Safety and the Older Driver

Alzheimer’s Disease Research
Macular Degeneration Research
National Glaucoma Research
Safety and the Older Driver

At BrightFocus Foundation, we’re working to end diseases of mind and sight—diseases that can affect one’s ability to drive. This brochure covers a range of factors to consider when addressing if it’s still safe to get behind the wheel. Whether you are a person directly affected by a disease, or a concerned family member, we hope this resource helps in the discussions and decisions that may need to take place on this sensitive topic.

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While any of us may someday have to quit driving due to safety concerns brought on by age, being advanced in years does not automatically make a person an unsafe driver. Nevertheless, driving may become especially difficult for an older person if the normal aging process is exacerbated by disease.

In the interest of safety, aging drivers and their families need to carefully evaluate the issues involved with automobile use.

Medical Conditions that Affect Driving

The natural process of aging makes it difficult for some older people to continue driving in a safe manner. Often, accompanying medical problems make the situation worse. These include:

- Alzheimer’s disease
- Vision disorders such as age-related macular degeneration (AMD) and glaucoma
- Medication use

Alzheimer’s Disease

Over time, people with Alzheimer’s disease will likely begin to lose faculties vital for driving, including reflexes, coordination, reaction time, eyesight, hearing, judgment, and the ability to orient themselves.

Vision Problems

Age-related macular degeneration (AMD) is a common eye disease that causes deterioration of the macula, the tissue located in the central part of the retina.

AMD causes blurriness and blind spots in the middle of a person’s field of vision. This results in dependence on peripheral vision, seeing things out of the corner of the eye while looking straight ahead. Peripheral vision often lacks sharpness and clarity.

In contrast to AMD, the various forms of glaucoma are more likely to initially cause problems with peripheral vision. Drivers with peripheral vision loss may have trouble noticing traffic signs on the side of the road or seeing cars and pedestrians about to cross their path. As glaucoma progresses, central vision also becomes impaired.

Medications

Medications may affect driving performance among older drivers. Many drugs have adverse side effects, such as drowsiness, dizziness, hazy vision, unsteadiness, fainting, and slowed reaction time. Common medications that may cause side effects include sleep aids, antidepressants, antihistamines for allergies and colds, and strong painkillers.

Also, taking several different drugs together can create serious side effects. Many commonly prescribed drugs to treat Alzheimer’s disease also have side effects. Consult with a physician before beginning any drug treatment regimen to determine how it may affect your driving.
Safe Driving Tips and Strategies

Older drivers, along with their family members and friends, should be aware of the potential challenges of driving and should design a strategy accordingly.

The Driver

To compensate for the effects of normal aging on driving ability, older drivers should consider doing the following:

- Drive primarily on streets that are familiar.
- Limit trips to places that are easy to get to and close to home.
- Take routes that avoid risky spots, such as freeway ramps and left turns.
- Don’t drive at night or in bad weather.

Driver Safety Courses

Older people may also consider taking a driver safety class designed to refresh their knowledge of driving and to help them learn how to compensate for age-related changes (see “Driver Safety Classes,” page 8).

A Self-Test for Drivers

Older drivers should frequently monitor their driving behavior and look for warning signs of problems. To help determine whether you are a safe driver, check each box below if the question applies to you.

Do you:

- Sometimes get lost while driving?
- Have trouble seeing signs in time to respond to them?
- Have trouble pushing down on the gas pedal or brake?
- Find it hard to look over your shoulder when you back up?
- Get dizzy or drowsy after taking your medications?
- Get nervous driving in traffic or on unfamiliar roads?

If you checked any of the boxes, talk to your physician to determine whether any of your driving problems might be health-related. If so, a physician might change your medications so that you have fewer or no side effects.

If you have a visual disorder, then surgery, new glasses, or a different medication may solve the problem.
Observing the Older Driver
If you have concerns about the driving ability of an older family member, go for a ride with him or her and look for the following unsafe practices:

- Does not notice or obey stop signs or traffic lights.
- Fails to yield the right-of-way or yields inappropriately.
- Often gets lost, even on familiar routes.
- Stops at a green light or at the wrong time.
- Does not seem to notice other cars, walkers, or bicyclists on the road.
- Does not check the “blind spot” before changing lanes.
- Presses simultaneously on the brake and accelerator or confuses the two pedals.
- Backs up after missing an exit.

Evaluation and the Final Decision

The Physician
If family members believe an aging relative can no longer safely drive, they should immediately contact the person’s physician to discuss the matter. The physician can conduct the appropriate examination and make a recommendation about the individual’s ability to continue driving.

The Family
Since family members or close friends spend the most time observing an older person’s driving behavior, they theoretically should be in the best position to evaluate it. However, this is not always the case. Family members may sometimes have motivation, consciously or unconsciously, to overlook their relative’s driving inadequacies. Reliance on the person for transportation, the wish to avoid conflict over driving, or a desire to deny that the individual’s health is getting worse, may all play a role in distorting a family’s evaluation of driving competence.

Handling the Situation
Despite all efforts, older drivers may eventually reach the point where they can no longer drive safely and it is time for the family to suggest that they stop. How and when the family approaches this subject can make a big difference in the person’s reaction. Wait until you have your loved one’s full attention in a calm environment to discuss your concerns about his or her driving.

When you discuss the need to stop driving, understand that the loss of mobility that an automobile represents can be a major blow.
Not driving a car is often seen as a loss of independence. This can add to previous losses, such as the loss of a spouse, friends, or health. Driving cessation sometimes triggers depression in older people, which can cause deterioration in physical health. Do not brush aside the person’s concerns or deny that they are valid. Acknowledge that things will be different, and mention some of the other ways she or he can get around (see “Staying Mobile,” page 7).

Crafting Your Message
Older drivers are more likely to listen to family members who present their concerns in terms of their own feelings and perceptions. To do this, try using “I” messages rather than “you” messages. For example, hearing “You’re no longer a safe driver, and you should not be driving” may make the person feel defensive. However, hearing “I am concerned about your safety when you are driving” is both sympathetic and difficult to argue with. The subject becomes your concern for the person, not his or her driving.

“You” messages can seem accusatory and dictatorial, as if the speaker knows what is best and has already made the decision for the person. “I” messages are more likely to be perceived as caring and including the person in reaching a decision.

Cite specific examples of unsafe driving rather than making blanket statements about the person’s driving ability. For example, saying “I was worried when you didn’t seem to notice oncoming cars while turning left” will likely have more effect than saying “You are a very poor driver.”

Special Measures for Dementia and Alzheimer’s Patients
In some cases, an older person may refuse to give up driving, despite having lost his or her driver’s license. Those with dementia may simply forget that they are no longer allowed to drive. When all else fails, caregivers can:

- Show the person a prescription from the doctor that says “No Driving.” Many people will follow the advice of a physician, even though they may not accept the same advice from the family.
- Ask an accommodating authority figure like a clergy member, family physician, or lawyer to remind the person that he or she is no longer allowed to drive.
- Hide the car keys.
- Replace the car keys with a set that will not start the car.
- Disable the car or install a “kill wire” that prevents the car from starting unless a switch is thrown.
- Distract the person, which may allow time to forget the desire to drive.
- Park the car in a place where it cannot be seen; the person may eventually forget that it exists.
- Sell the car.
Staying Mobile
It’s important that the older person should still be able to visit friends, engage in social activities, and go to favorite places like the library, place of worship, and shopping. Family members can help in facilitating the person’s independence by exploring options in the community.

- Call your local community center or regional transit authority to find out if they offer a door-to-door shuttle service for older passengers.
- Free or low-cost transportation to doctors’ offices and other appointments may be available. Ask your local Area Agency on Aging if your community offers these services.
- Also ask your local Area Agency on Aging if they know of taxi companies or other providers who offer reduced fares or special services for older people or individuals with low vision.
- Ask community centers and places of worship if they provide volunteer driver programs.
- Hire a driver, one who provides a vehicle if it is needed.

Seeking Outside Assistance
There are several types of elder care professionals who can help aging people adjust to life after driving and provide needed services. Two of the most helpful are geriatric care managers and social workers.

The Geriatric Care Manager
A geriatric care manager is a professional—usually a social worker, counselor, or nurse—who develops and implements plans to assist elders and their families with all aspects of long-term care.

Geriatric care managers can help with two specific driving problems. First, in situations where the family has reached a stalemate, they may be able to convince the older person that it is time to stop driving. Second, a geriatric care manager can make arrangements for alternative forms of transportation and the delivery of goods and services to an older person who is unable to drive. This can be especially useful to families who live far from their older loved one and want to make sure their relative is safe, but cannot be there on a daily basis.

Get It Delivered
Instead of driving to get items, it may be more convenient to have them delivered:

- Many grocery stores deliver for free or for a reasonable fee.
- Medicines can be ordered by mail or online from known and trusted pharmacies.
- Many restaurants will deliver meals for free or for a low fee. In addition, Meals on Wheels or other senior meal programs deliver hot meals for eligible people at a low price. For more information about these programs, call your local Area Agency on Aging or check online at www.mealcall.org.
For a referral to a geriatric care manager, contact the National Association of Professional Geriatric Care Managers (see “For More Help” on page 9).

**The Social Worker**

A social worker can be helpful to older people who have had to give up driving. Social workers can assist in locating and coordinating transportation and community services as well as assessing social and emotional needs. For those families dealing with Alzheimer’s disease, there is the added challenge of arranging for increased care as the disease progresses.

To find a qualified clinical social worker in your area, contact the National Association of Social Workers (see “For More Help” on page 9), your local hospital, or your Area Agency on Aging.

**Helpful Contact Information**

**Getting Around**

Remember, people don’t have to drive to live an active life. Most communities have resources to help non-drivers get out and about. The “For More Help” section is a good starting point for finding out more.

Please note: The organizations listed on the following pages are not affiliated with BrightFocus Foundation, and BrightFocus does not endorse any programs or products offered by them. Some of the organizations may charge fees for their services and advice.

**Driver Safety Classes**

**AARP**

Driver Safety Program
1-888-687-2277
www.aarp.org
Website includes directory of AARP Driver Safety education classes and other information.

**American Automobile Association (AAA)**

www.aaa.com
Contact your local AAA club to find a class near you.

**Driving School Association of the Americas, Inc.**

1-800-270-DSAA (3722)
www.thedsaa.org
Website includes a directory of driving schools by state and locality.
For More Help

Contact the following organizations to help assess your loved one’s driving safety, create a transportation plan, or find other services for older people.

**American Automobile Association (AAA) Foundation for Traffic Safety**
(202) 638-5944
www.aaafoundation.org
www.seniordrivers.org
Call or visit the websites for information and free booklets for older drivers and their families.

**Association for Driver Rehabilitation Specialists (ADED)**
1-866-672-9466
www.aded.net
Search for certified driver rehabilitation specialists by state through the CDRS Directory on website.

**Eldercare Locator**
1-800-677-1116
www.elderare.gov
Website of the U.S. Department of Health and Human Services provides resources for older adults in U.S. communities; referrals to state and local Area Agencies on Aging and community-based organizations that serve many elder care needs; English- and Spanish-speaking information specialists.

**National Association of Professional Geriatric Care Managers (NAPGCM)**
(520) 881-8008
www.caremanager.org
Health and human services specialists who help families care for older relatives while encouraging independence.

**National Association of Social Workers (NASW)**
(202) 408-8600
www.nasw.org
Find a licensed social worker who can counsel your loved one, assess social and emotional needs, and assist in locating and coordinating transportation and community services.

**National Center on Senior Transportation (NCST)**
1-866-528-NCST (6278)
(202) 347-7385 (TDD)
www.seniortransportation.net
Website includes information on senior transportation services and providers.
National Institute on Aging (NIA), National Institutes of Health
http://nihseniorhealth.gov
The NIA website has a searchable database with information on more than 300 national organizations that help older people.

U.S. Department of Transportation Federal Highway Administration (FHWA Safety/Older Drivers)
http://safety.fhwa.dot.gov
Offers informative guides and handbooks on older driver safety.

Sources
Some of the information in this brochure was obtained from materials published by the American Medical Association, National Highway Traffic Safety Administration, National Institute on Aging, and the American Academy of Ophthalmology.

BrightFocus Foundation
Publications
BrightFocus Foundation offers up-to-date, helpful information for those affected by Alzheimer’s disease, age-related macular degeneration, or glaucoma. Read and download information from the website and order free publications online, by phone, mail, or email.

BrightFocus Foundation
22512 Gateway Center Drive
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Para información en español, visite www.brightfocus.org/PubsEspanol
BrightFocus is at the forefront of brain and eye health, advancing catalytic research around the world and promoting better health through our three programs:

Alzheimer’s Disease Research
Macular Degeneration Research
National Glaucoma Research