

CARERS SUPPORTING MOBILITY TRANSITIONS OF DRIVERS WITH COGNITIVE DECLINE: ROAD SAFETY IMPLICATIONS

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INTRODUCTION

A range of factors may impact upon an individual's ability to maintain driving independence and manage mobility transitions. Of particular concern are cognitive changes which reduce a driver's competence and risk perception, predisposing them to greater road safety risk. Such issues become increasingly important in ageing populations when prevalence of multiple medical conditions, medication use and progressive diseases increases⁽¹⁾. Carers are known to raise concerns with such individuals but little Australian research has been completed to understand how these transitions are managed. This study investigated carers' experiences and gathered information about events and signs which triggered carer responses.

METHOD

Purposive sampling was used to recruit participants through disability support groups and personal networks. In-depth, semi-structured interviews were used to collect details regarding carer experiences, events that triggered interventions, strategies implemented and resources utilised. Quantitative and qualitative data analysis techniques were applied.

RESULTS AND DISCUSSION

Interviews were conducted with 30 carers/family members of individuals with medically confirmed conditions including dementia. Findings highlighted the variability of health-related and road safety "signs" which accompanied a decline in driving abilities. Memory difficulties, inadequate driver performance including minor traffic events and low driver

insight were consistent themes. Carers were concerned for the driver and the public and applied a broad range of strategies to limit driving whilst supporting mobility independence. Interventions included practical means of impeding driving, family collusion, seeking professional assistance and reporting the driver to appropriate authorities (2)(3). Carers often revealed poor knowledge of available licensing authority medical review procedures, health and competency assessments and related resources.

CONCLUSIONS

The findings highlight the need for licensing authorities, health services and agencies supporting road safety to review the content, dissemination and access to, driving related resource information relevant to this at-risk driver group and their carers. This is important as the number of drivers with health conditions associated with cognitive decline is predicted to increase. Further research with a larger carer sample is planned.

REFERENCES

1. Australian Institute of Health and Welfare. (2008). Australia's Health 2008. Downloaded on 18th September, 2009 from www.aihw.gov.au/publications
2. Jett, K., Tappen, R., Rosselli, M. (2005). Imposed versus involved: Different strategies to effect driving cessation in cognitively impaired older adults. *Geriatric Nursing*, 26 (2), 111 – 116. (2005).
3. Perkinson, M.A. et. al. (2005). Driving and dementia of the Alzheimer type: beliefs and cessation strategies among stakeholders. *The Gerontologist*. 45(5), 676-685.