statistics. But vulnerability and risk rise with age. For drivers 85 and above, the fatality rate is nine times higher than for drivers ages 25 to 69.

Chest and head injuries are worse for older drivers. Fragile bones due to [osteoporosis](#) are more likely to fracture in a collision, according to the Clinician's Guide. Hardening of the arteries can make seniors more susceptible to [aortic rupture](#) with chest trauma from a steering wheel or airbag.

Where to Turn

Family members are often the first to bring up driving problems with doctors, Pomidor says. "They're sort of lurking in the hallway and they say, 'You have to tell him he has to stop driving. He's not safe anymore. I don't want to let my children ride with him anymore.'" By starting the conversation, health care providers take the onus off the family.

This approach works best if the clinician has already been asking about driving during routine checkups, Pomidor says, along the lines of, "You've had that diabetes for six years now, and it's probably starting to affect the nerves of your foot. How is your driving doing?"

When crashes or fender benders land patients in the emergency room, driving concerns come to the forefront. As Pomidor does follow-up visits for a sore neck or similar injuries, she says, "It's almost always labeled as the other guy's fault. And that's true whether we're 70 or we're 30."

Safer-driving options exist at every turn. AARP Driver Safety offers a variety of programs to educate older drivers. The Association for Driver Rehabilitation Specialists website locates [the nearest program](#) for driver education and training, and vehicle modifications.