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BACKGROUND

- Although patients with AD maintain the ability to operate a vehicle, driving behavior is impaired and their driving profile is described as conservative (Papageorgiou et al., 2016).
- Previous research suggests that patients with MCI have also driving performance deficits, although generally considered safe drivers (Devlin et al., 2012)
- However, literature regarding the severity of driving impairments in MCI and mild AD has not yet reached a consensus.
- According to a recent meta-analysis, severity of cognitive decline appears to have important predictive utility over driving ability in patients with AD and patients with MCI (Hird et al., 2016).
- *APOE e4* allele –a well documented genetic risk factor for ADcarriers have more severe cognitive impairments than non-carriers in MCI and AD.

AIM

Comparison of the driving behavior of patients with aMCI and mild AD carriers of the APOE4 with non-carriers.

METHODS

Participants

Table 1 Descriptive measures of the two groups and comparison between them

	APOE4 carriers $(N = 18)$	APOE4 non- carriers (N=18)		
	M (SD)	M (SD)	t	p
Age	71.6 (9.2)	73.9 (8.1)	0.79	0.438
Education	11.8 (3.9)	11.6 (4.7)	-0.15	0.878
Driving Experienc e	42.9 (11.7)	45.7 (8.6)	0.65	0.521
MMSE Score	25.8 (5.5)	25.6 (3.3)	-0.12	0.909

Note : **p* < 0,05, ***p* < 0,001

Statistical Analysis

Independent samples t-test indicated **no significant differences** regarding demographic characteristics, which allows performing comparisons between the two groups.

Driving behavior of patients with mild Alzheimer's Disease (AD) or amnestic Mild Cognitive Impairment (aMCI) carriers of the

apolipoprotein e4 allele (APOE4)

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Inclusion Criteria:

- 1. Diagnosis:
- a. aMCI based on Petersen and Morris criteria (2005) and CDR $\leq 0,5$
- b. AD based on McKhann et al.
- (2011) criteria and $CDR \le 1$
- 2. Valid Driving License
- 3. Active drivers
- a. driving ≥ 1 /week,
- b.10km/week, c. \geq 2500km/year.
- 4. Sufficient driving experience:
- >3 years of driving after getting
- a license.

Exclusion Criteria:

- 1. History of psychosis
- 2. Evidence of alcohol or
- drug addiction
- 3. Significant motor or visual disorder
- 4. Dizziness or nausea while
- in a moving vehicle
- 5. Record of traffic accidents
- (last two years)

Multidisciplinary experimental design

A. Detailed Medical - Neurological - Ophthalmological Assessment

- **B.** Neuropsychological Assessment
- **C. Driving Simulation in rural environment: Condition 1: low traffic volume Q=300 vehicles/h Condition 2: high traffic volume Q=600 vehicles/h**

D. DNA isolation with the High Pure PCR Template Kit by Roche and APOE genotyping was performed with a real time PCR method in the Light Cycler platform by Roche.

Figure 1. Cognitive Domains assessed through Neuropsychological Assessment

General Cognitive Ability

Visuospatial **Functions**

Episodic Memory

Executive Functions

Driving Indexes

- 1. Average Speed
- 2. Speed Variation
- **3. Distance from Heading** Vehicle
- 4. Distance from Heading Vehicle Variation
- 5. Lateral Position
- 6. Lateral Position Variation
- 7. Reaction Time
- 8. Accident Probability



RESULTS

Table 2 Comparison between APOE4 carriers and non-carriers on driving indexes in Condition 1 and 2

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	<i>APOE4</i> carriers (N = 18)	APOE4 non-carriers N=18)			
Driving Indexes	M (SD)	M (SD)	t	р	d
		Low Traffic			
Average Speed	36.6 (7.4)	39.6 (6.3)	1.19	0.246	-
Speed Variation	9.9 (2.5)	11.7 (2.8)	1.91	0.066	-
Lateral Position	1.5 (0.2)	1.5 (0.1)	-0.84	0.204	-
Lateral Position Variation	0.3 (0.04)	0.3 (0.04)	0.81	0.424	-
Heading Distance	548.0 (155.6)	542.8 (131.7)	0.10	0.924	-
Heading Distance Variation	244.9 (72.7)	227.9(56.2)	-0.70	0.490	-
Reaction Time	2083.8 (757.5)	1997.7 (333.0)	-0.40	0.690	-
Accident Probability	0.3 (0.6)	0.3 (0.5)	0.34	0.739	-
		High Traffic			
Average Speed	32.6 (7.1)	38.2 (6.1)	2.40	0.023*	0.85
Speed Variation	7.7 (1.5)	11.2 (2.8)	4.36	0.000**	0.70
Lateral Position	1.6 (0.1)	1.6 (0.1)	-0.55	0.586	-
Lateral Position Variation	0.3 (0.04)	0.3 (0.05)	0.84	0.407	-
Heading Distance	401.6 (214.1)	302.3 (106.5)	-1.66	0.107	-
Heading Distance Variation	204.8 (80.4)	157.4 (52.1)	-1.99	0.057	
Reaction Time	2438.4 (706.0)	2184.8 (643.1)	-1.08	0.290	-
Accident Probability	0.2 (0.5)	0.3 (0.6)	0.69	0.495	-

Note: **p* < 0,05, ***p* < 0,001



Independent samples t-test indicated significant differences regarding **driving behavior**. After the <u>Bonferroni application</u> multiple comparisons in low traffic volume no differences re depicted, however in high traffic volume:

OE4 carriers indicated lower Speed Variation.

ependent samples t-test indicated significant differences rding **cognitive functions** only in episodic memory. No er significant differences were depicted between formances in neuropsychological measures. This result <u>did</u> survive after the application of Bonferroni corrections.

our knowledge, this is the first study to investigate the sible effect of *APOE4* to driving behavior.

OE4 carriers demonstrated lower speed variation in higher fic volume, however, no differences were depicted in low fic volume. APOE4 seems to challenge carriers in nitively demanding conditions.

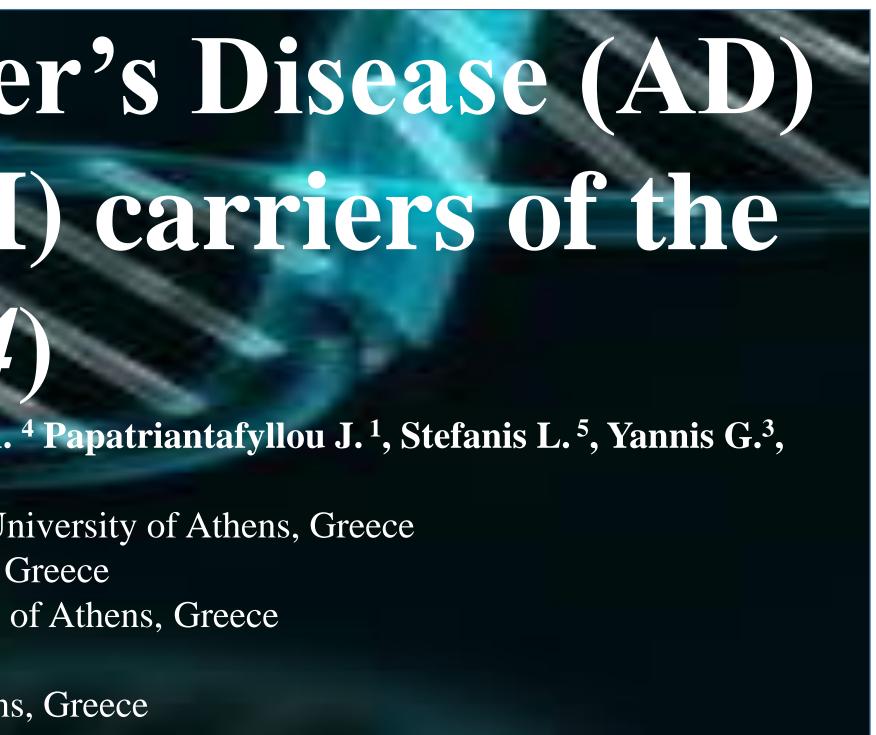
ver speed variation might be a compensatory mechanism ized by carriers in order to avoid driving errors. More cifically, it is an indication of serialization of behavior in a ticomponent task which demands switching attention ong various tasks.

conclusion, the driving simulator reported a difference ch was not depicted through the thorough ropsychological assessment.

ure studies, should consider investigating the driving avior of APOE4 carriers in preclinical stages.

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Statistical Analysis

CONCLUSION

REFFERENCES

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