

New research can help older adults plan for changes in driving and firearm access

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New research from the Firearm Injury Prevention Initiative examined diverse viewpoints on reducing access to potentially dangerous situations among older adults due to changes in physical or cognitive functioning.



Specifically, the research engaged older adults, <u>family members</u> of older adults and experts to look at whether reducing driving and reducing <u>firearm</u> access are similar decisions when an older adult can no longer safely perform the activity.

The research was published today in *The Gerontologist* and led by clinicians and researchers in the Initiative who are experienced in studying firearm safety, aging, Veteran health and driving. They focus on using education, collaboration and <u>scientific research</u> to prevent firearm-related injuries and deaths.

"There's an urgent need for resources and planning in advance to help reduce firearm injuries and deaths among older adults, while still respecting and promoting their independence, autonomy and rights. This is especially important when there's a high risk of them harming themselves or someone else due to cognitive decline," said lead researcher Emmy Betz, MD, MPH, director of the Firearm Injury Prevention Initiative.

She's also a professor of emergency medicine at the University of Colorado School of Medicine and epidemiology at the Colorado School of Public Health on the University of Colorado Anschutz Medical Campus.

The paper's authors hope by comparing insights into processes and preferences for reducing firearm access versus driving, they can provide key insights on how to develop resources to help adults and family members consider when to reduce firearm use and how to do so with respectful, thoughtful engagement.

To study this, the researchers conducted online focus groups and one on one interviews with older adults who drove and owned firearms, family members of older adult firearm owners and still drive, professionals in



aging-related agencies and firearm retailers/instructors.

Among the 104 participants, one of the greatest similarities was that car and firearm access both have strong psychological attachment and emotions involved. They also agreed reduction in either activity should be prompted by declining ability, rather than by age alone.

At the same time, there were important differences in how participants discussed safety concerns between the two. Participants who relied on firearms for personal protection were the least likely to conceive of a time when it may be necessary to limit or no longer access firearms. In fact, firearms were viewed as an essential tool for protecting oneself as one gets older.

For both driving and firearm decisions, most participants agreed that trusted messengers (such as family and clinicians) would be best to lead the conversation around limiting access and advance planning. However, conversation needs to be approached with dignity and respect and consider the psychological attachment related to the item.

Regarding driving, clinicians and older drivers supported routine conversations to facilitate advance planning. The researchers suggest that firearms safety should be included in this conversation and other safety topics to destigmatize the sensitive issue and support older adults in making their own decisions.

The researchers used the findings of this study to build the Firearm Life Plan, a free online resource for <u>older adults</u> and family members to make future plans about their firearms.

More information: Kathryn Nearing et al, Cars, guns, aging, and "giving up the keys", *The Gerontologist* (2022). DOI: 10.1093/geront/gnac142



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