Driving cessation was associated with depressive symptoms among older persons


Objective
To determine whether an association exists between driving cessation and increased depressive symptoms among older drivers.

Design
Cohort study.

Setting
Community-based study in New Haven, Connecticut, USA.

Participants
1316 noninstitutionalized men and women ≥ 65 years of age drawn from the cohort of the Established Populations for Epidemiologic Studies of the Elderly (EPESE) program who were alive at the 7th annual follow-up interview in 1989.

Assessment of risk factors
In the follow-up interview, participants were asked whether they were still driving a car or whether they had ever driven but stopped. Participants who had stopped driving were asked when this occurred. Interviewers were blinded to the study objectives. Factors other than driving cessation that could affect the outcome were also assessed. These factors included age, sex, education level, housing type, marital status, cognitive status, and performance of basic activities of daily living. Medical conditions were updated yearly.

Main outcome measures
Depressive symptoms assessed using the Center for Epidemiologic Studies Depression (CES-D) scale, scored from 0 (fewer depressive features) to 60 (more depressive features) ascertained during in-home interviews in 1982, 1985, and 1988.

Main results
Of the 1316 participants, 502 (38%) were active drivers as of 1988, 92 (7%) had stopped driving between 1982 and 1987, and 722 (55%) had never driven or had stopped before 1982. There was an overall increase in depressive symptoms for each group during the 6-year interval. The active drivers had the lowest mean CES-D scores at all 3 interviews, whereas the participants who had stopped driving had intermediate CES-D scores at the beginning of follow-up and had the highest mean depressive symptoms at the end of follow-up. In an analysis adjusting for sociodemographic and health-related factors, driving cessation was independently associated with an increase in depressive symptoms. In a multivariable repeated measures model, driving cessation was associated with depressive symptoms (P = 0.001). About 23% of the effect of driving cessation was explained by marital status, education, and the health-related factors.

Conclusion
Driving cessation was associated with an increase in depressive symptoms among older, noninstitutionalized persons.

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