

Age, health and driving

Longitudinally observed changes in reported general health, in mileage, self-rated confidence and in attitudes of older drivers

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During 1994-1995, the University of Manchester administered an older driver's questionnaire to 1,780 drivers who were then aged between 54 and 99 years. The results were published as *When and why older drivers give up driving* by the AA Foundation for Road Safety Research in 1996. A subset of 395 of these individuals who were still active motorists again completed the same questionnaire during 1997-1998. Distributions of ages, gender socio-economic status and location were very similar for the two samples. Comparisons of the responses given by these individuals at these two time points provide longitudinal data on the effects of increasing age and changes in health on car use, and self-perceptions of driving competence and general mobility issues. This is of considerable potential value, because most conclusions about changes in driving behaviour in old age have been based on cross-sectional comparisons between groups of people of different ages. By contrast, longitudinal studies allow us to assess whether questionnaires or tasks not only indicate current performance but also predict future changes in performance.

Analysis of the comparative data showed that, while variations between individuals were very large, estimates of weekly mileage significantly declined with age. The two cross-sectional estimates of decline in mileage obtained in 1994-1995 and 1998-1999 agreed closely with each other, and with the longitudinally assessed reduction between these two time points. Reduction in mileage between 1994-1995 and 1998-1999 was predicted by health status in 1998-1999 and by decline in health status between these time points. It is suggested that the sequence of causality is that reduced driving is related to changes in health, but the immediate factor in instigating these reductions is a decline in confidence in driving competence. That is, older drivers monitor their performance and react appropriately when they feel that their performance is becoming adversely affected by poor health, or for other reasons.

The data suggest that older people are sensitive to the effects of their ageing and their general health on their driving competence, and that their perceptions of these effects do significantly alter their driving behaviour. It seems that older drivers become aware of changes in their ability brought about by increasing age and worsening health, and they do respond to this realisation by reducing their involvement in driving. This is a strong counter-argument to the idea that drivers not only become less competent, but also less conscious of their shortcomings and so more feckless as they grow older.

In addition, drivers were asked about their attitudes towards current licensing regulations, sanctions that might be imposed on driving offenders and measures that might be taken to check more closely and regulate the driving competence of older motorists and of individuals convicted of driving offences. Analyses were also made of use of public transport and help in transport by friends and relatives, extent of social involvements, relative advantages of giving up and continuing driving, and attitudes towards possible restrictions that might be imposed on older drivers. Greater use of public transport and of assistance with transport from family and friends was predicted by poorer health in 1998-1999 and by worsening health between the two surveys. Attitudes towards other road-users and towards possible restrictions that might be imposed for traffic offences or on older drivers showed no substantive changes over the four years.

Most respondents felt that restriction of mobility and restriction of independence are the most serious problems entailed by giving up their cars. This agrees with the finding that most of them also felt that the public transport system available to them does not allow them the same level of mobility/independence as car ownership would. Similarly most respondents feel that giving up car ownership is impossible if one is caring for a spouse or relative with limited mobility. This is also consistent with belief in the inadequacy of available public transport. Feeling on all of these statements was very strong.

As might be expected, the brief interval of three to four years between successive administrations of the questionnaire did not bring about any consistent or reliable changes in attitudes. Because these cross-sectional differences were broadly consistent between the two surveys, they tend to endorse the reliability of the questionnaire and so, also, the reliability of the observations made on a much larger sample of drivers and ex-drivers reported on in the earlier AA Foundation study by Rabbitt et al (1996).

Key findings

- Older drivers are, in general, competent and responsible in monitoring and, if necessary, restricting their driving.
- Health, and particularly recent changes in health, are a major determinant of changes in driving patterns among older drivers.
- Older drivers hold stable opinions about mobility issues, valuing independence, but recognising the need for advice when appropriate.

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