

solutions for society, economy and environment

Compensatory driving behaviour of older drivers with Parkinson's disease. Is it sufficient to counterbalance their driving difficulties?

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Background

- Parkinson's Disease (PD) is a slowly progressive, degenerative disease of the basal ganglia, with motor dysfunction as a cardinal feature
- An area of functioning that is commonly influenced in a negative way by the multimodal clinical picture of PD, is the driving fitness of individuals belonging to the specific clinical group.
- Various motor, visual, cognitive and perceptual deficits can affect the ability to drive and lead to reduced fitness-to-drive and increased accident risk





Objectives

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The analysis of driving and safety behaviour of PD drivers
The identification of possible compensatory strategies that these drivers follow

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Research questions:

- Do PD patients try to develop a compensatory driving behaviour?
- Do they follow a more conservative driving pattern in order to counterbalance their driving difficulties?
- Is this strategy successful or not?



Experiment Design

• Medical/neurological assessment:

• full clinical medical, ophthalmological and neurological evaluation

• Neuropsychological assessment:

• a battery of neuropsychological tests and a set of psychological - behavioural questionnaires, which cover a large spectrum of Cognitive Functions

• Driving at the simulator

A multidisciplinary research team of neurologists, neuropsychologists, and transportation engineers



NTUA Driving simulator



- A dynamic quarter-cab 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 (relative validity for age, gender, area type and traffic volume)







Driving at the simulator assessment

- **1 practice drive** (usually 15-20 minutes)
- 1 rural route
- 1 urban route
- Moderate traffic conditions (Q=300 vehicles/hour)
- 2 unexpected incidents 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.







Sample scheme and analysis method

- **34 healthy "controls"** (65.4 years of age on average)
- **20 PD patients** (63.3 years of age on average)
- Generalized linear models (GLM)
- **O** Driving parameters examined
 - Mean speed
 - Time Headway
 - Lateral position (vehicle distance from the central road axis in meters)
 - Steering angle variability
 - Reaction time at unexpected incidents
 - Accident Probability





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Results: Mean Speed

		Rura		Urban Area											
			Confidence	e Interval	Hypothesis Test						Confidence	e Interval	Hypothe	sis '	ſest
Parameter		Std.			Wald Chi-					Std.			Wald Chi-		
Estimates	В	Error	Lower	Upper	Square	đf	Sig.	B	E	Error	Lower	Upper	Square	df	Sig.
(Intercept)	44.04	.4865	43.085	44.992	8194.986	1	0.000	29.77	0	.3897	29.006	30.534	5835.150	1	0.000
Parkinson's Disease	-8.846	. <mark>9</mark> 503	-10.708	- <mark>6.98</mark> 3	86.638	1	0.000	-3.3]	6	.8133	-4.910	-1.722	16.620	1	.000
Controls	0 ^a) ^a						
(Scale)	65.318 ^b	4.7765	56.596	75.384				31.59	2 ^b	2.7190	26.688	37.397			

Dependent Variable: AverageSpeed

Model: (Intercept), Disease

a. Set to zero because this parameter is redundant.

b. Maximum likelihood estimate.

PD has a **significant effect on** mean speed.

The PD participants drove slower than controls possibly as a compensatory mechanism to counterbalance their driving difficulties.



Results: Mean Headway



			Rura	al Area			Urban Area							
			Confidence	e Interval	Hypothesis Test					Confidence	e Interval	Hypothe	sis [ſest
		Std.			Wald Chi-				Std.			Wald Chi-		
Parameter	B	Error	Lower	Upper	Square	df	Sig.	В	Error	Lower	Upper	Square	df	Sig.
(Intercept)	326.03	11.0167	304.434	347.619	875.793	1	0.000	90.172	2.4620	85.347	94.998	1341.436	1	0.000
Parkinson's Disease	161.899	21.5216	119.718	204.081	56.590	1	0.000	7.399	1.1378	3.671	10.469	2.074	1	.049
Controls	0 ^a							0 ^a						
(Scale)	83497.509 ^b	2449.58	29024.62	38659.70				1260.786 ^b	108.51	1065.08	1492.45			

PD has a significant effect on mean headway.

This is intuitive, as lower speeds result in larger headways, for a given distribution of ambient traffic on the virtual road network.



Dependent Variable: HWayAverage

Model: (Intercept), Disease

a. Set to zero because this parameter is redundant.

b. Maximum likelihood estimate.

Results: Lateral position



			Rur	al Area			Urban Area							
			Confidence	e Interval	Hypothe	sis	Test			Confidence	e Interval	Hypothe	sis [Гest
		Std.			Wald Chi-				Std.			Wald Chi-		
Parameter	В	Error	Lower	Upper	Square	df	Sig.	B	Error	Lower	Upper	Square	df	Sig.
(Intercept)	1.54	.0091	1.521	1.557	28594.391	1	0.000	3.177	.0438	3.091	3.263	5253. 6 87	1	0.000
Parkinson's Disease	-0.045	.0178	-0.080	-0.010	6.494	1	0.011	0.107	.0915	-0.072	0.287	1.381	1	.240
Controls	0 ^a							0 ^a						
(Scale)	.023 ^b	.0017	.020	.026				.400 ^b	.0344	.338	.473			

Dependent Variable: LateralPositionAverage

Model: (Intercept), Disease

a. Set to zero because this parameter is redundant.

b. Maximum likelihood estimate.

PD has a significant effect on lateral position but only in rural areas.

PD participants show a more conservative driving patterns with smaller distance from the right edgeline.



Results: Steering angle variability



Dependent Variable: StdWheelAverage

Model: (Intercept), Disease

a. Set to zero because this parameter is redundant.

b. Maximum likelihood estimate.

PD has a significant effect on the variability of the steering angle but only in rural areas.

PD exhibit a smoother use of the steering wheel with less variability.



Results: Reaction Time



			Rura	al Area			Urban Area							
			Confidence	e Interval	Hypothesis Test					Confidence	e Interval	Hypothe	sis [ſest
		Std.			Wald Chi-				Std.			Wald Chi-		
Parameter	B	Error	Lower	Upper	Square	df	Sig.	B	Error	Lower	Upper	Square	df	Sig.
(Intercept)	1656.60	42.7497	1572.810	1740.386	1501. 6 51	1	0.000	1396.34	35.0490	1327.653	1465.043	1587.216	1	0.000
Parkinson's Disease	691.828	84.3668	526.472	857.184	67.244	1	0.000	375.452	2 74.1245	230.170	520.733	25.656	1	.000
Controls	0 ^a							0	1					
(Scale)	502571.766 ^b	36949.80	435127.47	580469.85				234630.630	21155.90	196623.06	279985.13	1		

Dependent Variable: ReactionTime

Model: (Intercept), Disease

a. Set to zero because this parameter is redundant.

b. Maximum likelihood estimate.

Both in rural and urban areas, participants with PD had significantly slower reaction times at unexpected incidents than the healthy controls.

- approximately 0.7 sec slower in rural area
- 0.38 sec slower in urban area



Results: Accident probability



			Rur	al Area			Urban Area							
			Confidence	nfidence Interval Hypothesis Test					Confidence	e Interval	Hypothe	sis 🛛	Гest	
Parameter	в	Std. Error	Lower	Upper	Wald Chi- Square	df	Sig.	В	Std. Error	Lower	Upper	Wald Chi- Square	df	Sig.
(Intercept)	0.15	.0228	0.108	0.197	44.766	1	0.000	0.110	.0259	0.065	0.167	20.026	1	0.000
Parkinson's Disease	0.089	.0450	0.001	0.178	3.936	1	0.047	0.188	.0542	0.081	0.294	11.990	1	.001
Controls	0 ^a							0 ⁴	L					
(Scale)	.143 ^b	.0105	.124	.165				.127	.0115	.107	.152			

Dependent Variable: AccidentProbability

Model: (Intercept), Disease

a. Set to zero because this parameter is redundant.

b. Maximum likelihood estimate.

Both in rural and urban areas, participants with PD had significantly higher accident probability at incidents than the healthy controls.

- 9% higher accident probability in rural area
- 19% higher accident probability in urban area



Conclusions (1/2)



PD patients, as compared to their healthy control counterparts of similar demographics:

- drove at slower speeds,
- kept larger headways,
- drove more closely to the right border of the road,
- had lower variability on their steering angle,

but on the other hand they had:

- significantly slower reaction times and
- higher accident probability at an unexpected incident.





Conclusions (2/2)

- PD drivers seem to be **aware of their driving difficulties**
- **They try to compensate** their "impaired" driving behavior by following a more conservative and careful driving pattern.
- However, the results of this study clearly suggest that this compensatory driving pattern is not adequate for safe driving.
- Implications of practical importance;
 - development of policies that aim at reducing accident risk and at improving aspects of driving performance in this sensitive group of drivers
 - restrictive measures, training and licensing
 - medical and neuropsychological monitoring
 - Information, education and support of patients and caregivers





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