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| Référence | Conclusion | Résultats |
| 2010 Cognitive and personality determinants of post-injury driving fitness Sommer, M, Arch Clin Neuropsychol. 2010 Mar;25(2):99-117. | The results indicate that both cognitive ability and personality factors are important in predicting fitness to drive, although cognitive ability factors contribute slightly more to the prediction of patients' actual fitness to drive than personality factors. | Increasingly often, practitioners in neuropsychological rehabilitation centers are called upon to assess patients' fitness to drive after brain injury. There is, therefore, a need for valid and reliable psychometric test batteries that enable unsafe drivers to be identified. This article investigates the contribution of five driving-related personality traits to the prediction of fitness to drive in patients suffering from traumatic brain injuries (TBI) or strokes over and above cognitive ability traits that have already shown to be related to safe driving. A total of 178 patients suffering from either strokes or TBI participated in this study. All the participants completed a standardized psychometric test battery and subsequently took a standardized driving test. The contribution of the driving-related ability and personality traits to the prediction of fitness to drive was investigated by means of a logistic regression analysis and an artificial neural network. The results indicate that both cognitive ability and personality factors are important in predicting fitness to drive, although cognitive ability factors contribute slightly more to the prediction of patients' actual fitness to drive than personality factors. Furthermore, even though there are subtle differences in the predictive models obtained for the two subsamples (stroke and TBI patients), these differences are adequately accounted for by a more unitary model calculated by means of an artificial neural network that is capable of taking account of moderating effects between the predictor variables. |
| 2005 Role of premorbid factors in predicting safe return to driving after severe TBI.Pietrapiana P, Tamietto M, Torrini G, Mezzanato T, Rago R, Perino C.Brain Inj. 2005 Mar;19(3):197-211. | About 50% of the patients resumed driving after TBI. The final multiple regression model combined four predictors (years post-injury, accidents and violations before TBI, pre-TBI-risky-personality-index, and pre-TBI-risky-driving-style-index) and explained 72.5% of variance in the outcome measure. Since the best three predictors of post-injury driving safety addressed patients' premorbid factors, the results suggest that in order to evaluate the actual possibility of safe driving after TBI, it would be advisable to consider carefully patients' pre-TBI histories. | Ils ont regardé pour 66 sévère TCC avec 1 proche les facteurs suivants pour voir s’ils pouvaient être prédicteur : GCS, LOC, FIM, tests neuropsy : VSTet WAIS, personnalité, self report measures sur la conduitePRIMARY OBJECTIVE: The present study explored the possibility of predicting post-injury fitness to safe driving in patients with severe traumatic brain injury (TBI) (n = 66).METHODS AND PROCEDURE: Sixteen different measures, derived from four domains (demo/biographic, medico-functional, neuropsychological, and psychosocial) were used as predictor variables, whereas driving outcomes were assessed in terms of driving status (post-TBI drivers versus non-drivers) and driving safety (number of post-TBI car accidents and violations).MAIN OUTCOMES AND RESULTS: About 50% of the patients resumed driving after TBI. Compared to post-TBI non-drivers, post-injury drivers had shorter coma duration. With regard to driving safety, the final multiple regression model combined four predictors (years post-injury, accidents and violations before TBI, pre-TBI-risky-personality-index, and pre-TBI-risky-driving-style-index) and explained 72.5% of variance in the outcome measure.CONCLUSIONS: Since the best three predictors of post-injury driving safety addressed patients' premorbid factors, the results suggest that in order to evaluate the actual possibility of safe driving after TBI, it would be advisable to consider carefully patients' pre-TBI histories. |