



# The Impact of Visual Field Loss on Motor Vehicle Crashes and Crash Severity

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UWA Business School

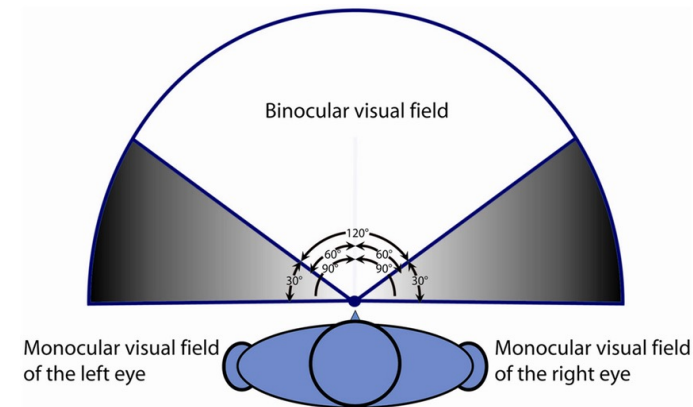
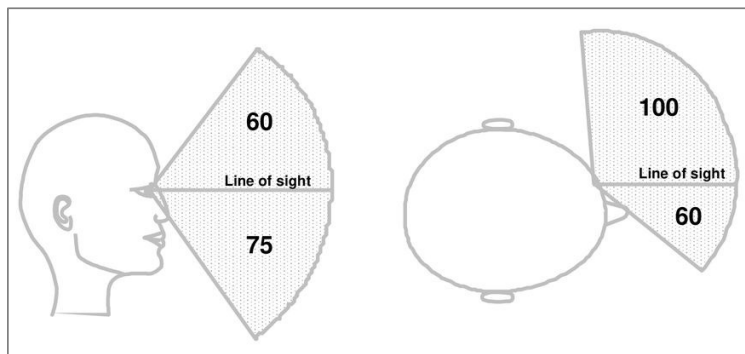


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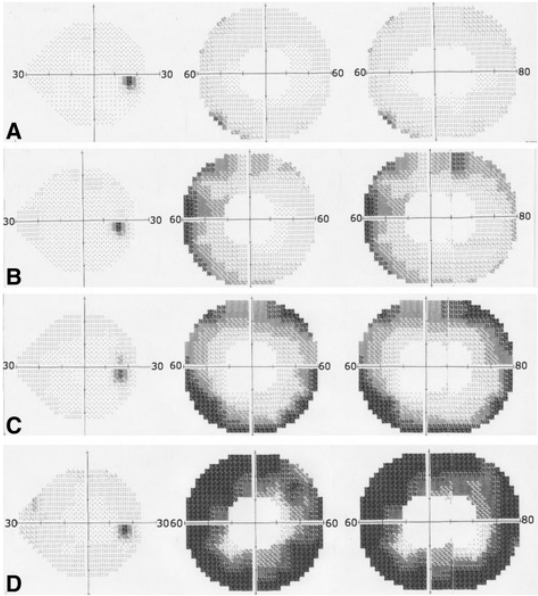
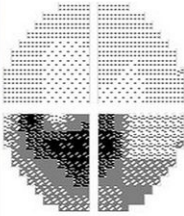
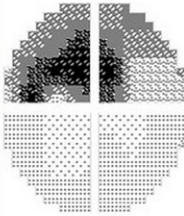
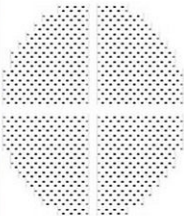
# Visual Field Loss

Research team: Lynn Meuleners, Siobhan Manners, Doina Olaru, Joanne Wood, Jonathon Ng, William Morgan, Nigel Morlet



Visual field loss **reduces hazard detection**

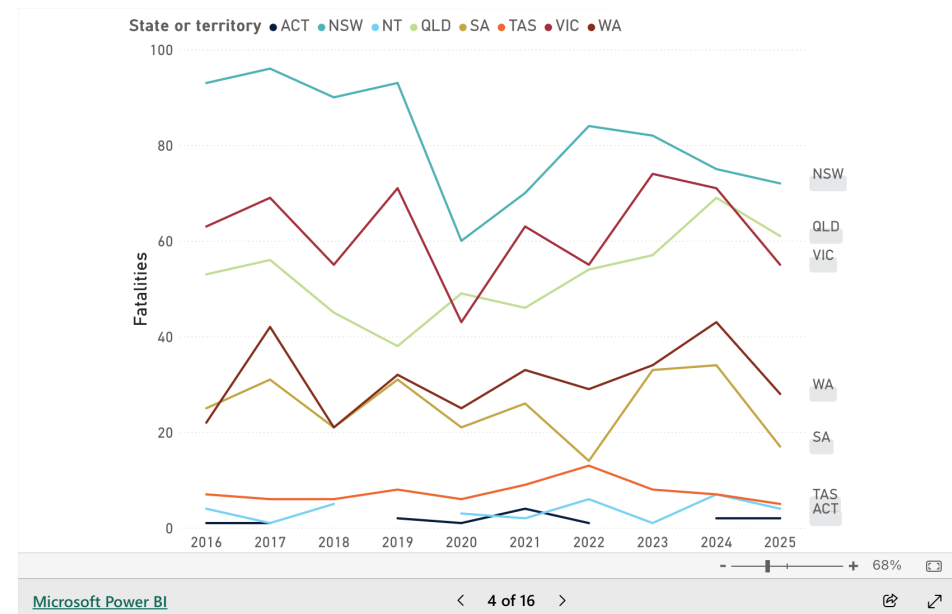
# VFL



# Visual Field Loss



Humphrey Field Analyser (HFA) machine



Source: Australian Road Deaths Database

[https://datahub.roadsafety.gov.au/safe-systems/safe-road-use/road-safety-older-people#:~:text=States%20and%20territories,from%2022%20to%2043%20deaths\).](https://datahub.roadsafety.gov.au/safe-systems/safe-road-use/road-safety-older-people#:~:text=States%20and%20territories,from%2022%20to%2043%20deaths).)

# Data

Epidemiology of Field of Vision Disorders (eFoVID) database

VFL tests database + hospital morbidity - linked to population-based administrative datasets (e.g., crash and licensing data by the WA Data Linkage System)

31,296 participants (394,047 data records)	4,307 (13.76%) were involved in 5,537 crashes	55.84% having binocular visual field loss (VFL)
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512 with VFL were involved in multiple crashes!

VFL affects 10% of adults aged 55+

# Descriptive Stats

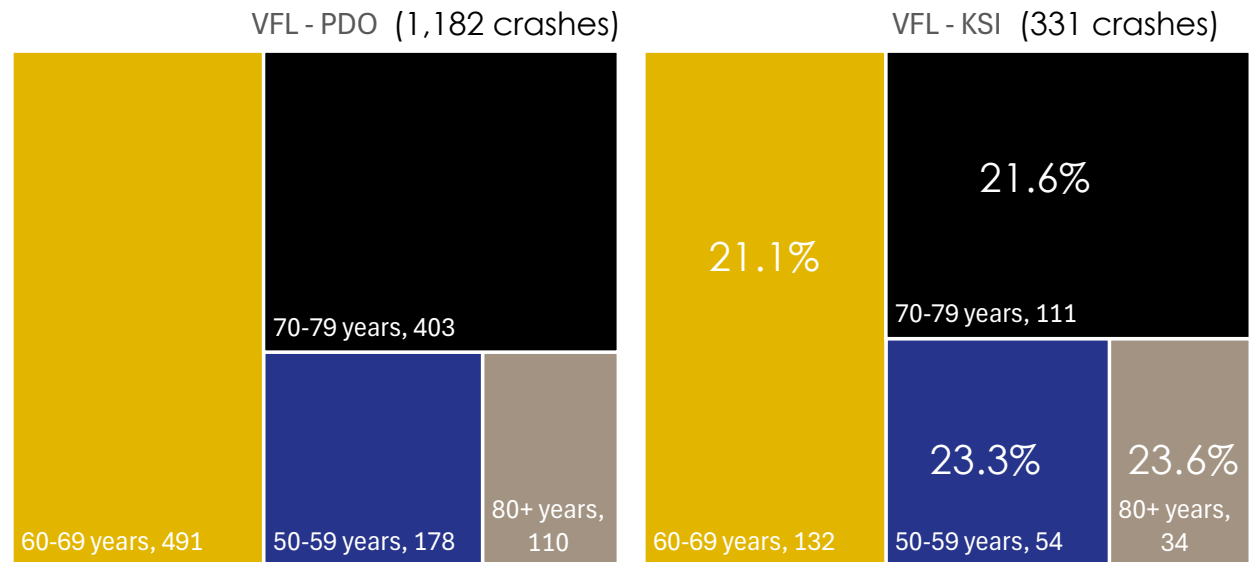
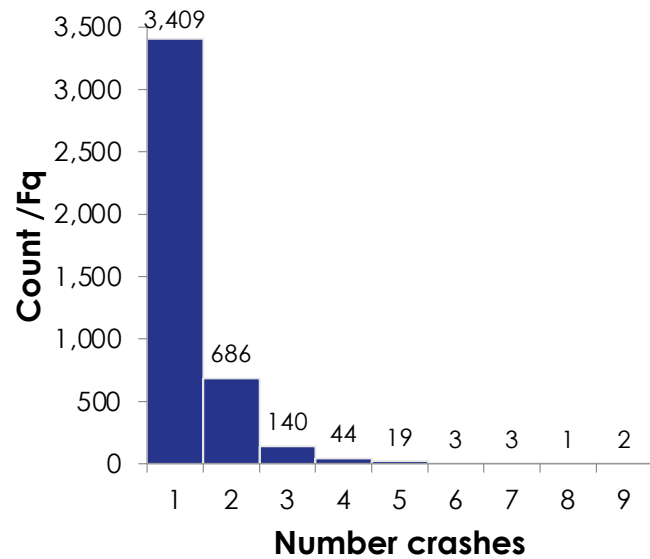


Drivers with VFL were predominantly:

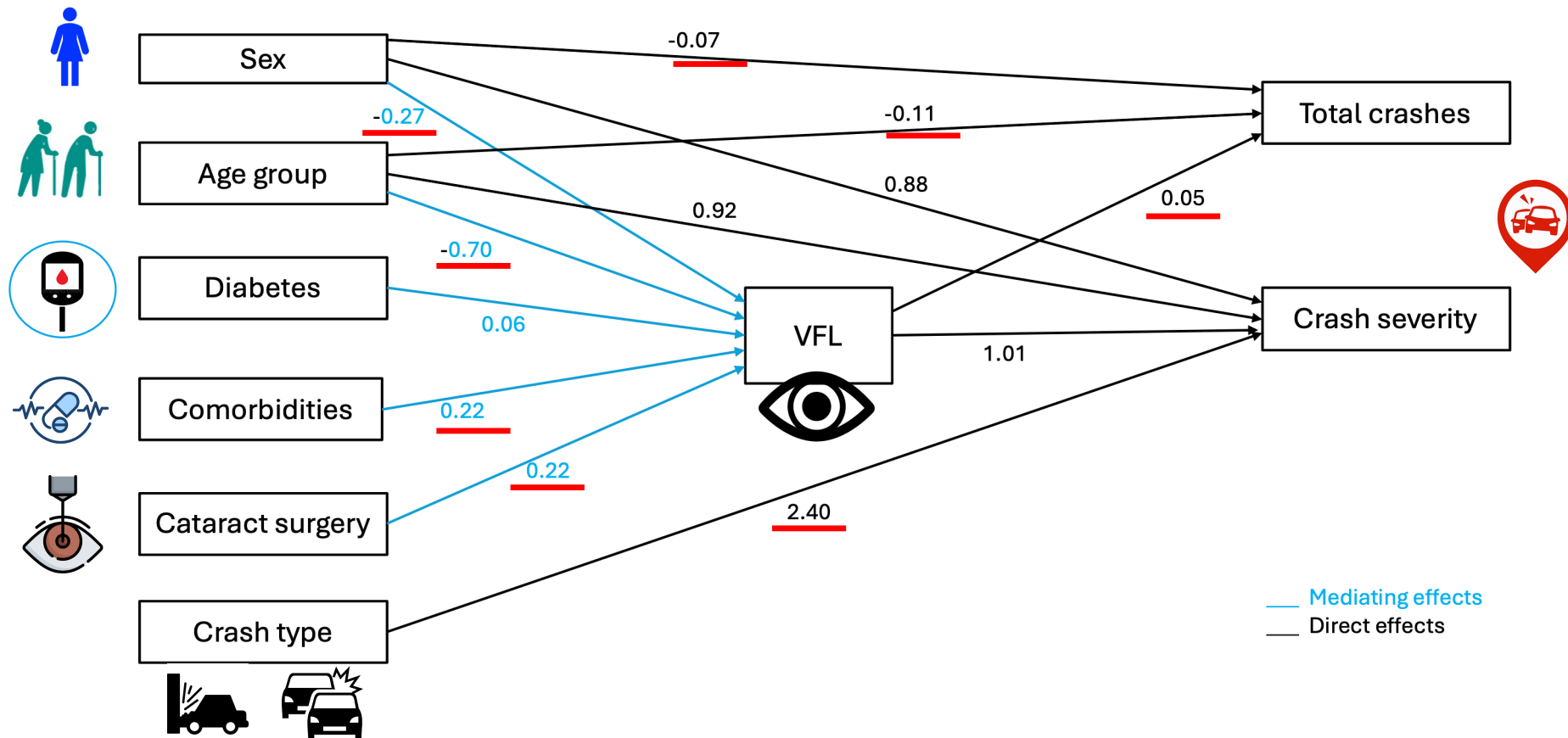
- male (61.6%)
- aged 70+ (51.4%)

Nearly one-third had a comorbid health condition, 13.4% had diabetes, 15.2% had cataract surgery

94% involved in multi-vehicle crashes



# Results - 1



# Results - 2

Predictor	Effect on mediator (VFL)		Direct effect on total crashes		Indirect effect on total crashes	
	logit	p-value	$\beta$	95% CI	$\beta$	95% CI
Binocular VFL (yes)			<b>0.05*</b>	[0.01, 0.09]		
Sex (female)	<b>-0.27***</b>	<0.001	<b>-0.07***</b>	[-0.11, -0.03]	-0.01*	[-0.03, -0.002]
Age (70+ years)	<b>0.70***</b>	<0.001	<b>-0.11***</b>	[-0.15, -0.07]	0.03*	[0.02, 0.05]
Diabetes (yes)	0.06	NS	0.03 ??	[-0.04, 0.11]	0.01	[-0.004, 0.02]
Cataract surgery (yes)	<b>0.21*</b>	0.027	-0.03 ??	[-0.09, 0.04]	0.01*	[0.01, 0.04]
Comorbidity (yes)	<b>0.22*</b>	0.012	0.01 ??	[-0.04, 0.07]	0.01*	[0.001, 0.03]

Notes: Indirect effects estimated via nonparametric bootstrap (1,000 replications)  
Percentile CIs shown \* p<.05; \*\*\* p<.001

# Results - 3

Predictor	Effect on mediator (VFL)		Direct effect on crash severity		Indirect effect on crash severity	
	logit	p-value	OR	95% CI	logit	95% CI
Binocular VFL (yes)			1.01	[0.88, 1.16]		
Sex (female)	-0.27	<0.001	0.88	[0.76, 1.01]	-0.001	[-0.01, 0.01]
Age (70+ years)	0.70	<0.001	0.92	[0.80, 1.06]	0.002	[-0.09, 0.02]
Crash type (multi-vehicle)	-	-	<b>2.40***</b>	[1.85, 3.11]	-	-



**Notes:**

Indirect effects estimated via nonparametric bootstrap (1,000 replications), percentile CIs shown

Small indirect effects on crash severity - NS

\* p<.05; \*\*\* p<.001

# Findings

- VFL  directly crash frequency by 5% but not crash severity
- 70+ ( $\beta=-0.11$ ) had fewer crashes than those younger (higher VFL)
- Previous cataract surgery and comorbidities associated with higher VFL 
- Females ( $\beta= -0.07$ ) had fewer crashes
- Indirect effects of VFL on crashes by previous cataract surgery ( $\beta=0.01$ ), comorbidities ( $\beta=0.01$ ), age 70+ years ( $\beta=0.03$ ) and sex ( $\beta= -0.01$ )
- No significant mediation for crash severity.



## Conclusions and recommendations

- Significant impact of visual pathways on driving outcomes
- Monitor closely older drivers with binocular VFL - more likely to be involved in more crashes.
- Recommend compensatory strategies (e.g., increased scanning of the road environment, more frequent glancing towards areas with VFL, increased head & shoulder movement) to reduce crashes for older drivers with VFL.

# Thank you

Access to the WA Data Linkage System and expertise of ophthalmologists is greatly appreciated