NAPCRG 52nd Annual Meeting — Abstracts of Completed Research 2024.

Submission Id: 6040

Title

Transitions to non-driving: Internal factors that influence coping in older drivers

Priority 1 (Research Category)

Social determinants and vulnerable populations

Presenters

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Abstract

Context: Decisions about stopping driving are often emotionally and logistically difficult. Primary care clinicians can support older drivers in decisions about driving by prioritizing emotional wellbeing and out-of-home mobility through the transition to non-driving. A better understanding of internal factors that influence effective coping for patients could help clinicians support older drivers through these transitions.

Objective: To examine readiness for mobility transition and personality characteristics such as openness to change that may influence coping strategies used by older adults in transitions to non-driving.

Study Design and Analysis: Secondary analysis of longitudinal data using generalized linear mixed effect models

Setting or Dataset: Advancing Understanding of Transportation Options (AUTO) randomized controlled trial

Population Studied: 301 drivers aged ≥ 70 years enrolled from primary care clinics in California, Colorado, and Indiana.

Intervention/Instrument: An online driving decision aid. Explanatory variables - participants' internal factors that may be associated with effective coping (Ten-Item Personality Inventory and Assessment of Readiness for Mobility Transition, categorized as low, mixed, or high readiness) measured at baseline.

Outcome Measure: Self-reported use of any alternative transportation in the past three months (e.g. public transit, rideshare service, ride with a friend or family member, etc.) at follow up intervals (6, 12, 18, and 24 months).

Results: Compared to those with low readiness, use of any alternative transportation was more common in older drivers with mixed readiness (adjusted odds ratio [aOR] = 2.06, 95% Confidence Interval [CI]: 1.03-4.12) or high readiness for mobility transition (aOR= 6.37, 95% CI: 1.45-28.07). None of the measures of personality characteristics were associated with alternative transportation use over study follow up. Readiness and personality characteristics were not associated with driving reduction over study follow up.

Conclusions: Our findings suggest that higher readiness for mobility transition is associated with subsequent use of alternative transportation options. Understanding key factors that influence effective coping may help clinicians tailor conversations about the transition to non-driving. Development of future interventions and policies to address the needs of older drivers will benefit from an understanding of older adults' readiness for mobility transition.

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