Impaired Driving and Aging Drivers

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Agenda

- Older Drivers and Crashes
- Older Drivers and Medical Risks
- Reporting At-Risk Drivers

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Older Drivers and Crashes

Motor vehicle crashes are more harmful for older adults

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Drivers Aged 65 Years and Older

2019

- The number increased by 37 percent from 2010 to 2019
- Made up 20 percent of all licensed drivers in 2019 and 15 percent of drivers involved in fatal traffic crashes
- About 8,000 were killed in traffic crashes with traffic fatality rate per 100,000 highest for the 80-to-84 age group
- More than 250,000 were treated in emergency departments for crash injuries
- Each day, more than 20 older adults are killed and almost 700 are injured in crashes

NHTSA - Traffic Safety Facts 2019 Data - May 2021

Safe Drivers

- Anticipate safety hazards
- Make prompt and proper decisions
- Take action to avoid crashes

Older Driver Impairments

- Cognitive, physical, and visual impairments
- Diminished capacity for divided attention
- Slowed information processing
- Slowed reaction time
- Side effects of medications

[Image of a list of impairments]
Warning Signs While Driving

- Getting lost
- Confusing gas and brake
- Accidents and near misses
- Drifting across lanes
- Driving in wrong direction
- Slow to make decisions
- Poor distance judging
- Difficulty merging

Common Crashes

- Turning left at an intersection with a stop sign
- Turning left at an intersection with a green light without a dedicated left turn arrow
- Turning right at a yield sign to merge with traffic at speeds 40-45 mph
- Merging onto a highway from a ramp with a yield sign
- Changing lanes on a roadway having 4 or more lanes

Older Driver and Medical Risks

Risk of at-fault crashes increase with disease and age-related cognitive, physical, and visual changes as well as pharmacotherapy
Visual Impairment

- Age-related decreased visual acuity
- Cataracts
- Macular Degeneration
- Glaucoma
- Decreased contrast sensitivity (night vision)

Impairing Medications

- Benzodiazepines: Valium, Xanax
- Antihypertensives: Lopressor, Coreg (Beta blockers)
- Antidepressants: Elavil, Lexapro
- Analgesics: Tylenol with codeine, Oxycodeone (Opioids)
- Antihistamines: Allegra, Benadryl
- Sleep Aids: Ambien, Lunesta

Medication Use in Drivers 65 Years and Older

- 97% take one medication
- 73% take cardiovascular medications
- 70% take central nervous system medications
- Median number was 7 medications
Most states have established policies for the identification of drivers with physical or mental impairments. Most states provide only for voluntary physician reporting. Self-reporting and healthcare provider reporting drops among older drivers. Law enforcement provides more significant reporting of older drivers.
Confidentiality vs Ethics

Legal and ethical exceptions exist to the healthcare provider’s obligation to maintain confidentiality because of overriding social considerations.

The American Medical Association’s Code of Medical Ethics acknowledges that physicians have a responsibility “to recognize impairments in patients’ driving ability that pose a strong threat to public safety and which ultimately may need to be reported to the Department of Motor Vehicles.”

Ethical Duty

In those situations where clear evidence of substantial driving impairment implies a strong threat to patient and public safety, and where physicians’ advice to discontinue driving privileges is disregarded, physicians have an ethical duty to notify the DMV of the medical conditions which would impair safe driving. This duty exists even when reporting impaired drivers is not mandated by law.

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