SAFETY AND RESOURCE GUIDE FOR EXPERIENCED DRIVERS

TIPS FOR OLDER ADULTS, PHYSICIANS AND OTHER CAREGIVERS
• The primary risk factor facing older drivers is fragility, the susceptibility to injury due to a crash. Fragility makes surviving a crash more difficult, and it is responsible for 60–95 percent of the higher death rates per mile driven in older drivers.
• In 2010, 4,535 seniors ages 65 and older were killed as occupants in traffic crashes. Driver fatalities accounted for 3,398 (75%) of these deaths.
• In 2010, over three quarters (77%) of crashes involving older drivers occurred during the daytime.
• Seniors age 65 and older represent 16 percent of all licensed drivers as well as 17 percent of all traffic fatalities and 16 percent of all vehicle occupant fatalities in 2010.

MEDICAL CONDITIONS THAT AFFECT DRIVING
As we age, medical conditions that affect driving become more prevalent. Visual, cognitive and movement impairments can occur at any age, and make driving more difficult.

VISION
• Reduced vision can affect your ability to see, read and comprehend while driving, especially at night and in inclement conditions. The most common vision problems experienced by maturing drivers include:
  • Cataracts, which affect 20 million people over the age of 40, cause clouding in the lens of the eye and can result in blurry vision, double vision, impaired contrast sensitivity, and poor night vision. Research has shown that cataract surgery reduces cataracts by 50 percent.
  • Age-Related Macular Degeneration, which affects 1.75 million people over the age of 40, is the deterioration of the macula, the area of the retina used for central vision. This condition leads to poor low-light vision, poor visual perception, and can result in hazy vision or a blind spot in the center of the visual field.
  • Glaucoma, which affects 2.2 million people over the age of 40, destroys the optic nerve and can result in blurred or foggy vision and a loss of peripheral (side) vision. In later stages of the disease, central vision is also affected.

COGNITION
• Dementia occurs in approximately 5 million people over the age of 65. Dementia affects individuals differently, but ultimately results in cognitive impairment. Those with dementia may become lost while driving as well as exhibit incorrect turning, impaired signaling, improper lane changing and decreased comprehension of traffic signs and patterns.
• Strokes (first or recurrent) are experienced by nearly 795,000 adults each year. Limitations associated with stroke can be characterized by a variety of symptoms. Muscle weakness or paralysis, increased muscle stiffness, loss of cognitive function (i.e., memory loss or trouble recognizing objects), loss of visual field, loss of sensation, and/or gait, balance, or postural deficits can make the task of driving very challenging.

MOVEMENT
• Arthritis affects approximately 50 million people in the United States, and nearly 50 percent of those ages 65 and older. Depending on the joints impacted by arthritis, the following can be difficult for drivers: seat belt and key use, adjusting seats and mirrors, steering problems, problems getting in and out of the car, checking blind spots and using pedals.
• Hip replacements are performed annually on approximately 158,000 adults 65 and older. Hip problems can affect movement getting in and out of the car and using pedals while driving.
• Knee replacements are performed each year on approximately 364,000 adults 65 and older. Knee problems can affect movement getting in and out of the car and using pedals while driving.

MEDICATIONS
Medications can interfere with driving by making the driver drowsy or dizzy. Remember to use caution when starting a new medication, particularly ones that may affect your thinking or level of alertness; make sure you know all the prescription and over the counter medications you are taking and review these regularly with your doctor and your pharmacist to ensure you can drive safely.

(See Reverse Side for Resources Information)
• Read the fine print. If a medication you’re taking is labeled “Do not use while operating heavy machinery,” let someone else drive.
• If any medication makes you feel sleepy, dizzy, or disoriented, don’t drive.
• Bring a list of drugs you take, including prescription, over the counter, dietary supplements, and alcohol to show all healthcare providers and caregivers.
• Discuss with your doctor or pharmacist your medication, its effects, and how it interacts with other drugs you may be taking.

RESOURCES FOR DRIVERS, PHYSICIANS AND OTHER CAREGIVERS

Agency on Aging of South Central Connecticut, Inc.
One Long Wharf Drive, Floor 2, New Haven, CT 06511. Telephone: (203) 785-8533
Website: aoapartnerships.org

North Central Connecticut Area Agency on Aging
New Park Office and Conference Center
151 New Park Avenue, Suite 15, Hartford, CT 06106. Telephone: (860) 724-6443
Website: ncaaact.org

Senior Resources Agency on Aging
19 Ohio Avenue, Suite 2, Norwich, CT 06360. Telephone: (860) 887-3561
Website: seniorresourcesec.org

Southwestern Connecticut Agency on Aging
10 Middle Street, Bridgeport, CT 06604. Telephone: (203) 333-9288
Website: swcaa.org

Western Connecticut Area Agency on Aging
84 Progress Lane, 2nd Floor, Waterbury, CT 06705. Telephone: (203) 757-5449
Website: wcaa.org

• 211 Infoline
• AARP - (888) 687-2277
• Connecticut Commission on Aging - cga.ct.gov/coa - (860) 240-5200
• CT Transit - cctransit.com - (860) 525-9181; Metro-North - mta.info/mnr - (877) 690-5114; Shore Line East - shorelinenew.com - (800) 255-7433
• Department of Motor Vehicles - ct.gov/dmv and ct.gov/experienced - (860) 263-5700
• Department of Public Health - ct.gov/dph - (860) 509-8000
• State Department on Aging - ct.gov/aging - (860) 263-5700
• Long-term care - ct.gov/longtermcare