

Preface

The science of public health and the practice of medicine are often deemed two separate entities. After all, the practice of medicine centers on the treatment of disease in the individual, while the science of public health is devoted to the prevention of disease in the population. However, physicians can actualize public health priorities through the delivery of medical care to their individual patients.

Among these priorities is the prevention of injury—one of the leading health indicators identified by the US Department of Health and Human Services' Healthy People 2010. More than 400 Americans die each day as a result of injuries sustained from motor vehicle crashes, firearms, poisonings, suffocation, falls, fires and drowning. The risk of injury is so great that most people sustain a significant injury at some time during their lives.

This *Physician's Guide to Assessing and Counseling Older Drivers* was created by the American Medical Association (AMA) with support from the National Highway Traffic Safety Administration (NHTSA) to help physicians address preventable injuries—in particular, those injuries incurred in motor vehicle crashes. Currently, motor vehicle crashes are the number one cause of injury-related deaths in the 65-74 age group. While traffic safety programs have been successful in reducing the fatality rate for drivers under the age of 65, the fatality rate for older drivers has consistently remained high. Clearly, additional efforts are needed.

Physicians are in a forefront position to address and correct this health disparity. By providing effective health care, physicians can help their patients maintain a high level of fitness, enabling them to preserve safe driving skills later in life and protecting them against serious injuries in the event of a crash. By adopting preventive practices—including the assessment and counseling strategies outlined in this guide—physicians can better identify drivers at increased risk for crashes, help them enhance their driving safety, and ease the transition to driving retirement if and when it becomes necessary.

Through the practice of medicine, physicians have the opportunity to promote the safety of their patients and of the public. The AMA and NHTSA welcome you to use the tools in this *Physician's Guide to Assessing and Counseling Older Drivers* to forge a link between public health and medicine.

American Medical Association

Physicians dedicated to the health of America



515 North State Street
Chicago, Illinois 60610

June 6, 2003

Dear Reader:

We are pleased to present the *Physician's Guide to Assessing and Counseling Older Drivers*, the first product of a cooperative agreement between the American Medical Association (AMA) and the National Highway Traffic Safety Administration (NHTSA). This agreement was spurred by our mutual concern for the safety of older drivers—a public health issue that increasingly affects society as the older population (persons 65 years and older) expands at nearly twice the rate of the total population.

Motor vehicle injuries are the leading cause of injury-related deaths among 65- to 74-year olds, and are the second leading cause (after falls) in the 75 years and older age group. In the upcoming years, an increasing percentage of older persons will be licensed to drive, and these license-holders will drive an increasingly higher mileage. With the older population's significant expansion and increase in mileage, its traffic fatalities could potentially triple in the upcoming years.

Efforts in the medical community can help stem this increase. While most older drivers are safe drivers, this population is more prone to motor vehicle crashes due to disease- and medication-related functional deficits. By providing appropriate driver counseling in the course of disease management, physicians can help their patients avoid crashes. Furthermore, physicians can help patients maintain or even improve their driving skills by periodically assessing their patients for functional deficits and tailoring treatment to enhance their level of function.

Beginning with its *Medical Guide for Physicians in Determining Fitness to Drive a Motor Vehicle*, first published in 1958, the AMA has long been committed to providing physicians with tools for addressing driver safety. This current publication presents recommendations for physicians on assessing and counseling older patients on medical fitness-to-drive. These recommendations are based on the consensus of experts in the field of older driver safety and representatives from medical, health care, and public health societies; national and state government agencies; automobile and driver safety organizations; patient advocacy groups; and other organizations with an interest in older driver safety.

We hope you find this Guide useful, and we look forward to a continued relationship with NHTSA and our other partners in older driver safety.

Sincerely,

A handwritten signature in black ink that reads "Michael D. Maves".

Michael D. Maves, MD, MBA
Executive Vice President, CEO
American Medical Association



June 6, 2003

Dear Colleague:

As an emergency physician, I have seen first-hand the effect that many medical conditions can have on cognitive and motor function, both essential to driving ability. I have also seen the traumatic consequences of those medical conditions going unattended. As the Administrator of the National Highway Traffic Safety Administration (NHTSA), I have come to understand that there is much the medical and health care community must do to address the issue of safe mobility for older patients.

NHTSA is proud of its partnership with the American Medical Association and the other health care organizations whose representatives participated in the development of the *Physician's Guide to Assessing and Counseling Older Drivers*. This groundbreaking publication will give physicians in this country a reference that addresses their questions and concerns about medical conditions and their potential effect on driving, based on the strongest scientific evidence available. They will have at their fingertips guidance on how to use the history and physical examination to identify health problems that are likely to cause driving hazards. Perhaps most importantly, physicians will find in this publication many proactive ideas for helping older drivers stay on the road safely, as well as approaches for dealing with medical/driving problems.

The *Physician's Guide to Assessing and Counseling Older Drivers* holds great promise, in providing physicians and many other health care professionals with the tools they need to address the issue of safe mobility in the older patient population. While the *Physician's Guide* focuses on older drivers, age alone should not be the sole criterion for determining whether someone is a safe driver. Each patient's ability should be assessed individually, irrespective of age.

My challenge to you, the health care community, is to make assessing and counseling patients about their fitness to drive part of your practice in the care of all older Americans. As we move forward into the 21st century and our population advances in age, we must continue to meet and anticipate our patients' evolving needs. Ultimately, by ensuring the safe mobility of older patients, we can enhance the safe passage of all Americans on our roadways.

I extend my appreciation to the members of the Older Drivers Project for the long hours of hard work they dedicated to this effort. The results speak for themselves: a publication that each member can be proud to have crafted. Finally, I want to acknowledge the American Medical Association for its leadership and for its support in producing the *Physician's Guide to Assessing and Counseling Older Drivers*.

Sincerely yours,

Jeffrey W. Runge, M.D.

