Fitness to drive measures for chronic users of ICADTS category III drugs; 'do not drive'.

Advise them to drive if they are fit for it.

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Goal

Assess fitness to drive from:

- A highway drive
- Neurological test battery
- Simulator drive

(develop criteria / find correlates)

Design

Three medicine groups:

Type \ using (months)	6-36	>36
Antidepressants	n=20	n=20
Anxiolytics	n=20	n=20
Hypnotics	n=20	n=20
Control Group	n=120	

Background

The International Council on Alcohol, Drugs, and Traffic Safety (ICADTS) classifies the impairing properties of **medicinal drugs** on driving performance into one of three categories:

(I) presumed safe
(II) moderate adverse effects
(III) potentially dangerous

This classification is largely based on pharmacological studies of brief drug use on healthy subjects. Not enough is known about the impairing effects on **chronic drug users** who **may develop a tolerance** for side effects and thus could be fit to drive.

Methods

Highway drive
(driving 100 km at 95 km/h)
Standard Deviation Lateral Position
Standard Deviation Speed

Neurological test battery

- Trailmaking A and B
- Digit Symbol Substitution Test
- Adaptive Tachistoscopic Traffic Perception Test
- Reaction Test
- Determination Test
- Hazard perception Test
- Psychomotor Vigilance Task

Simulator drives

1. Vigilance (lateral control)
2. Motorway merging (critical conflict)
3. Intersections (e.g., critical conflicts)

Summary. Should ICADTSIII users drive?

Current situation: NO → Investigation: Driving in real traffic, Neurological tests, Simulator drive → Future situation: individualised advise

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