

12th World Conference on Injury Prevention and Safety Promotion

# **EXPLORATION OF ACCIDENT PROBABILITY OF DRIVERS WITH BRAIN PATHOLOGIES**



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#### Background

- Driving requires the ability to receive sensory information, process the information, and to make proper, timely judgments and responses
- Various motor, visual, cognitive and perceptual deficits can affect the ability to drive and lead to reduced driver fitness and increased accident probability
- More specifically, diseases affecting a person's brain functioning may significantly impair the person's driving performance
- Parameters associated with driving performance are reaction time, visual attention, speed of perception and processing, and general cognitive and executive functions
- **Driver distraction** is estimated to be an important cause of vehicle accidents, and when combined with a



### Results - Overview

- We examined and compared the accident probability of:
  - 4 examined groups (Controls vs MCI vs AD vs PD)
  - in 2 driving areas (Rural vs urban)
  - in 2 traffic volumes
    - (Moderate vs high traffic)
  - in undistracted condition at first
- and then in 3 distraction conditions (No distraction vs Conversation with passenger vs Mobile phone use)
   Regression analysis by generalized linear modeling (GLM) techniques



brain pathology it can lead to significant deterioration in driving performance

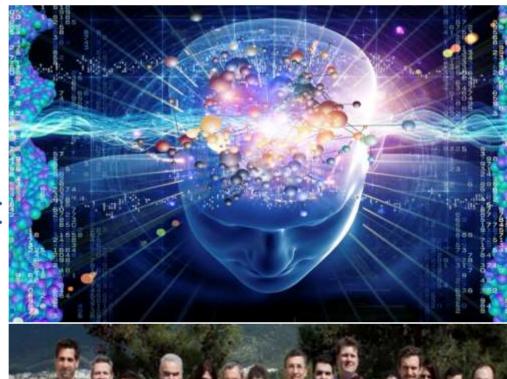
## Objective and scope

- The analysis of the accident probability of drivers with cognitive impairments due to brain pathologies, through a large driving simulator experiment
- The investigation of the impact of driver distraction on the accident probability
- The brain pathologies examined include early Alzheimer's disease (AD), early Parkinson's disease (PD), and Mild Cognitive Impairment (MCI)
- Groups of patients are compared to a control group with no brain pathologies of similar age, driving experience and education

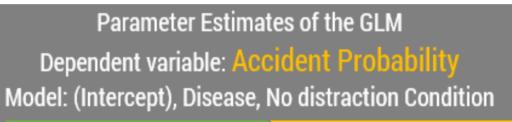
## Experimental Design

- Distract and DriverBRAIN research projects
- Neurologists Medical/neurological assessment:
- administration of a full clinical medical, ophthalmological and neurological evaluation
- Neuropsychologists Neuropsychological assessment:
  - administration of a series of neuropsychological tests and psychological - behavioural questionnaires to the participants which cover a





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AD	0,15	0,1	5,4	1	,020	0,19	0,1	11,6	1	,001	Bur
PD	-0,03	0,1	0,2	1	,691	0,04	0,1	0,4	1	,521	
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			Hypotl	hesi	s Test			Hypotl			
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(Intercept)	0,07	0,0	2,8	1	0,095	0,10	0,0	4,7	1	0,030	rea
MCI	0,16	0,1	6,2	1	,013	0,15	0,1	4,4	1	,037	Jrban Area
AD	0,23	0,1	9,6	1	,002	0,20	0,1	5,3	1	,021	Jrba
PD	0,12	0,1	2,0	1	,156	0,19	0,1	4,2	1	,042	
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#### The effect of distraction

# Accident probability GLMs

- AD participants in all 4 driving conditions had **significantly higher accident probability** by more than 15% compared to healthy controls of similar demographics
- PD participants had significantly higher accident probability than controls only in urban area in high traffic volume (the most complex driving environment of all four)
- MCI patients didn't have significant differences with the control group in rural road, but on the other hand they had higher accident probability in urban driving environment

# large spectrum of Cognitive Functions Transportation Engineers - Driving at the simulator



#### "Driving at the simulator assessment"

- Concerns the assessment of driving behaviour by means of programming of a set of driving tasks for different driving scenarios
- Quarter-cab driving simulator manufactured by the FOERST Company
- 3 LCD wide screens 42" (full HD: 1920x1080pixels) total F.O.V. 170 degrees
  - Validated against a real world environment
- 1 practice drive (usually 15-20 minutes)
- 1 rural route (2,1km long, single carriageway, 3m lane width)
- 1 urban route (1,7km long, at its bigger part dual carriageway, 3.5m lane width)
- 2 traffic scenarios for each route:
  - Q<sub>L</sub>: Low traffic conditions (Q=300 vehicles/hour)
  - $Q_{H}$ : High traffic conditions (Q=600 vehicles/hour)
- 3 distraction conditions for each route:
  - Undistracted driving
- Driving while conversing with a passenger
  Driving while conversing on a hand-held mobile phone
  2 unexpected incidents occur during each trial:
  Sudden appearance of an animal on the roadway
  Sudden appearance of a child chasing a ball on the roadway or of a car suddenly getting out of a parking position.



- Mobile phone use had a **detrimental impact on the accident probability** of all patient groups whereas conversation with passenger had significant impact on the accident probability in **urban area for PD group**
- MCI drivers' accident probability was more than 20% while conversing through mobile phone
- The accident probability of AD drivers was 43%(!) and of PD drivers was 38% in rural area while conversing through mobile phone

Parameter Estimates of the GLM Dependent variable: Accident Probability Model: (Intercept), Distractor			Parameter Estimates of the GLM Dependent variable: Accident Probability Model: (Intercept), Distractor						Parameter Estimates of the GLM Dependent variable: Accident Probability Model: (Intercept), Distractor							Parameter Estimates of the GLM Dependent variable: Accident Probability Model: (Intercept), Distractor												
MCI group			AD group						PD group							Control group												
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Mobile phone	0,19	0,1	10	),3 1	1 ,001		Mobile phone	0,43	0,2	7,6	1	,006			Mobile phone	0,38	0,1	18,9	1,000			Mobile phone	-0,05	0,1	1,8	1,1	76	
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(Intercept)	0,26	0,0	77		1 0,000	Area	(Intercept)	0,30	0 0,1 29,7 1 0,000	Area		(Intercept)	0,22	0,0	27,6	1 0,00			(Intercept)	0,09	0,0	24,6	1 0,0	00	Urban Area			
Conversation	0,21	0,0	25	5,6 1	۰ <b>000,</b> ۱	an /	Conversation	-0,12	0,1	1,7	1	,196	an		Conversation	0,14	0,1	4,7	1,03	Urban		Conversation	-0,06	0,1	5,4	1,0	20	an .
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No distraction	0ª						No distraction	<b>0</b> ª							No distraction	<b>0</b> ª						No distraction	<b>0</b> ª					
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# Conclusions

- The presence of a brain pathology had a **detrimental impact on accident probability** and especially for the AD patients who crashed approximately **1 out of 5 incidents**
- The traffic volume didn't have any significant effect on the accident probability

### Sample Scheme

125 participants (all more than 55 years of age and of similar demographic characteristics):

- 34 Healthy Controls (aver. 64.1 y.o., 25 males)
- 91 Patients (aver. 71.2 y.o., 59 males):
  - 43 MCI patients (aver. 70.1 y.o.)
  - 28 AD patients (aver. 75.4 y.o.)
  - 20 PD patients (aver. 66.1 y.o.)

- Urban area leads to increased accident probability for the group of patients with brain pathologies (especially for the PD patients)
- The control group seemed unaffected regarding their accident probability when being distracted
- The use of the mobile phone had a deleterious effect on the accident probability of all three groups of patients in almost every examined condition



 AD drivers had the worst "accident probability profile" followed by the PD group but only in urban area which constitutes a more complex driving environment. MCI group had an overall lower accident probability compared to AD and PD groups, but not compared to the healthy drivers.