

Assessing elderly drivers: Doctors and law enforcement receive training

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Every day in America, roughly 10,000 people turn age 65. To help keep roadways safe as America grays and to help preserve the freedom of mobility of older drivers, researchers at University of California, San Diego School of Medicine are training law enforcement officers to recognize warning signs of impaired driving skills and to take appropriate, compassionate action. They are also training doctors to think more about their patients' ability to drive safely with age.

The educational program, known as Training, Research and Education for Driving Safety (TREDS) was recently awarded its eighth consecutive year of funding from the California Office of Traffic Safety through the National Highway Traffic Safety Administration.

"Our goal is to reduce the number of fatalities involving [older drivers](#) and to prolong the time that seniors can drive safely," said Linda Hill, MD, MPH, professor of family and preventive medicine and TREDS program director.

"Our program focuses on educating people about the effects of aging on [driving](#) skills and the need to assess [older people](#) for driving impairments," she said. "We also teach doctors about conditions and medications that can impact a persons ability to drive safely at any age, especially older adults."

This year's funding provides continued support for training courses for physicians and local law enforcement officers in Southern California. In

addition, the UC San Diego team will offer a train-the-trainer program to law enforcement officers who go on to teach the program material to colleagues. A primary focus is identifying signs of dementia and other medical conditions that can impair safe driving. Identified drivers may be referred to the California Department of Motor Vehicles for further assessment.

In the coming year, researchers say they will continue to expand their training program to reach [law enforcement](#) officers throughout the state.

Since 2006, UC San Diego researchers have conducted in-person TREDIS training to more than 9,000 doctors and 3,000 [law enforcement officers](#). Companion TV, radio and online efforts have reached an estimate 1 million people.

For doctors, Hill said the idea is to get them to assess their patients for age-related driving impairments – issues with vision, loss of mobility, fragility and dementia, for example – and to provide these patients with information on necessary medications that have fewer driving-related side effects. Selective serotonin reuptake inhibitors (SSRIs) given to treat depression, for example, are safer in this respect than tricyclic antidepressants.

"We know that taking the keys away from a senior driver reduces doctor visits, reduces their social and recreational outings and is associated with worsening of depressive symptoms," she said. "This is the reason we don't set a specific age for driving retirement, but rather base it on ability."

Conversely, auto accidents are the second leading cause of injury-related mortality among people 65 and older. "It is everyone's responsibility to identify and assist a mentally impaired driver," she said.

It is estimated that by 2030 one in five drivers in America, including California, will be age 65 or older. This represents a doubling in the number of seniors, from 35 million in 2010 to an estimated 70 million in 2030.

Although everyone ages differently and some people can drive safely into their eighties and beyond, a person's crash rate per mile driven begins to rise in their 70s. By their 80s, senior men are as dangerous behind the wheel, in terms of driving fatalities per mile driven, as teenage males.

Provided by University of California - San Diego

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