

Notes from Driving Safety presentation, May 13, 2021 as part of CQ's Staying Strong, Staying Smart, Staying Safe two part series. Separate document for medication management by Toni Kelly from The Hickman

Driving Safety, Eric Bull, MS, OT, Bryn Mawr Rehab's Driving Program: Driver rehabilitation specialist.

Population is aging, there are more than 45 million licensed drivers over 65 and 86% of those are driving. People are living longer, but many are outliving their ability to drive.

Although driving supports independence for many older adults, it is also far more deadly among adults aged 65+. Driving crashes are the #2 cause of unintentional injury related death in adults 65+

Fatality rates per miles driving for over 85 drivers is estimated at 9 times higher than rest of population.

Quandry: driving can kill vs. If I can't drive, I'll die.

Normal aging includes:

Physical changes - reduced flexibility, decreased strength, diminished reflexes, reduced vision

Cognition - decreased flexibility, mild memory changes

Other Conditions: Physical injury (spine etc). Neurological injury (like stroke, MS etc). Learning and developmental diagnosis (autism, ADHD)

Mental health and neurological diagnoses (drug use and more)

Medications – some can cause impairment if they make one sleepy or dizzy, for example

Dementia - drivers with mild dementia are at higher risk of unsafe driving compared to same age neurotypical peers.

Signs of unsafe driving:

- failing to observe traffic signs, stop sign/ traffic light issues, difficulty with left turns, hitting curbs, recent tickets, near-misses, unexplained damage to vehicle, or accidents.
- Forgetting how to get familiar places, getting lost, coming back later than expected. Forgetting the destination. Co-pilot phenomenon (someone coaching the driver because they are missing cues)
- Pedal confusion - confusing gas and brake pedals
- Difficulty staying in lane, sudden lane changes, driving at inappropriate speed (too slow or fast).
- Getting honked at frequently. Poor decision-making behind the wheel (speeding through the yellow light when other cars are there).
- Becoming anxious or confused while driving; disproportionate anger/road rage. - maybe driving is becoming too challenging.

Driving retirement: is it time?

The real question is not if you stop driving, but when you will stop?

Start planning for this early - (ie, you don't wait until retirement to start saving money...).

consider alternative transportation options

Remove and replace: if you eliminate access to driving, you have to replace it with other options (eg. Meal delivery, arrangements to get to social engagements)

Safety tips:

Wear a seatbelt!

Drive when conditions are safest, limit driving in bad weather, or during high traffic periods.

Plan your route before you drive, drive on familiar roads as able.

Minimize distractions

Use defensive driving strategies

Be aware of medication side effects. If drowsy, don't drive....

Don't drink and drive

No phone use.

Defensive driving 101. SIPDE Process

Search 20-30 seconds ahead for relevant info about the roadway.

Identify potential hazards 12-15 secs ahead and around - intersections etc, vehicle near by and not looking.

Predict possible outcomes to perceived hazards -

Decide on appropriate course of action 4-5 sec ahead of time - might be slowing, stopping, lane change etc. increasing your following distance

Execute your maneuver. Always leave yourself an "out" - distance between self and cars

Community mobility apps and services:

<http://gogograndparent.com> - for those without smart phone to get transportation

Uber and Lyft - need smart phone, and some have assistance

Granny's helping Hands - non medical transport (and other services).

<https://www.grannyshelpinghands.com/companionship>

Surrey Services: all kinds of services, including transportation and grocery shopping; mix of volunteers and paid staff: <https://www.surreyhomecare.org/contact/>

Paratransit: Community Transit in Delaware Co, <http://ctdelco.org/>

Rover in Chester Co: <https://www.krapfbus.com/transportation/rover/>

AAA - seniorDriving.aaa.com - AAA Road Wise is an online and in person defensive driving program for drivers age 55 and older <https://exchange.aaa.com/safety/senior-driver-safety-mobility/>

NHTSA - resources on road safety ;and older drivers. <https://www.nhtsa.gov/road-safety/older-drivers>

Fitness-to-drive screening measure - developed at U Florida <http://fitnesstodrive.phhp.ufl.edu/us/>

Carfit (AAA and AARP and American OT association) - helping drivers find their safest fit in the vehicle. Offers free 90 minute virtual workshops and 30 minute virtual focus sessions. <https://www.car-fit.org/>

Drive Focus - <https://drivefocus.com/> - helps improve a person's ability to identify, prioritize and react to critical info encountered when driving. It is an ap for iPad and tablet.

Overview: Bryn Mawr Driver Rehab Program is a 35 year old program. They help get folks on the road, and do assessments. Basic and low-tech solutions. They also do help with adaptive equipment if needed. But people have to get in and out of their vehicle on their own.

Need a doctor's referral/Rx and a valid driving license or permit.

Evaluation process: Includes a physical, vision and cognitive assessment as well as a medical and driving history. There is also an on the road evaluation in a parking lot and then on the road. If they need lots of coaching, that may be a sign to stop driving or to take driving classes.

The risk may be high, middle or low. The level of risk could indicate a need for a driving evaluation and training.

Their cars have dual steering wheels and brakes.

484-596-5688 (Eric Bull) bulle@mlhs.org (he is willing to be a resource)

Q and A answers:

Ask your pharmacist about drug interactions in your medications.

In Pa you have to report some medical things - TIA could be serious and need to be evaluated. People can have residual deficits they are not aware of. Hospitals don't see every little think (smaller field of vision

How to get someone to stop driving – Talking with them about risks to others, versus themselves, can help. He approaches it humbly. He tries to explain what a slow reaction time on paper means on the road.

Cars for older drivers - one size does not fit all. You need a good line of sight over the steering wheel. Seat can be elevated in some cars. Lots of learning is involved if you get a new car- need to take time to get to know the car and where the controls are; cognitive challenges could make it take longer... We get used to a car when we keep it for 15 years.

A physician can report a driver to PennDOT - for cognitive and/or physical issues. There is mandated reporting in PA. Then the state will ask for more information, allowing the driver to respond. There is a reporting form. The doctor could also refer to Bryn Mawr Rehab for an eval if they have concerns.

If you think parent is on too much medicine - make appointment with the doctor. If you think they are on too much medicine, they probably are!