



INSIDE

- 2 AGS 360°
- 3 2017 Most Talked About Studies
- 4 From Our President
- 6 Plan Your Orlando #AGS18 Adventure
- 7 Why I'm an AGS Member
- 8 2017 Honor Roll of Giving
- 11 Testing Driver Safety

◀ World of Avatar, one of the newest attractions at Walt Disney World®. Photo courtesy of wdwmagic.com

WHAT IS GERIATRICS GOING TO DO NEXT? WE'RE GOING TO **DISNEY WORLD!**

Walt Disney once said, "We keep moving forward, opening new doors, and doing new things, because we're curious and curiosity keeps leading us down new paths." This same sense of curiosity will drive new innovation in care at #AGS18, the AGS 2018 Annual Scientific Meeting held at the Walt Disney World Swan & Dolphin Resort in Orlando, FL, May 3-5 (preconference day May 2).

More than 2,000 physicians, nurses, pharmacists, physician assistants, social workers, long-term and managed care providers, healthcare administrators, trainees, journalists, and advocates will converge on the "most magical place on Earth" to experience an educational program every bit as imaginative as it is informative, thanks to 100+ events.

"As a record-breaking year for abstract submissions, a lot of excitement awaits us in Orlando," says Thuan

Ong, MD, MPH, #AGS18 Program Chair. "This meeting is a celebration of the best work and the best colleagues health care has to offer. It gives us a rare opportunity in our busy daily lives to learn about ground-breaking research and clinical advances, and simply to catch up with friends and mentors."

Browse some of the #AGS18 highlights below, and remember to visit Meeting.AmericanGeriatrics.org for registration, the full program schedule, and everything else #AGS18!

Plenary Paper Session (Thurs., May 3; 9:30-10:15am ET)

This session will highlight the top research abstracts submitted for presentation at #AGS18 from a pool of more than 1,000 contenders—the highest number of abstract submissions in AGS history!

continued on page 5

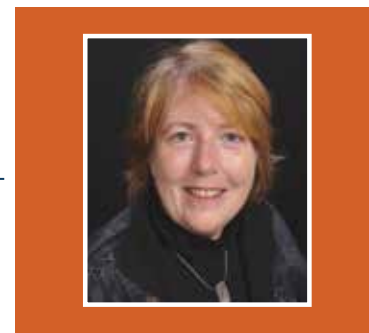
NIH "INCLUSION ACROSS THE LIFESPAN" REPORT ALSO INCLUSIVE OF RECOMMENDATIONS ROOTED IN AGS COLLABORATION

New policies and recommendations stemming from a workshop hosted by the National Institutes of Health (NIH) are drawing a line in the sand for greater age inclusivity in clinical research—thanks in part to AGS insights and our "Reframing Aging" collaboration with the Leaders of Aging Organizations and the FrameWorks Institute.

Specifically, a revised policy will see the NIH require that individuals of *all ages* be included in clinical research beginning in 2019, unless there is a strong justification for exclusion. Of note, the AGS was able to successfully advocate that there be no upper age limit in a letter sent to NIH in response to a request for information that followed their Inclusion Across the Lifespan Workshop.

continued on page 7

AGS 360° WITH NANCY E. LUNDEBJERG, MPA



“Good stories can take you on fantastic journeys.”

I’ve been told that’s how Walt Disney pitched investors for one of his “out there” ideas. A “real gamble” then, today we know it as *Fantasia*. Proceeds from that blockbuster bankrolled an idea even more “out there” than the first. For the longest time it was just a vision for swampland in Florida, but that vision became a reality when the (second) Magic Kingdom opened in 1971. I still have ticket stubs from my family’s first visit. There were eight attractions; I think we hit them all.

With #AGS18 returning to Disney World, you’re probably thinking, “Oh no! She’s going to pivot to all the great things happening and why I should come.” Well, we do have a lot planned—including many opportunities to network with colleagues and new friends. You can learn more on page 5 or by visiting Meeting.AmericanGeriatrics.org for a look at all our sessions (there are 100+!).

Our meeting location aside, I’d like to talk about what Disney does best: Storytelling. Take their new “Flights of Passage” ride inspired by the movie *Avatar*. Strip away the impressive technology and you’ll find the reason the ride works (and generates four-hour lines) is because it immerses you in a story. Soaring through a forest or over the ocean, you aren’t a “Disney guest”; you’re a warrior in sync with your steed. That’s a powerful experience—and we can learn a lot from it about telling our own stories.

As AGS members know, I’ve published two such stories—“My Mother is Dead (and that’s OK)” and “How Geriatrics Saved This Family

Caregiver”—in the *Journal of the American Geriatrics Society*. The first focuses on my Mom’s death, the second on the many ways geriatrics helped my family. Interestingly, they led to news coverage and a corresponding public discussion of grieving. Unintended as that coverage may have been, I couldn’t be happier that it inspired a deeper exploration of grief and coping on caregiving journeys. Knowing that my story might help just one other caregiver makes me happy.

One of the core philosophies of the Tideswell-AGS Emerging Leaders in Aging (ELIA) Program led by Anna Chang and Christine Ritchie (both at UCSF) is that geriatrics scholars need to develop a critical suite of communication skills, including storytelling skills. I think ELIA Scholars would agree that learning to tell stories—whether they be two-minute elevator pitches or longer stories that unfold over time—has made them more effective leaders. Participating in ELIA trainings is one reason I was inspired to pick up my pen (um, computer) and start writing again.

And now we’re at the moment when I’m going to ask you to do something (you knew it was coming). Let’s start small. Tape yourself answering a simple question: “What do you do?” Play your response back and observe how others react. We need to experiment with different ways of answering that question so that the story we *tell* matches the story our audiences say they *hear*. I’ve been doing this for a while now and still don’t have it quite right—but some newly released tools are helping.

Last year, the Leaders of Aging Organizations and the FrameWorks Institute provided research-backed

recommendations on language we should try to avoid and frames we should try to adopt in our conversations about aging. Mary Tinnetti, Frank Molnar, and Allen Huang also have developed a platform—the Geriatric 5Ms—for describing geriatrics based on the core competencies that set it apart: attention to the **mind, mobility, medications, multi-complexity**, and what **matters most** to older individuals. Some of the recommendations from these efforts are easy—like substituting “older persons” for less inclusive terms. Some require very careful thought about broader metaphors and frames that can make a topic like frailty more understandable. But they are all grounded in helping our audiences hear a more complete story about what it means to age—ideally, a story that starts to strip away the negative connotations society has perpetuated about older persons.

The bottom line? Learning how to tell our own stories is important to helping others understand geriatrics and the many ways members like you help us all. Let’s do this together. ♦

PS: Ok, one #AGS18 pitch. Helen Fernandez (of the Mount Sinai School of Medicine) and Dan Trucil (of the AGS) will be offering workshops at #AGS18 and the ADGAP pre-con based on “master training” in FrameWorks principles. If you’re looking to kick-start storytelling, these are must-see sessions.

2017's MOST TALKED ABOUT STUDIES

What were the most talked about research updates of 2017? The Journal of the American Geriatrics Society (JAGS) has the answer! Check out their list of top research highlights as measured by Altmetric*, an aggregate score of attention in the news and on social media.

1 Olfactory Dysfunction Predicts Subsequent Dementia in Older U.S. Adults

- DOI: 10.1111/jgs.15048
- Altmetric Score: 646
- This study showed for the first time in a nationally representative sample that home-dwelling older adults with normal cognition and difficulty identifying odors face higher odds of being diagnosed with dementia five years later, independent of other significant risk factors.

2 Distressing Symptoms, Disability, and Hospice Services at the End of Life: Prospective Cohort Study

- DOI: 10.1111/jgs.15041
- Altmetric Score: 604
- In this study to evaluate the relationship between life-restricting symptoms, disabilities, and subsequent admission to hospice at the end of life, researchers showed that hospice services appear to be suitably targeted to older persons with the greatest needs. The short duration of hospice suggests, however, that additional strategies are warranted to better address care at the end of life.

3 Global Sensory Impairment Predicts Morbidity and Mortality in Older U.S. Adults

- DOI: 10.1111/jgs.15031
- Altmetric Score: 559
- This study suggests that global sensory impairment (or "GSI," an integrated measure of sensory dysfunction), predicts impaired physical function, cognitive dysfunction, significant weight loss, and five-year mortality in older Americans. According to the researchers, multi-sensory evaluation may identify vulnerable individuals, offering the opportunity for early intervention to mitigate adverse outcomes.

4 Accelerometer-Measured Physical Activity and Mortality in Women Aged 63 to 99

- DOI: 10.1111/jgs.15201
- Altmetric Score: 516
- When measured using accelerometers, light-intensity and moderate-to-vigorous physical activity are associated with lower mortality in older women, according to this study's findings. The researchers posit that replacing sedentary

time with light-intensity physical activity presents a public health strategy that could benefit us all as we age.

5 Accelerometer-Measured Moderate to Vigorous Physical Activity and Incidence Rates of Falls in Older Women

- DOI: 10.1111/jgs.14960
- Altmetric Score: 384
- Exploring data from participants in the Women's Health Initiative study, researchers examined whether moderate-to-vigorous physical activity measured with an accelerometer was associated with incident falls, and whether the association differed according to physical function or falls history. Findings indicate that falls are not more common or injurious in older women who engage in higher levels of physical activity, though older women with low physical function or frequent falls with low levels of activity were a high-risk group for falls prevention vigilance.

6 Smell Loss Predicts Mortality Risk Regardless of Dementia Conversion

- DOI: 10.1111/jgs.14770
- Altmetric Score: 374
- According to this study, poor odor identification and poor self-reported olfactory function are associated with greater likelihood of future mortality. Dementia does not attenuate the association between olfactory loss and mortality, suggesting that olfactory loss might mark deteriorating health, irrespective of dementia.

7 Neuroprotective Diets Are Associated with Better Cognitive Function: The Health and Retirement Study

- DOI: 10.1111/jgs.14922
- Altmetric Score: 349
- In a large nationally representative population of older adults, greater adherence to the Mediterranean diet and the Mediterranean-DASH Diet Intervention for Neurodegeneration Delay (or "MIND") was independently associated with better cognitive function and lower risk of cognitive impairment. Clinical trials are still required to elucidate the role of dietary patterns in cognitive aging.

8 Tai Chi for Risk of Falls: A Meta-Analysis

- DOI: 10.1111/jgs.15008
- Altmetric Score: 276
- In at-risk older adults, tai chi practice was found to reduce rates of falls and injury-related falls by approximately 43% and 50%, respectively, over a "short-term" period of 12 months or less. Researchers believe, however, that tai chi practice may not influence time to first fall in the same populations.♦

*Altmetric scores as of February 2018.

FROM OUR PRESIDENT

DEBRA SALIBA, MD, MPH, AGSF



With just a month to go before #AGS18, many of us are putting finishing touches on presentations and schedules. We're also preparing to install our next AGS President, my friend and remarkable colleague, Laurie Jacobs, MD, AGSF, who will soon take the reins of a professional society that continues to evolve and lead at the cutting-edge of care. I've been humbled to play a role in that work, but the real kudos go to you, our members and AGS staff, for keeping us anchored to the true "North Star" of geriatrics—our commitment to older adults, their families, and caregivers.

That's one reason I've been proud to see the AGS redouble its efforts across clinical practice, research, public policy, and public and professional education. In clinical practice and professional education, tools like the AGS Beers Criteria remain among the most frequently cited references in our field. In the past year, with support from the National Highway Traffic Safety Administration, AGS members developed a free online toolkit (available from HealthinAging.org) that provides safe driving tips, advice on conversations about driving limitations, and alternative approaches to ensuring mobility. In another example of clinical improvements, AGS partnered with three other national medical societies, The John A. Hartford Foundation, and the Gary & Mary West Health Institute to implement a Geriatric Emergency Department Collaborative and support age-friendly emergency care.

In research, the AGS has continued to host a National Institute of Aging-funded series on geriatric syndromes, including a U13 conference exploring vision and hearing impairment. Our members also participated in the National Institutes of Health's

(NIH's) Inclusion Across the Lifespan Workshop. Their input was reflected in NIH's recently announced decision to modify its policy to require inclusion of subjects of all ages or a justification for why that is not done, effectively eliminating upper age limits for study participants.

The AGS increasingly participates in public policy, simply because we cannot ignore its large role in all of our work, particularly in a time of great national change. The AGS now monitors and provides advocacy in numerous initiatives to improve and protect health care for older Americans. Through our Health in Aging Advocacy Center, for example, members reached out to nearly half of U.S. Senators during last summer's debate over federal health reform. In addition, our policy team worked to provide updates and education on the Medicare Access and CHIP Reauthorization Act (MACRA) and the Merit-based Incentive Payment System (MIPS). An AGS workgroup reviewed more than 300 potential quality measures to identify 10 relevant to geriatrics. The AGS's response to the Center for Medicare and Medicaid Innovation's informal request for information included the promotion of key geriatric models of care. In addition, AGS members came together to speak with policymakers and develop strategies to request improvements in quality metrics for nursing homes.

Even as we address current clinical care, research, and policy, we know we also need to support and look to the future of Geriatrics. With our CEO, Nancy Lundebjerg, as co-convenor of the Eldercare Workforce Alliance, we have partnered with other organizations to advocate for policies that will support and enhance an interprofessional workforce for older adults. The

AGS has played a mission-critical role in the Geriatrics Workforce and Caregiver Enhancement Act (H.R. 3713), a bipartisan proposal that includes the Geriatrics Workforce Enhancement Program and the Geriatric Academic Career Awards. Our commitment to the future is also evidenced by the Board's decision to add an early-career professional as an *ex officio* member.

These are only some highlights of a busy year for the AGS. Throughout these and other activities, I believe AGS volunteers and staff have remained true to what I see as the "core tenets" of geriatrics:

- That care must be person-centered and reflect individual preferences.
- That changes to healthcare payment and delivery should be evidence-based.
- That care for older adults must take place in a broader social context that includes families and communities.
- And that we must expand the workforce to meet our needs as Americans continue to live longer than ever before.

Though our Society leadership will continue to change and the interprofessional nature of our community will continue to evolve, one constant I'm confident will always remain is our shared commitment to older adults, their families, and caregivers, whom we are incredibly privileged to serve. Kudos to our members and staff for working to make this a reality in day-to-day care, research, policy, and education. ♦

A handwritten signature in black ink, appearing to read "Debra Saliba". The signature is fluid and cursive, written on a white background.

Hypertension in Older Adults: Controversies and Challenges (Thurs., May 3; 10:15-11am ET)

This session will address the hotly debated new guideline for the prevention, detection, evaluation, and management of high blood pressure in adults—the first update to such guidance in 14 years—in a point/counterpoint format followed by rebuttal and discussion.

Presidential Poster Session (Thurs., May 3; 5-6pm ET)

The Presidential Poster Session and Reception celebrates posters that received top-billing from #AGS18 Abstract Reviewers. Come for the light refreshments, stay to see who might take home a “Best Poster” award in a variety of categories.

AGS Awards Ceremony (Fri., May 4; 8:45-9am ET)

Join us as we honor some of the best and brightest clinicians, researchers, and educators representing the future of geriatrics.

Thomas and Catherine Yoshikawa Award Lecture for Outstanding Scientific Achievement in Clinical Investigation (Fri., May 4; 9-9:45am ET)

In its second year, the Yoshikawa Award Lecture will recognize the research accomplishments of Heather Whitson, MD, MHS, a nationally recognized expert in multiple chronic conditions and disability in older adults.

Public Policy Lecture (Fri., May 4; 11:15am-12:15pm ET)

A fan-favorite and an important priority for 2018, this session includes the latest information on changes in the policy world as they relate to geriatrics health professionals and older adults. Presenters will give you a whirlwind tour of Washington and AGS public policy priorities, including what to expect from Congress and the Trump Administration in the year ahead.

That Was the Year that Will Be: Bench Research Findings of 2017 that Will Be at the Bedside by 2022 (Fri., May 4; 1:30-2:30pm ET)

This symposium addresses basic science and translational studies that will move from the lab bench to the bedside in the next few years, including cutting-edge research on geroscience, resilience and vulnerability, and nutrition.

Lightning Science: Brief Presentations of Top-Rated Abstracts (Fri., May 4; 2:45-3:45pm ET)

This fast-paced, interactive session will showcase some of the best new research and innovation in aging.

AGS 2018 Updated Beers Criteria for Potentially Inappropriate Medication Use in Older Adults (Fri., May 4; 4-5:30pm ET)

It's back! Learn about the newest potential updates to the AGS Beers Criteria for Potentially Inappropriate Medication Use in Older Adults. This session will include an overview of the latest update process, as well as a synthesis of anticipated changes and how the AGS Beers Criteria remain relevant to clinicians, health system leaders, and other stakeholders in care for us all as we age.

U13 Sensory Impairment & Cognitive Decline Conference Proceedings (Sat., May 5; 7:30-8:30am ET)

This session will review proceedings from the National Institute on

Aging-sponsored U13 conference on Sensory Impairment and Cognitive Decline, which included expert evaluations of epidemiologic links between vision/hearing impairments and the risk for declining mental health and incident dementia.

Clinician Wellness Special Interest Group (Sat., May 5; 7:30-8:30am ET)

Attend the inaugural meeting of our newest Special Interest Group (SIG), dedicated to those with an interest in improving clinician well-being in order to address growing concerns about professional burnout. This SIG seeks to help clinicians rediscover meaningful, mission-driven work within their organizations.

Geriatrics Literature Update 2018 (Sat., May 5; 8:45-10:15am ET)

A must-see for AGS Annual Scientific Meeting attendees, the Geriatrics Literature Update will focus on the past year's most important published papers impacting older adults, caregivers, and geriatrics healthcare professionals.

Pharmacotherapy Update: 2018 (Part 1—Sat., May 5; 11:45am-12:45pm ET & Part 2—Sat., May 5; 1-2pm ET)

Now a two-part symposium, this series of sessions will address access to medications for older adults, summarizing changes over the past year in pharmacotherapy and prescription drug coverage for older adults. ♦

WANT TO GET EVEN MORE INVOLVED IN #AGS18?



Become an official #AGS18 Twitter Correspondent! Tweet “Hey@AmerGeriatrics, I’m tweeting #AGS18” and we’ll add you to our #AGS18 Correspondents list for members to follow and give you access to some sweet tools and meeting previews.

PLAN YOUR ORLANDO #AGS18 ADVENTURE

Let your imagination lead the way in one of the Sunshine State's most popular cities!

Fun for the Family: Remember the Magic at the Walt Disney World Resort

You don't need to go too far from #AGS18 headquarters at the Walt Disney World Swan & Dolphin Resort to find some of Orlando's biggest and best destinations. In fact, you're right in the middle of it! From theme park rides and live entertainment to international dining and spa experiences, the Walt Disney World Resort has something for every member of the family—so while you're learning about the latest and greatest in geriatrics, your guests also can have an experience they'll never forget (just don't let them have all the fun without you!). Visit the **Walt Disney World website** (DisneyWorld.Disney.go.com) and use the Vacation Recommendation tool to tailor your stay to your interests.

Have you already seen much of Walt Disney World on a previous trip (or at #AGS14)? Check out **new attractions** such as the *Star Wars* Launch Bay at Disney's Hollywood Studios, the new *Frozen*-inspired attractions at Epcot, and the "Flights of Passage" *Avatar* ride at Disney's Animal Kingdom. And remember: #AGS18 attendees have access to exclusive deals through May 1 on Disney Theme Park tickets, which also allow you to reserve your FastPass+ options to avoid ride wait times. Visit MyDisneyGroup.com/AGS2018#Home to reserve your discount tickets!

Having a grown-ups trip? There's plenty to do and see, with great options like a food and wine tour of the world at Epcot or a night in Tinsel Town at Hollywood Studios. Check out the **New York Times' Grown-Up's Guide to Disney World** (nyti.ms/2uFuFX0) for ideas that will have you ready to wear your Mickey Mouse ears!

Beyond Disney

Disney might be the biggest name in town, but Orlando also boasts tons of other action-packed amenities. **Universal Orlando Resort** (UniversalOrlando.com) will feed your need for more theme park time, while the **Kennedy Space Center** (KennedySpaceCenter.com) will put you over the moon if you're a science buff.

And don't forget to explore the rest of greater Orlando for a thriving arts and culture scene you won't soon forget. **The Orlando Museum of Art** (OMArt.org), the **Dr. Phillips Center for Performing Arts** (DrPhillipsCenter.org), and the **SAK Comedy Lab** (SAKComedyLab.com) are all just a short ride from the Walt Disney World Resort. Be sure to make use of the warm weather, too, and stroll through Orlando's **Harry P. Leu Gardens** or the 43-acre **Lake Eola Park**.

Winter In Florida


Winter *Park*, that is. Just a few miles northeast of Downtown Orlando, **Winter Park** (CityOfWinterPark.org/visitors) is a picturesque city renowned for its specialty shops and eateries. Enjoy Winter Park's golf course and the Saturday Farmer's Market, or take a leisurely bicycle ride through the city's sprawling bike paths.

However you plan to spend your free time at #AGS18, make the most of it by reserving a hotel room at our official #AGS18 headquarters: the Walt Disney World Swan & Dolphin. Visit SwanDolphin.com/GroupRes/AGS18 to book now using specially negotiated rates for #AGS18 attendees! ♦


For more ideas, check out VisitOrlando.com.



Kennedy Space Center



Harry P. Leu Gardens



Winter Park

WHY I'M AN AGS MEMBER

ALANNA DANCIS, CNP

Adult-Gerontology Primary Care Nurse Practitioner
University of New Mexico Hospital, Albuquerque, NM

I never planned on becoming a geriatric nurse practitioner. I was all set to be a professional harpist, but when I was diagnosed with a repetitive stress injury, that dream vaporized. Instead, I ended up spending plenty of time in the healthcare system and had lots of contact with various practitioners. In particular, I had terrific nurses.

My experience as a patient inspired me to emulate those wonderful nurses by becoming one. After I graduated from my nursing program, I got a job working in an intensive care unit (ICU), but it didn't feel like a good fit for me. We were always telling patients what to do, and I felt that they didn't really have a voice in their care.

I then became a home care nurse, which I loved, and that led to a job with a hospice/home care program, which I loved even more. Our patients didn't necessarily need to have a six-month life expectancy, but they did need to be 65-years-old or older and in declining health. This work led to my becoming a palliative care nurse—and that led to my interest in geriatrics.

The feeling that I'm performing necessary work is extremely rewarding.

I truly appreciate geriatrics' focus on person-centered care. Since we have limited research as to the best treatments for our patients—because older adults are frequently excluded from studies—every decision is a conversation. When you're 55-years-old and younger, the right or wrong treatments are clearer, but in geriatrics, they can be less so. We can tell patients that we know how a treatment is expected to work in

younger people, but don't know exactly how it'll work for them. We can ask older adults what they think and how they want to be treated and what outcome they want. The patients—and their families—are in the driver's seat, and I'm a collaborator with them as they approach the last years of their lives.

I've been an AGS member for three years. I came to AGS for its continuing medical education (CME), conferences, guidelines, and other resources to help my patients. If the AGS has a position statement or a practice guideline, that's my first stop and it's what I'll follow.

Beyond those tools, however, I soon realized how many great opportunities AGS provided for me to get involved and take on leadership responsibilities and similar endeavors.

I especially enjoy the AGS Annual Scientific Meetings—I always come away with a major shift in my thinking. The Literature Review session, for example, covers high-impact research and is always fantastic. Last year, I heard about an article that concluded that almost all patients experience a period of several years of disability prior to their death.

It made me realize that disability is often a part of life, rather than a "We're going to solve this problem" experience. Keeping that in mind, I understand differently how we have to walk hand-in-hand with our patients and let them know that we're with them while they go through this phase of their lives. You get to help them try to live these years with meaning and quality, and that's one of the things I like most about geriatrics. ♦

Inclusion Across Lifespan continued from page 1

In early June 2017, investigators, experts, and clinicians from across health care participated in the NIH-sponsored workshop on "Inclusion Across the Lifespan" to discuss the challenges and barriers to including older adults and other underrepresented groups in clinical research. In opening remarks at the workshop, NIH Director Francis S. Collins, MD, PhD, called it "an opportunity to look at our current approach to inclusion and see what we can do to be as inclusive as possible." The workshop participants were charged with considering inclusion on a broad spectrum across government research funding agencies, regulatory agencies, publishers, and the scientific community.

Among several noteworthy highlights, a recently released workshop summary reinforces using "older adults" as a preferred (and more respectful) term for people over age 65. The report also makes a strong and compelling case for "seek[ing] to understand better the historical and social context of historically vulnerable and consistently underrepresented groups to ensure their improved recruitment and representation in clinical trials and research," a key priority for the AGS.

The workshop came shortly before the AGS and its research journals—including the *Journal of the American Geriatrics Society*, *Annals of Long-Term Care*, *Geriatric Nursing*, and the *Journal of Gerontological Nursing*—worked to embed similar recommendations in their own manuscript submission standards. As reported last year, all AGS journals have now adopted "older adult(s)" as the preferred term for individuals who benefit from geriatrics expertise, noting that other common terms "like (the) aged, elder(s), (the) elderly, and seniors should not be used...[because they can] connote discrimination and certain negative stereotypes that may undercut research-based recommendations for better serving our needs as we age." ♦

➔ For more information, visit bit.ly/NIHLifespan (case-sensitive).

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*75th Anniversary Legacy Donor.

[†]The GeriEM Donors have made a collective commitment to support the Jeffrey H. Silverstein Memorial Award, which was established to recognize emerging investigators in the surgical and related medical specialties whose research is focused on geriatrics aspects of their specialty and who are committed to a career in aging research. The GeriEM Donors are: Kevin Biese, Christopher R. Carpenter, Jeffrey M. Caterino, Teresita Hogan, Ula Hwang, Maura Kennedy, Kevin Munjal, Adam Perry, Anthony E. Rosen, Manish N. Shah, and Scott Wilber.

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Testing Driver Safety

When it comes to driving, there is no set age at which people become less safe when they're behind the wheel. Safety largely depends on the older driver's physical and mental health, which of course vary widely from person to person.

The following issues can be warning signs that suggest that you or an older adult in your care should get tested for their ability to drive safely:

- Getting lost in familiar areas
- Ignoring traffic signs and signals
- Becoming easily agitated or angered when driving
- Falling asleep or inability to concentrate when driving
- Reacting too slowly to dangerous situations
- Forgetting or ignoring driving basics – when to yield right of way, for example
- Having trouble judging distances

Several tests and reviews can help determine how safe a driver an older adult may be. If you suspect that an older adult you care for is having difficulty driving safely, consider taking these actions:

START WITH A GOOD PHYSICAL

Have the older adult's primary care healthcare provider examine them for changes that may affect their driving, including their fitness level.

HAVE THEIR VISION CHECKED

An optometrist or an ophthalmologist can evaluate an older adult's vision for problems that may reduce their ability to drive safely.

GET A DRIVING EVALUATION

An occupational therapist (OT) trained as a driving rehabilitation specialist (DRS) can evaluate an older adult's driving to see how safe they are when driving, or if they could benefit from having their skills rehabilitated. Occupational therapists can review the older driver's general skills thoroughly, and will note areas that need improvement.



CONSIDER COGNITIVE TESTING

If you're concerned that the older adult may be having memory problems, dementia, or other problems that affect their ability to think and make decisions, talk to your primary care provider. The provider can do some simple tests to assess their mental skills and determine whether the older adult has the mental ability to drive safely.

CHECK YOUR STATE'S RULES

Many states have laws that require testing or other requirements for older drivers. Also, check the older adult's driver's license to see when it's time for renewal. Learn more about specific state requirements here:
<http://www.ghsa.org/state-laws/issues/Mature-Drivers>

KNOW WHAT MEDICATIONS THE OLDER DRIVER IS TAKING

Some medications can make people feel drowsy and less alert than usual, or can affect reaction time and other attention issues. Some prescriptions may warn against driving while taking the medication. Review the older adult's medications with their primary care provider or a pharmacist to see if their medication(s) could lead to unsafe driving.

RESOURCES

Vision testing for older adults

<http://www.aoa.org/patients-and-public/good-vision-throughout-life/adult-vision-19-to-40-years-of-age/adult-vision-over-60-years-of-age?sso=y>

Eye care for older adults

<https://www.aao.org/eye-care-for-older-adults>

Safety: Older adult drivers

https://www.cdc.gov/motorvehiclesafety/older_adult_drivers/

Evaluations for older drivers

<http://www.aota.org/about-occupational-therapy/professionals/rdp/articles/older-drivers.aspx>

Dementia and driving care

<http://www.alz.org/care/alzheimers-dementia-and-driving.asp>

Self-Assessment test for older drivers

<http://seniordriving.aaa.com/evaluate-your-driving-ability/>

Organizations that provide testing and instruction for older drivers

<https://one.nhtsa.gov/people/injury/olddrive/Driving%20Safely%20Aging%20Web/page8.html>

