

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

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Safe Drivers

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

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Older Driver Impairments

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

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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

Warning Signs While Driving

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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

MDDOT Motor Vehicle Administration - Maryland's Resource Guide for Aging Drivers. <https://mva.maryland.gov/Documents/MD-Resource-Guide-for-Aging-Drivers2.pdf>

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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

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Medical Risks

- Cognitive Impairments
- Physical Impairments
- Visual Impairments
- Medications

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Cognitive Impairment

- Dementia
- Alzheimer's Disease
- Parkinson's Disease
- Psychiatric Illness
- Brain Injury
- Alcohol/Drug Misuse and Abuse

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Physical Impairment

Degenerative	Parkinson's Disease, Huntington's Disease
Musculoskeletal	Arthritis, Loss of Limb Function
Neurological	Seizure, Stroke
Endocrine	Diabetes, Hypothyroidism
Cardiovascular	Heart Failure, Arrhythmia
Respiratory	Sleep Apnea, Emphysema

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Visual Impairment

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

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Impairing Medications

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

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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

3000 drivers in AAA LongRoad Study (11/2018)

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Reporting At-Risk Drivers
Legal Requirements and Ethical Dilemmas

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Reporting

- 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 NHTSA, FAMILY AND FRIENDS CONCERNED ABOUT AN OLDER DRIVER, August 2001

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Reporting

- Mandatory Physician Reporting**
 - California, Delaware, Nevada, New Jersey, Oregon, and Pennsylvania
 - Risk of civil and criminal liability for failure to report
- Mandatory Self-Reporting**
 - Varies from state to state
- Voluntary Physician Reporting**
 - All states do not protect healthcare professionals from civil charges

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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"

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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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