BELORIDA STATE UNIVERSITY HORDING OVER THE CAR KEYS HOW OLD IS TOO OLD TO DRIVE?

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NEWSLETTER

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The scourge of loneliness and social isolation

We have so many ways to communicate with each other today that didn't exist 50 years ago, such as through the Internet and with mobile phones, yet we report greater social isolation and loneliness than ever before. Research studies suggest that about a quarter of the U.S. older adult population suffers from loneliness (e.g., affirming an item asking if you have felt lonely over the past week). We see this in some of our research projects where we telephone-screen large numbers of older adults and sometimes get the comment that we are the first person that they have talked to in days.

This problem is not just an aging adult issue. In some surveys younger adults self-report even more loneliness than other age groups.

Although loneliness and social isolation are related, they are separable constructs. Social isolation is usually defined in terms of objective measures of social contact (e.g., frequency of talking to or meeting in person with other people). Loneliness refers to a subjective state, such as the perception of lacking affection and closeness (emotional loneliness) and lacking close friends and family (relational loneliness). Another way to think of these distinctions is to consider that living alone is not necessarily indicative of loneliness, but it certainly raises the risk of social isolation.

FROM THE DIRECTOR



Neil Charness, Ph.D., is the William G. Chase Professor of Psychology at Florida State University and director of the Institute for Successful Longevity.

Important risk factors for loneliness and social isolation are age (older people are more likely to report being lonely), physical and mental health (greater disability is associated with greater loneliness), lack of access to mobility options



(driving, public transportation), lower income levels and living arrangements (living alone). Taking on the role of full-time caregiver for a loved one can also lead to social isolation.

Because humans are social animals, social isolation is bound to lead to negative consequences. Indeed, research has shown that lack of social relationships is <u>associated</u> with negative health outcomes. Lack of social connectedness is associated with greater risk than obesity and is roughly equivalent to smoking 15 cigarettes a day. negative outcomes include morbidity (disease) and mortality (earlier death). In fact, about a year ago, the United Kingdom appointed a Minister for Loneliness as a cabinet post.

Now, cross-sectional association studies leave much to be desired for formulating social policy and for justifying interventions. Such studies indicate associations, not causal relations. Nonetheless, here in Tallahassee our Senior Center implemented (in 2018) an intervention program, <u>UPSLIDE</u>, with funding from Florida Blue Foundation, to counteract potential negative effects.

The <u>CREATE</u> team has been looking at technology-based approaches to mitigating social isolation in older adults. In



our first clinical field trial, the PRISM <u>study</u>, we modified an existing computer system to enhance its interface to suit aging users and then provided in-home training on its use. Features included e-mail, buddy lists, Internet access, links to community and national services, educational topics, a calendar, and games. We enrolled aging adults, age 65 and older, who were not computer users and who were at risk for social isolation (living alone, not working, not doing significant volunteer work).

We showed that after six months there was reduced loneliness compared to a control condition that provided similar features in paper format (the binder control condition, lacking interactivity). However, by 12 months the two groups showed equivalent gains in well-being measures suggesting only a short-term benefit for PRISM. So, there was some promise for using technology to improve social interaction.

In our second study, still in the field, we designed the interface and apps for a tablet-based system and are comparing the impact on wellbeing measures to a control group using the same tablet but without our specially designed interface. Both groups are getting trained in tablet use. We are eagerly awaiting the results.

Facilitating social connectivity is an important challenge for an aging population that near end of life is at risk of losing important social connections. Partners, friends, and family members may die or move away. Mobility may become impaired, making it difficult for aging adults to leave home. So, we and others continue to look at whether it is possible to leverage modern technology to address the challenges of mitigating social isolation and loneliness.

LINKS:

- Lack of social relationships is associated with negative health outcomes: https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1000316.
- Tallahassee Senior Center's intervention program, UPSLIDE: http://www.talgov.com/Main/News/Senior_Center_to_Launch_Program_to_Combat_Loneline_4050.aspx.
- The CREATE Center for Research and Education on Aging and Technology Enhancement: http://www. create-center.org/.
- The PRISM study on Improving Social Support for Older Adults Through Technology: https://www.ncbi. nlm.nih.gov/pubmed/28201730.

ISL Faculty Affiliate Zhe He wins \$422,382 grant from National Institute on Aging

The National Institute on Aging/National Institutes of Health has awarded Zhe He of the School of Information a \$422,382 grant to develop tools researchers could use to gauge the potential to generalize results of their planned clinical studies.

His project will address the problem created by overly restrictive eligibility criteria used in many studies, which often leads to many subgroups, such as older adults, being excluded from the study samples.

He and his multidisciplinary team intend to develop a toolbox of validated methods to assess generalizability of planned studies. This will allow researchers opportunities to reconsider their inclusion/exclusion criteria and to make adjustments needed to recruit more representative groups of individuals.

"We hope this project can help clinical investigators choose and use appropriate methods with well-vetted statistical and informatics tools to improve the generalizability of results from clinical studies to real-world patients," He said.

He's two-year study, "Systematic Analysis of Clinical Study Generalizability Assessment Methods with Informatics," is funded through the NIH Exploratory/Development Research Grant Program (R21). This is He's first federal research grant.

Working with He as a principal investigator

will be Dr. Jang Bian of the Department of Health Outcomes & Biomedical Informatics in the College of Medicine at the University of Florida.

The project's co-investigators are:

- Neil Charness, Department of Psychology and director of FSU's Institute for Successful Longevity.
- William Hogan, Department of Health Outcomes & Biomedical Informatics, College of Medicine, University of Florida.
- Yi Guo, Department of Health Outcomes & Biomedical Informatics, College of Medicine, University of Florida.
- Thomas J. George, Division of Hematology and Oncology, College of Medicine, University of Florida.

"I am so grateful to the Institute for Successful Longevity for providing us with a planning grant to conduct and publish preliminary studies on this research," said He, a Faculty Affiliate of the institute. "I am also grateful to the National Institute on Aging for funding this important project at our first attempt."



Zhe He, Ph.D., of the School of Information in the College of Communication and Information is a Faculty Affiliate of the Institute for Successful Longevity.

ISL Planning Grants support longevity research and foster interdisciplinary collaboration

The Institute for Successful Longevity promotes research across disciplines at Florida State University, and a key part of this effort is the institute's Planning Grants.

The ISL Planning Grants, offered only to the institute's Faculty Affiliates, are designed to support research in a new direction or to provide continuing support of existing research on successful longevity.

In addition, the program includes an interdisciplinary requirement. Each project supported by a Planning Grant must include a researcher from an area beyond the principal investigator's primary field of expertise.

"The planning grant mechanism is an important tool for addressing ISL's mission as an interdisciplinary institute," said Neil Charness, Ph.D., director of the Institute for Successful Longevity. "Not only does it foster interdisciplinary collaborations, but it also provides important pilot data to enable investigators to apply for further support from federal granting agencies such as National Institutes of Health and the National Science Foundation."



To gain Planning Grant awards, ISL Faculty Affiliates submit project proposals for review by established researchers as part of a competitive application process. Each winning project receives a \$15,500 award.

FSU researchers who have won ISL Planning Grants say the awards were beneficial.

"The ISL Planning grant was extremely helpful to collect data on a specific, difficult to target population — family caregivers," said Martina Luchetti, Ph.D., of the College of Medicine. In an ISL Brown Bag presentation in April, Luchetti spoke about her ISL-supported research on the experience of caregivers of elder relatives. "This grant also allows our

research team to evaluate alternative methods of recruitment and verify quality of data collected from online panel participants. In addition, the research has better positioned us to apply for external funding for projects related to the caregiving experience."

Bradley Gordon, Ph.D., of the College of Human Sciences, who used his ISL Planning Grant to support his research on preventing the loss of skeletal muscle with age, found that the grant helped him reach across academic departments and connect with other researchers with similar interests. "The help that the ISL Planning Grant provided to my research program cannot be effectively described in words," he said. "It not only allowed me to generate preliminary data for a novel idea, but it helped establish multiple collaborative relationships across the FSU campus. I am so much more competitive for significant external funding by the support of the ISL Planning grant."



ISL Faculty Affiliates Bradley Gordon, Ph.D., left, and Maxim A. Dulebenets, Ph.D.

Maxim A. Dulebenets, Ph.D., of the FAMU-FSU College of Engineering, used his ISL

Planning Grant to support a study of emergency evacuation routes and how evacuation procedures could be modified to better accommodate older adults. "The ISL Planning Grant Program helped us prepare whitepapers and proposals for different agencies, publish a journal paper and support the salary of one graduate student for almost two semesters," Dulebenets said. "In my opinion, the ISL Planning Grant program is very effective in promoting research and facilitating collaborative efforts among faculty groups with different backgrounds."

HOW OLD IS TOO OLD TO DRIVE?

In making the big decision, focus on driving skills, not age

By Alice Pomidor, M.D., MPH, AGSF FSU College of Medicine Faculty Affiliate, Institute for Successful Longevity

When Britain's Prince Philip crashed his Land Rover into another vehicle on Jan. 17, many people were surprised that he was still driving at age 97. Many thought that surely someone — the queen perhaps? — would have persuaded him to give it up, or would have "taken away" the keys.

Older unsafe drivers are a growing problem, thanks to the baby boom generation. In the United States, 42 million adults 65 and older were licensed to drive in 2016, an increase of 15 million from 20 years ago.

Yet who wants to stop driving? It is not only a major symbol of independence but also a needed activity for older people to be able to shop, go to the doctor and maintain social connections.

I'm a geriatrics specialist physician, a daughter of parents who had to stop driving. I live in Florida, where 29 percent of our drivers are older adults, which everywhere else in the United States will experience about 10 years from now. I also serve as editorial board chair of the Clinician's Guide to Assessing and Counseling Older Drivers, a collaborative project between the American Geriatrics Society and the National Highway Traffic Safety Administration, or NHTSA. I have spent a great deal of time training clinicians how to detect and treat factors leading to the loss of driving skills early enough to prevent crashes and the loss of independent mobility.

By 2030, NHTSA estimates that 1 of out of every 4 drivers will be an older adult.

About 7,400 adults ages 65 and older were killed, and more than 290,000 were treated for motor vehicle crash injuries, in 2016 alone.

Males 85 years and older and 20-24 years of age have the highest crash rates. Age and experience may be a factor here, but far and away the greatest number of vehicular deaths are still from substance abuse-related crashes, accounting for 23,611 out of a total 37,133 deaths in 2017.

According to Centers for Disease Control and Prevention data, most



The author: Dr. Alice Pomidor Dr. Alice Pomidor is a family practice geriatrician who has been active for over 25 years in clinical teaching of medical students, residents and fellows at all levels.

She has a special interest in the use of educational videogames and technology to teach geriatrics concepts. Her community activities include serving on the Board of the Alzheimer's Project and on the Advisory Council of the Tallahassee Senior Center. She is a member of the Safe Mobility for Life Coalition in Florida, past president of the Florida Geriatrics Society and Vice-Chair of the Public Education Committee of the American Geriatrics Society.

Dr. Pomidor works clinically at the Wound Healing Center in Tallahassee.

She wrote this article for <u>The</u> <u>Conversation</u>.

older drivers have good driving habits. The CDC reports that many self-restrict their driving to conditions where they feel safe and confident, such as avoiding high-speed roads, nighttime driving, bad weather or high-congestion times of day.

Prince Philip announced on Feb. 9 that he would give up his driver's license, but only after he and others had suffered serious consequences.

So how can others know when it's time to get help or stop driving, for ourselves or for our parents, friends and neighbors?

It is all about the skills, not the age.

Key warning signs that it may be time to stop include getting lost, failing to obey traffic signals, reacting slowly to emergencies, using poor judgment or forgetting to use common safety strategies, such as checking for blind spots.

Vision, cognition and the physical ability to manage the controls to the vehicle are critical functions that we must be able to perform, whether we are young or old in order to drive safely and effectively. Vision is well-recognized as the single most important source of information we use when navigating and making judgments.

Having difficulty with daytime sun glare, as was reported in Prince Philip's crash, or nighttime headlights, brushing into objects on one side, or having to brake suddenly may be signs that something is impairing our ability to perceive road hazards accurately. Regular vision checkups are important to assure that we keep optimal vision for driving.

Cognition is essential to processing all the information we receive, ignoring distractions, remembering our route, responding to traffic signals and making good decisions. Medications and medical conditions such as sleep apnea, Parkinson's disease or dementia can stop us from being able to think and respond well enough to keep ourselves or others safe while driving. Getting a good evaluation from your health care provider can help to minimize these risks and flag situations.

Physical abilities such as turning the steering wheel, neck flexibility and detecting where the pedals are correctly are important for operating the vehicle smoothly. Many of the same conditions associated with falls are also related to motor vehicle crashes.

People can take brief self-assessments to get an idea of how they are doing, or ask a trusted individual to rate their driving using a tool validated by on-road testing, and discuss the results.

A driving rehabilitation specialist may be helpful in identifying problem areas, learning strategies for improvement and rehabilitating rusty or lost driving skills. You can find one using national databases on the America Occupational Therapy Association or the Association for Driver Rehabilitation Specialists websites.

It may be tempting to get a new vehicle featuring the latest safety features such as collision avoidance sensors, but these are not a substitute for a driver's own skills. And, sometimes changing vehicles may even create mild confusion in a driver accustomed to a certain vehicle.

Adult children often want to protect their parents if they notice impairment. It's important to have open, respectful communication to establish that maintaining mobility and finding alternative means of transportation are key to retiring from driving. These discussions should occur long before there's a crisis.

Tallahasseeans weigh in on driving

Frances Rollins, 79 — "I don't drive at night, because of glare." What if she couldn't drive? "I have family, I have daughters, and they would take me." Any pressure from family to stop driving? "No, not yet."

Nancy Wenhold, 75 — "I drive around town and I go out of town maybe once every other month, to Georgia. Do I like it? No, but I have family there.... I'm still able to drive, it's just not my cup of tea. They [family members] use me as their Uber driver."

Paul Driver, 78 — "I don't go out at night much. My wife prefers to drive at night, she's younger than me." When will he give up the keys? "Probably into my 80s, somewhere, haven't thought about it."

Susie Still, 73 — "I take care of my sister and take her to all of her appointments.... If I didn't drive, I wouldn't get anywhere."

Robert Smith, 66 — "I don't prefer it (driving at night), but I will if we need something." If he didn't drive, how would he get around? "We've talked about it, probably StarMetro."

Hollie Herndon, 54 — She drives in Monticello, in Jefferson County, but not when staying with family in Tallahassee. "I just don't like driving in Tallahassee, so I take the bus."

Willie Simmons, 63 — "I drive sometimes, when I think I can, but sometimes I don't, so I catch the bus. Been a diabetic for 45 years ... and diabetes sometimes puts you to sleep.... A cab costs so much I don't have the money, so some days I just miss coming here (the Tallahassee Senior Center)."



Frances Rollins



Nancy Wenhold



Paul Driver



Susie Still



Robert Smith



Holly Herndon



Willie Simmons



Frances Stallworth

Frances Stallworth, 83 — "Now that I'm alone (she is a widow), I prefer not to drive at night."

How old is too old to drive?

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Being willing and able to stop driving requires having a realistic mobility plan. National and local transportation resources can help people get around without driving, but it does take some effort to get used to planning activities well in advance. New skills may be needed, such as learning how to access ride-hailing services like Uber or Lyft, or someday, managing an autonomous vehicle.

Until then, following basic driving safety strategies and keeping as mentally and physically fit as possible is the best way to help us help ourselves to keep driving for longer.