THE ATTITUDES OF GERIATRICIANS TO DRIVING IN OLDER PATIENTS

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Introduction
The population is ageing and increasingly large numbers of elderly people drive motor vehicles. The ability of an elderly person to drive can be an important factor in determining their ability to function independently in the community. This survey assessed the attitudes of consultant members of the British Geriatric Society (BGS) to driving in elderly patients.

Methods
A standardised anonymous questionnaire was sent to all 709 consultant members of the BGS. Four hundred and eighteen replies were received, which represented a 59% response rate. The questionnaire consisted of five general questions followed by five short case histories.

Results
Two hundred and seventy-five respondents (68%) correctly realised that an elderly person age 70 years had a duty to inform the DVLA. The majority, 315 (75%) believed that responsibility for informing the DVLA lay with the patient. In patients incapable of understanding advice because of advanced dementia, 346 (83%) would breach patient confidentiality and inform the DVLA directly. Where a patient fully understood medical advice but ignored it, 72% of Geriatricians would have legitimately breached patient confidentiality and informed the DVLA. Most Geriatricians (88%) saw their main role as one of providing advice regarding driving to patients and their families. Enforcing DVLA regulations was not seen as an appropriate function unless the patient was a danger to themselves or other drivers.

Conclusion
Knowledge and attitudes to driving in older people vary considerably among Geriatricians. Education and research should be directed to improving objective assessments of driving in the elderly.

Transitions of disability problems in the elderly

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Introduction
Planning future health and social care needs for the elderly requires knowledge of the development and resolution rates of problems related to dependency from longitudinal studies.

Method
The Gloucestershire Longitudinal Study of Disability was a prospective survey of 1815 persons over 75 who underwent a health check in Primary Care during 1990, and were re-interviewed in each of 3 subsequent years. Re-interview rates were 79%, 66% and 54% of alive subjects. The Elderly At Risk Rating Scale (EARRS) includes 20 questions on problems with 5 hierarchical responses. Net deterioration was calculated as new problem rate minus resolution rate.

Results
The initial prevalence of 11 physical problems ranged from 7-22%. Rates of new problems were consistent each year, and highest for joint pains (15%) followed by unable to prepare a meal (12.6%) and being forgetful (11.3%). Resolution rates were also highest for joint pains (12.3%). Inability to prepare a meal was the most frequent new problem reported, followed by (in rank order) only able to walk to gate, only able to strip wash, being forgetful, needing a mobility aid inside, and taking more than 3 drugs. Eleven per cent each year acquired the need for daily care, and 5% of carers developed difficulties, while improvement in these areas was half as frequent. Transition rates - improvement and deterioration - were generally higher in the over 85's, and for sadness, continence and washing were higher in women. Transitions were lower in those living with their spouse compared with those alone or with family.

Conclusion
Problem development and resolution rates were consistent each year, related to sex, age and living arrangements, and could be useful in modelling future care needs of the elderly. Resolution of problems was half as frequent as the acquisition of new problems.