* 8 Jun 2015
* Ottawa Citizen
* ELIZABETH PAYNE OTTAWA CITIZEN epayne@ottawacitizen.com

# Research project aims to help keep older drivers on the road

When it comes to safety, older drivers get an unfair rap, says the University of Ottawa’s Sylvain Gagnon, one of a group of Canadian researchers studying drivers over 70.

“What the data are showing is this is not the group of drivers that is most often involved in a crash,” Gagnon said. “They are usually extremely safe drivers and very careful drivers. I think they have been treated unfairly.”

Gagnon, who spoke at the Canadian Psychological Association’s annual conference in Ottawa Saturday, is part of a project tracking nearly 1,000 drivers over the age of 70, including more than 200 in Ottawa. Each driver’s car is equipped with GPS and other gear that monitors driving behaviour and kilometres travelled.

The multi-year project’s aim is to come up with a clinical tool that doctors can use to determine which older drivers are safe and which require further assessment or should be taken off the road.

The issue is one that concerns medical professionals, who in most Canadian provinces are required to report to authorities when they think their elderly patients should no longer be driving. Having a drivers’ licence taken away can be devastating to an older driver, Gagnon said. It is sometimes necessary, but without an evidence-based and standard tools to measure whether an older driver is safe, there is a risk that people will lose their licences unnecessarily.

As the baby boom generation ages, the fitness of older drivers is becoming a more crucial issue. People over the age of 70 comprise the fastest-growing segment of drivers, said Gagnon, and it is a demographic that will continue to grow.

The project, funded by the Canadian Institutes of Health Research and co-ordinated with researchers in Australia, is the first of its kind in the world, he said.

Gagnon said the outcome — maybe as soon as 2016 — should be a simple-to-administer tool that doctors and patients complete to come up with a score. There will be guidelines about whether the score means the patient can continue driving, needs more assessment, or should give up the wheel. Factors in the score might include sensory and motor conditions, mental functioning and some physical conditions, such as congestive heart failure and glaucoma, that are associated with a higher rate of crashes in older drivers.

Older people who do have car crashes usually also have other medical and functional conditions, Gagnon said. Age itself, he added, is not a risk factor for car crashes, but the prevalence of conditions associated with crashes does increase with age.

Gagnon said a clinical tool is used in Germany, but it results in a majority of older drivers being referred for further evaluation, which they have to pay for themselves — at a cost of about $800, Gagnon said — and is likely unnecessary in many cases.

One of the goals of the research program called CanDrive is to easily identify those who should no longer be driving and keep safe older drivers on the road longer. For some, that could include driving restrictions.

Gagnon said there is a tendency to generalize about older drivers. When there is an car accident in the news involving an older driver, he said, people often think of it as representative of all older drivers. The same, he said, doesn’t happen when younger males — the most statistically dangerous demographic behind a wheel — get in accidents.

“We need to consider that when we look at older drivers of the past, they were different than older drivers of the present. These people will drive until they are 80, and probably 85 or 90.”

The annual convention of the Canadian Psychological Association saw hundreds of papers and presentations delivered over three days.