

A Cross-sectional Study on the Prevalence of Sedating Medication Use in Older Patients Attending the Emergency Department

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Background

Compared with younger drivers, individuals 65 years of age and older, drive fewer miles but get in more motor vehicle collisions (MVCs).¹ Older adults often take medications that have a sedating effect. Previous studies have shown that sedating medications can impair driving ability.² The objective of this study was to determine the prevalence of sedating medication use in older patients seen in the emergency department (ED), their patterns of driving, self report of MVCs in the past 12 months while using these medications, and any advice given by prescribers about the potential for these medications to cause driving impairment.

Methods

This was a cross-sectional study of 76 older adults (65 years of age and older) presenting to the emergency department at Rhode Island Hospital for any illness or injury in the spring of 2014. Participants had to have driven in the past 30 days to be eligible. Structured interviews of the subjects were used to quantitatively assess study variables. Data collected during interviews were transcribed.

Results

Of the 76 subjects, 34 (45%) were taking sedating medications. Participants taking sedating medications averaged 38.3 miles driven per week, while those not taking sedating medications averaged 38.6 miles. Opioids and selective serotonin reuptake inhibitors (SSRIs) combined, accounted for almost 50% of all sedating medications prescribed. Those taking sedating medications reported a rate of MVCs in the past 12 months of 17% (95% confidence interval, CI: 0% to 34%) compared to those not taking sedating medications, who reported a rate of 10% (95% CI: 1% to 19%). Substantial numbers of participants were taking prescription medications that cause sedation including: sleep aids (16%), depression/anxiety drugs (28%), and opioid pain relievers (23%). None of the participants taking prescription sedating medications reported being advised by their prescriber about the potential for these medications to cause driving impairment.

Conclusion

Almost half the older adults presenting to the ED participating in this study were taking sedating medications. Despite this, participants taking sedating medications still drove the same number of miles per week, on average, as those not taking sedating medications. A greater percentage of the group taking sedating medications had MVCs in the past 12 months as compared with those not taking sedating medications. Given the fact that none of the participants with prescriptions for sedating medications reported being given advice about the potential for these medications to cause driving impairment, more efforts to warn this at-risk group about the adverse effects of sedating medications are warranted.

References

1. National Highway Traffic Safety Administration. 2010. Older Population: 2009 Data. U.S. Dept. of Transportation.
2. Ray, WA, PB Thapa, and RI Shorr. 1993. Medication and the older driver. Clin Geriatr Med 9(2):26.