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Visual search during simulated driving in Parkinson's disease

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## Abstract

Patients with PD often exhibit difficulties with visual search that may impede their ability to recognize landmarks and cars while driving. The main objective of this study was to investigate visual search performances of both billboards and cars in patients with PD using a driving simulator. A second objective was to examine the role of cognitive functions in performing the visual search task while driving. Nineteen patients with PD (age:  $68 \pm 8$ yo, sex (Men/Women): 15/4) and 14 controls (age:  $60 \pm 11$ yo, sex: 7/7) first performed a battery of cognitive tests (e.g. MONTreal Cognitive Assessment (MOCA), Trail Making Test and Dot Cancellation test). They then drove in a simulator and were instructed to follow a lead vehicle while searching for billboards with the letter A (stationary target) or red cars (moving target) among other distractors. Accuracy and response times of visual search were the main outcome variables. Standard deviation of lateral position (SDLP) was the secondary outcome. During driving, patients were less accurate in identifying the targets, particularly for the stationary billboards located in the outer periphery. Within the group of patients, significant correlations were found between several measures of cognitive tests and simulator-based visual search accuracy. By contrast, only the score on the MOCA test correlated significantly with visual search accuracy in controls. Findings suggest that patients with PD have impaired visual search for stationary targets while driving a simulator, which is likely due to cognitive deficits. Future studies should be conducted in a larger sample size to determine whether a visual search task on a driving simulator may predict on-road driving performances.

Keywords: Parkinson's disease; visual search task; driving; cognitive functions

### Highlights:

- This research investigated visual search during driving a simulator in PD patients
- Patients experience difficulties with visual search skills
- Patients have difficulties to identify billboards in the outer periphery while driving
- This study highlights the major role of specific cognitive functions in PD drivers

## 1. Introduction

1 With an estimated seven to ten million people with Parkinson's disease (PD) worldwide, PD  
2 is the second most common neurodegenerative disease and the number of individuals with PD  
3 is expected to double by 2030 (Dorsey et al., 2007). Patients with PD may experience a range  
4 of cognitive and visual deficits, including deficits in visual search that may negatively affect  
5 activities of daily living, such as the ability to drive (Devos et al., 2013; Uc et al., 2006).

6 In visual search tasks, participants search for a target while ignoring irrelevant stimuli. The  
7 targets of interest can be either stationary or moving, while the background with irrelevant  
8 stimuli can be either stationary or moving as well. Previous studies showed that patients with  
9 PD have deficits in visual search of stationary targets against a stationary background  
10 (Archibald, Hutton, Clarke, Mosimann, & Burn, 2013; Cormack, Gray, Ballard, & Tovée,  
11 2004; Lubow, Dressler, & Kaplan, 1999; Mannan, Hodgson, Husain, & Kennard, 2008).  
12 Impairments in exploration strategy, longer search time to find the target, increased number of  
13 errors, and eye movement abnormalities may contribute to impaired visual search in PD  
14 (Archibald et al., 2013). Similarly, patients with PD have difficulties identifying moving  
15 targets against a stationary background compared with control participants (Weil et al., 2016).  
16 Mestre et al. (1990) also showed that patients with PD have greater difficulty in detecting a  
17 moving drifting vertical grating than a static one, which was not the case for the controls. This  
18 finding may be explained by a specific deficit of motion perception in PD (Mestre et al.,  
19 1990).

20 Driving is a complex activity that requires drivers to search for and recognize both stationary  
21 as well as moving targets against a moving, highly cluttered background. In an on-road study,  
22 participants with PD identified fewer stationary road signs and landmarks when compared  
23 with healthy controls while driving (Uc et al., 2006). These impairments on a landmark and

24 traffic sign identification task were associated with impairments in visual attention and  
25 visuoconstructional abilities. To our knowledge, no research has been done in real-world  
26 situations where patients with PD have to identify moving targets such as cars in traffic while  
27 driving.

28 Drivers with PD who are engaged in a visual search task while driving also commit more  
29 driving safety errors compared to controls. These impairments in driving performance may be  
30 explained by the additional cognitive workload of attending to the visual search task while  
31 maintaining control over the vehicle (Uc et al. 2006). Cognitive workload refers to the total  
32 amount of mental effort being used in cognitive tasks (Kahneman, 1973). Pupillary responses  
33 such as the index of cognitive activity (ICA) may be used to accurately estimate cognitive  
34 workload in several cognitive tasks (*i.e.* digit span tasks or saccadic tasks) in different  
35 populations (Kahneman, 1973; Klinger, Kumar, & Hanrahan, 2008; Marshall, 2007; Ranchet  
36 et al., 2017). Patients with PD show increased ICA values during simple saccadic tasks  
37 compared to older adults (Ranchet et al., 2017).

38 Few studies have examined cognitive workload, using ICA in a driving context (Vogels,  
39 Demberg, & Kray, 2018). In the study of Vogels et al. (2018), the main objective was to  
40 investigate whether ICA was a sensitive measure of processing load due to a dual task in  
41 healthy individuals. Participants were asked to perform different tasks varying in complexity  
42 on a driving simulator: a simple listening task in which participants listened to different  
43 sentences, and a simple driving task in which the driver had to control the lateral position of  
44 the steering bar such that it overlaps with the yellow reference bar that moved horizontally  
45 across a straight road. In addition, participants had to perform a secondary memory task with  
46 two levels of difficulty while performing the simple tasks (listening or driving tasks).  
47 Findings showed that larger ICA reflected more difficult linguistic processing. However, the  
48 authors did not show an increase in the ICA in dual task (the most difficult memory task

49 associated with the listening task or the driving task) as compared to a single task (the  
50 listening task or the driving task). In the present study, the ICA was investigated in patients  
51 with PD. It may be an important metric to capture the cognitive workload exerted during the  
52 visual search task while driving. On-road tests have the advantage of providing an  
53 ecologically valid assessment of visual search. However, the lack of control over ambient  
54 stimuli (road and weather conditions, other road users) may affect the reliability of the visual  
55 search task. Driving simulators offer the opportunity to project stationary and moving targets  
56 in standardized and safe conditions, with complete control over the level of clutter, road and  
57 weather conditions, lighting of the room, and illuminance of the screens.

58 The main objective of this study was to investigate visual search performances (accuracy and  
59 correct response times) of both stationary and moving targets in patients with PD while  
60 driving through simulator-generated traffic scenarios. A secondary objective was to examine  
61 the role of cognitive functions in performing the visual search task while driving. An ancillary  
62 aim was to explore the cognitive workload, using ICA, during the visual search task.

## 63 **2. Methods**

### 64 2.1 Participants

65 Twenty-two patients and 17 controls were recruited between March 25, 2015 to April 1, 2016  
66 from the outpatient Movement Disorders Clinic at Augusta University, GA, USA. Among  
67 them, 19 patients with PD and 14 healthy controls were included (Table 1). Three patients  
68 were excluded from the analyses due to difficulties understanding the task ( $n = 2$ ) or simulator  
69 adaptation syndrome ( $n = 1$ ). Three controls were excluded from the analyses due to  
70 difficulties understanding the task ( $n = 1$ ), simulator adaptation syndrome ( $n = 1$ ), or refusing  
71 to complete the driving task ( $n = 1$ ). All participants had a valid driver's license, reported at  
72 least 500 miles of driving in the year prior to testing and had no other visual, neurological

73 (other than PD for the PD group), internal or psychiatric conditions that may interfere with  
74 driving.

75 Presence of dementia by clinician impression (J.C.M.) and Montreal Cognitive Assessment  
76 (MOCA) scores  $\leq 15$ , other parkinsonian syndromes, severe dyskinesia, deep brain  
77 stimulation, unpredictable motor fluctuations, or ocular diseases causing significant visual  
78 impairment (glaucoma, stroke, eye vascular disorders, macular degeneration, etc.) were  
79 exclusion criteria.

80 Table 1 showed that patients were significantly older than controls and performed worse on  
81 the MOCA, even after adjusting for age ( $p = 0.007$ ). Binocular visual acuity (range: 0 – 1)  
82 was assessed by the vision screening apparatus from Keystone view (Visionary Software  
83 version 2.0.14). All participants had normal-to-corrected vision. Driving experience of  
84 patients significantly differed from those of controls. When age was included as covariate in  
85 the analysis, no significant difference between groups in driving experience was found ( $p =$   
86  $0.76$ ). L-Dopa equivalent dosages (LED) (Deuschl et al., 2006) and motor scores on Unified  
87 Parkinson’s Disease Rating Scale (UPDRS motor) were recorded. All but one patient were  
88 medicated. All patients were tested in the “on” medication state. The study was approved by  
89 the Augusta University institutional review board. Informed written consent was obtained  
90 from all participants.

91 Table 1. Demographic and clinical characteristics for all participants

Variable	PD patients	Controls	Test
	N = 19	N = 14	P-value
Age, years	$68 \pm 8$	$60 \pm 11$	t, <b>0.01</b>
Sex (male), n %	15 (80)	7 (50)	Fisher, 0.14

Education, years	17 (16 – 18)	14 (13 – 19)	W, 0.28	92
MOCA score, (0 – 30)	26 (20 – 28)	29 (27 – 30)	W, 0.003 <sup>a</sup>	93
Visual acuity, (0-1)	0.8 (0.5 – 0.8)	0.8 (0.8 – 1)	W, 0.07	94
Driving experience	52 ± 8	42 ± 12	t, <b>0.01<sup>b</sup></b>	95
Disease duration, years	5 (2 – 7)	NA		96
LED, mg/day	300 (200 – 855)	NA		97
Hoehn and Yahr stage (on)	2 (2 – 3)	NA		98
UPDRS motor (on)	31 (19.5 – 38.5)	NA		99

---

100

101 LED = L-Dopa Equivalent Dosage; MOCA = Montreal Cognitive Assessment; NA = not  
 102 applicable; UPDRS = Unified Parkinson Disease Rating Scale; t = independent student t test;  
 103 W = Wilcoxon rank sum test

104 <sup>a</sup> Significant differences between the two groups after adjusting for age differences (p = 0.007)

105 <sup>b</sup> No significant differences between the two group after adjusting for age differences (p =  
 106 0.76)

107

## 108 2.2 Cognitive tests

109 Participants completed a series of tests assessing different cognitive functions. The MOCA  
 110 test is a brief screening tool for global cognition. It assessed different cognitive domains of  
 111 language, orientation, attention, memory recall, and visuospatial/executive functions (Hoops  
 112 et al., 2009). This test was scored on an ordinal scale ranging from 0 to 30. The Stroop color  
 113 and word test was administered to evaluate speed of processing and inhibition. The

114 participants were required to read 3 different tables as fast as possible. In the color naming  
115 condition, participants were required to name different color patches. In the word condition,  
116 participants were required to read names of colors. In the color-word condition, color-words  
117 are printed in an inconsistent color ink. Participants were required to name the color of the ink  
118 instead of reading the word. For each condition, the score in a time limit of 45 seconds was the  
119 main outcome. The Useful Field of View (UFOV) consisted of three subtests that evaluate  
120 speed of processing (SOP), divided attention (DA), and selective attention (SA) (Ball,  
121 Roenker, & Bruni, 1990). In the subtest 1 (SOP), participants were asked to identify a single  
122 object (car or truck) presented in the center of the screen. In the subtest 2 (DA), participants  
123 were asked to identify the object in the center of the screen and to simultaneously localize a  
124 peripheral target. Subtest 3 (SA) is similar to subtest 2, except that the peripheral target now  
125 appears among distractors. Scores in milliseconds were the mean exposure durations required  
126 to achieve 75% of correct responses. The Rey Osterrieth Complex Figure (ROCF) – copy test  
127 measured visuospatial and visuoconstructive abilities (Rey, 1941). During the ROCF,  
128 participants were asked to reproduce a complex figure on a blank sheet of paper. A score ranging from  
129 0 to 36 was recorded. The Dot cancellation test assessed visual scanning and sustained attention  
130 (Lincoln & Radford, 2008). In this test, participants were instructed to read each line and  
131 mark all groups of four dots, while ignoring the groups of three dots and five dots. Total time  
132 and number of errors were recorded. The Trail Making Test (TMT) assessed psychomotor  
133 speed (part A) and executive functions (part B) (Reitan, 1958). During the TMT-part A,  
134 participants were asked to connect 25 circles with numbers in ascending order as fast as  
135 possible (e.g., 1, 2, 3 etc...). During the TMT-part B, participants were asked to alternate  
136 between numbers and letters as fast as possible. Time to completion was recorded for part A  
137 and part B of TMT.

138 2.3 Visual search in a driving simulator

139 The experiment was conducted using a desktop simulator with automatic transmission. The  
140 simulator has a three-screen front view with a horizontal field of 100 degrees and a vertical  
141 visual field of 20 degrees. The participant's eyes were at 42 inches from the center of the  
142 middle screen. Before performing the driving test, participants familiarized themselves with  
143 the simulator by driving a practice scenario for 10 minutes.

144 Visual search task

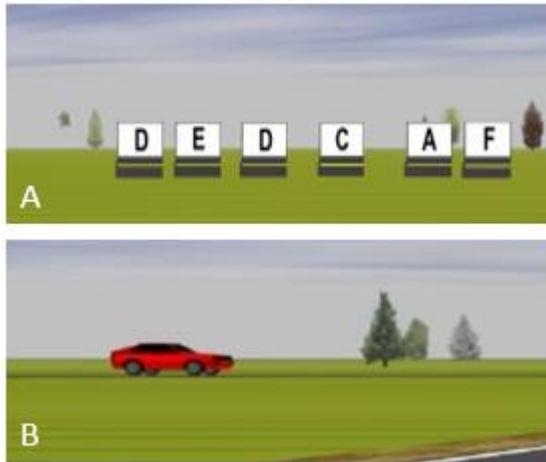
145 Participants were instructed to follow a lead car that was driving at 45 mph on average  
146 (Figure 1).



147  
148 Figure 1. A: Screenshot of driving scene with a series of billboards on the right side of the  
149 road B: Screenshot of driving scene with a red car coming from the left side of the road

150 During driving, they had to search and identify both stationary and moving targets among  
151 other distractors by pressing either the right button of the steering wheel when the target was  
152 present or the left button when the target was absent. The stationary target was a billboard  
153 with the letter 'A' that was located among a series of five distractor billboards (Figure 2A).  
154 The billboards were located at 4 different degrees of eccentricity (left or right):  $6.1^\circ$ ,  $15.2^\circ$ ,  
155  $33.9^\circ$ ,  $42.5^\circ$ . The angles were calculated from the line between the eyes and the center of the

156 screen (42 inches) and the line between the eyes and the midpoint of the billboard. The  
157 moving target was a red car among a series of five distractor cars that would pass the driver  
158 from the left, right, front or behind (Figure 2B).



159

160 Figure 2 A: Enlarged picture of the billboard with the letter A (stationary target) among other  
161 billboards B: Enlarged picture of the red car (moving target)

162 In total, there were 32 events along the road. In half of the events, the target (stationary or  
163 moving) was present. Along the drive, wind gusts appeared randomly to keep participants  
164 attentive to the road. Speed warnings were also played when participants were above or below  
165 the speed limit ( $\pm 5$  mph). The billboards appeared at 950 feet from the driver. It took 15  
166 seconds for the driver to pass the billboard with a speed of 45 mph. Similarly, the red car  
167 coming from left or right took 15 seconds to reach the intersection. The duration of the task  
168 was 15 minutes.

169 Accuracy (in %), correct response times, number of correct responses, errors, and misses were  
170 calculated. Errors included the number of “no detections” and the number of “false alarms”.  
171 No detections referred to the number of trials where the target was present and the participant  
172 pressed the wrong (left) button. False alarms were defined as the number of trials where the  
173 target was absent and the participant pressed the wrong (right) button. Misses referred to the

174 number of trials where they did not press any buttons. These measures were also calculated  
175 separately for the trials with stationary targets (billboards) and the trials with moving targets  
176 (red cars). Standard deviation of lateral position (SDLP) was recorded at 60 Hz.

#### 177 2.4 Measures of ICA

178 The ICA was recorded during the visual search task by two synchronized, remote eye trackers  
179 (FX3, SeeingMachines Inc, Canberra, Australia) at 60 Hz. ICA detects small but reliable  
180 increases in pupil size while adjusting for individual differences in pupil size, lighting, and  
181 accommodation (Marshall, 2007). The ICA values ranged between 0 and 1, and were  
182 computed for left and right eyes (Marshall, 2007). Due to a relatively low number of errors in  
183 both groups, average cognitive workload was recorded only for the trials with stationary or  
184 moving targets where participants answered correctly.

185

#### 186 2.5 Statistical analysis

187 Kolmogorov-Smirnov tests were used to determine the normality of variables. Between-group  
188 differences were examined using Fisher's Exact tests, independent student t tests or Wilcoxon  
189 rank-sum tests, as appropriate. Within-group differences were examined using paired t-tests  
190 or Wilcoxon signed-rank tests. Since age differed significantly between groups, univariate  
191 analyses of variance (ANOVA) or generalized linear models with age as covariate and group  
192 as between-group factor were performed. Spearman rank correlations ( $\rho$ ) were analyzed to  
193 investigate associations between scores on cognitive tests and accuracy on the visual search  
194 task or SDLP within the PD and control groups. Correlations ( $\rho$ ) were considered weak below  
195 0.10, moderate between 0.10 and 0.49 and strong between 0.50 and 1.00 (Cohen, 1992). Chi-  
196 square analysis or Fisher's test were performed to determine the proportion of individuals in

197 each group who made one or more errors for each level of eccentricity. P values < 0.05 were  
 198 considered significant. All statistical analyses were conducted using SPSS, version 24.0.

199

200

201 **3. Results**

202 3.1 Visual search performance

203 Patients were less accurate in the visual search task compared with controls (Table 2). The  
 204 differences between groups were mainly driven by the poorer performance of the patients  
 205 with PD in the stationary visual search task.

206

207 Table 2. Performance in the visual search task

Variable	PD patients N = 19	Controls N = 14	Statistic test, P value adjusted for age
<b>Overall measures</b>			
Accuracy <sup>a</sup> , %	87 (80 – 96)	98 (96 – 100)	X <sup>2</sup> , <b>0.002</b>
Correct response times, s	14 ± 2	14 ± 1	F, 0.48
Correct responses, n	23 ± 5	27 ± 2	F, 0.18
Misses, n	6 ± 5	5 ± 2	F, 0.84
Errors, n	3 (1 – 5)	0.5 (0 – 1)	X <sup>2</sup> , <b>0.001</b>
No detections <sup>b</sup> , n	1 (1 – 2)	0 (0 – 0)	X <sup>2</sup> , <b>0.01</b>

False alarms <sup>c</sup> , n	1 (0 - 3)	0 (0 - 1)	$X^2$ , <b>0.03</b>
<b>Stationary targets</b>			
Accuracy <sup>a</sup> , %	80 (64 - 90)	100 (92 - 100)	$X^2$ , < <b>0.001</b>
Correct response times, s	13 (12 - 14)	13 (13 - 14)	$X^2$ , 0.21
Correct responses, n	9 ± 3	12 ± 2	<b>F</b> , <b>0.05</b>
Misses, n	4 (2 - 6)	4 (3 - 5)	$X^2$ , 0.66
Errors, n	2 (1 - 4)	0 (0 - 1)	$X^2$ , < <b>0.001</b>
No detections, n	1 (0 - 2)	0 (0 - 0)	$X^2$ , <b>0.001</b>
False alarms, n	1 (0 - 2)	0 (0 - 1)	$X^2$ , <b>0.047</b>
<b>Moving targets</b>			
Accuracy <sup>a</sup> , %	100 (88 - 100)	100 (100 - 100)	$X^2$ , 0.24
Correct response times, s	15 ± 2	14 ± 2	$X^2$ , 0.57
Correct responses, n	15 (10 - 16)	15 (14 - 16)	$X^2$ , 0.33
Misses, n	1 (0 - 2)	0 (0 - 1)	$X^2$ , 0.45
Errors, n	0 (0 - 1)	0 (0 - 0)	$X^2$ , 0.29
No detections, n	0 (0 - 0)	0 (0 - 0)	$X^2$ , 0.59
False alarms, n	0 (0 - 1)	0 (0 - 0)	$X^2$ , 0.12
<b>Driving measures</b>			
SDLP (feet)	1.5 ± 0.3	1 ± 0.3	<b>F</b> , <b>0.049</b>

208 Values are expressed in median (Q1 – Q3) or mean ± SD

209 F, ANOVA; X<sup>2</sup>, Chi<sup>2</sup>; s, seconds; SDLP, Standard Deviation of Lateral Position

210 <sup>a</sup>Accuracy = (n<sub>hit present</sub> + n<sub>hit absent</sub>) / (n<sub>hit present</sub> + n<sub>hit absent</sub> + n<sub>no detections</sub> + n<sub>false alarms</sub>)

211 <sup>b</sup>Number of trials with a target present where the participant pressed the wrong (left) button

212 <sup>c</sup>Number of trials with a target absent where the participant pressed the wrong (right) button

213

214 Stationary targets

215 The number of errors, including the number of no detections and false alarms was  
 216 significantly higher in patients than in controls (Table 2). These errors particularly emerged at  
 217 greater angles of eccentricity. At 33.9 degrees and 42.5 degrees, a greater proportion of  
 218 patients than controls made at least one error (Table 3).

219 Table 3. Proportion of individuals in each group who made at least one error at different  
 220 levels of eccentricity

		Proportion of individuals who made at least one error at different degrees of eccentricity							
		6.1°		15.2°		33.9°		42.5°	
		no	yes	no	yes	no	yes	no	yes
Controls	n	13	1	11	3	11	3	11	3
	%	93	7	79	21	79	21	79	21
Patients	n	14	4	8	10	7	11	6	12
	%	78	22	44	56	39	61	33	67
P value		0.36		0.08		<b>0.04</b>		<b>0.02</b>	

221

222 Moving targets

223 No significant differences between groups were found in any measures of visual search of  
 224 moving targets.

225 Driving performance

226 SDLP was different between patients and controls.

227 3.3 Cognitive functions associated with visual search performance

228 After adjusting for age, the PD group performed worse than the controls group on the Stroop  
 229 test (color naming and interference conditions), the ROCF test, and the TMT test (part A and  
 230 B) (see table 4).

231 Table 4. Comparison of cognitive performances between the two groups

	PD patients N = 19	Controls N = 14	Test Statistic, P value adjusted for age
Stroop color, score	53.13 ± 15.39	74.29 ± 20.47	F, <b>0.03</b>
Stroop word, score	81.63 ± 27.46	95.29 ± 14.13	F, 0.39
Stroop C/W, score	28.44 ± 13.07	40.71 ± 6.01	F, <b>0.03</b>
UFOV SOP, ms	17.00 (16.70 – 63.50)	16.70 (16.70 – 16.70)	X <sup>2</sup> , 0.13
UFOV DA, ms	166.70 (47.00 – 500.00)	35.20 (16.70 – 70.10)	X <sup>2</sup> , 0.06
UFOV SA, ms	321.75 (169.00 – 500.00)	175.10 (96.80 – 220.00)	F, 0.19
ROCF, score	32.00 (25.00 – 35.50)	36.00 (34.00 – 36.00)	X <sup>2</sup> , <b>0.02</b>
Dot cancellation, s	608.58 ± 210.62	420.90 ± 207.18	F, 0.14
Dot cancellation, errors	5.00 (2.00 – 14.00)	4.00 (2.00 – 6.00)	X <sup>2</sup> , 0.48
TMT A, s	46.87 (32.40 – 65.90)	26.73 (21.00 – 33.76)	X <sup>2</sup> , <b>0.03</b>

TMT B, s	128.24 (79.70 – 177.15)	64.88 (52.91 – 73.18)	$X^2$ , <b>0.03</b>
TMT (B-A), s	81.00 (45.19 – 135.43)	43.51 (32.00 – 104.80)	$X^2$ , 0.41

232 Values are expressed in mean  $\pm$  SD or median (Q1 – Q3)

233 Abbreviations: DA, divided attention; C/W, color-word; ms, milliseconds; ROCF, Rey-

234 Osterrieth Complex Figure; s, seconds; SA, selective attention; SOP, speed of processing;

235 TMT, Trail Making Test; UFOV, Useful Field Of View

236 Within the group of patients, TMT B completion time, TMT (B – A) cost, dot cancellation

237 test completion time, SOP and DA of the UFOV test correlated significantly and strongly

238 with visual search accuracy (Table 5). Score on MOCA and TMT A completion time

239 correlated significantly and moderately with visual search accuracy.

240 By contrast, only the score on the MOCA test correlated significantly and strongly with visual

241 search accuracy ( $\rho = 0.63$ ,  $p = 0.02$ ) in the control group.

242 Within the group of patients, TMT B completion time, TMT B – A cost, dot cancellation test

243 completion time, and DA and SA of the UFOV test correlated significantly and strongly with

244 SDLP. TMT A completion time and errors on the dot cancellation test correlated significantly

245 and moderately with SDLP (Table 5).

246 Within the group of controls, only TMT B completion time ( $\rho = 0.61$ ,  $p = 0.02$ ) and errors on

247 the dot cancellation ( $\rho = 0.74$ ,  $p = 0.003$ ) correlated significantly and strongly with SDLP.

248 Significant and strong Spearman correlation was also found between SDLP and visual search

249 accuracy only in the group of patients ( $\rho = -0.63$ ,  $p = 0.004$ ).

250

251 Table 5. Significant correlations between accuracy, SDLP and cognitive measures within the  
 252 group of patients (n = 19)

Simulator measures	Cognitive measures	Spearman correlation coefficient
Visual search accuracy	MOCA score, / 30	0.47*
	TMT A, s	-0.46*
	TMT B, s	-0.61**
	TMT (B – A), s	-0.64**
	Dot cancellation test, s	-0.66*
	UFOV SOP, ms	-0.51*
	UFOV DA, ms	-0.56*
SDLP	TMT A, s	0.49*
	TMT B,s	0.62**
	TMT (B – A), s	0.60*
	Dot cancellation test, s	0.68*
	Dot cancellation test, errors	0.46*
	UFOV DA, ms	0.68**
	UFOV SA, ms	0.50*

253 \*P < 0.05 \*\*P < 0.01

254 Abbreviations: DA, divided attention; ms, milliseconds; s, seconds SA, selective attention;  
255 SOP, speed of processing; TMT, Trail Making Test; UFOV, Useful Field Of View

### 256 3.2 Values of cognitive workload, using ICA

257 No significant differences in average cognitive workload were found between the two groups  
258 for the trials where participants correctly identified either the stationary or moving visual  
259 search targets, after adjusting for age (table 6).

260 Table 6. Values of cognitive workload for the trials where the participant performed the visual  
261 search task correctly

<b>Cognitive workload</b>	PD Patients	Controls	P value adjusted for age <sup>a</sup>
Stationary targets			
Workload, left eye	0.33 ± 0.12	0.33 ± 0.13	F, 0.80
Workload, right eye	0.32 ± 0.15	0.34 ± 0.12	F, 0.89
Moving targets			
Workload, left eye	0.36 ± 0.09	0.35 ± 0.13	F, 0.92
Workload, right eye	0.36 ± 0.08	0.31 ± 0.15	F, 0.51

262 <sup>a</sup> p > 0.05 for all measures even after adjusting for age and accuracy

## 263 4. Discussion

264 This study aimed at investigating visual search performance using a driving simulator in  
265 drivers with PD. Visual search plays a major role while driving a car since individuals need to  
266 constantly search the driving scene ahead for relevant information that may cause a change in  
267 their current driving. During driving, the visual search task consisted of identifying stationary

268 and moving targets. Neuropsychological tests were also administered to better understand the  
269 role of cognitive functions underlying efficient visual search performance while driving in  
270 PD. To explore the degree of cognitive workload required to perform correctly the visual  
271 search task, we used the index of cognitive activity (ICA), extracted from pupillary responses.  
272 Drivers with PD performed worse than controls on a visual search task while driving,  
273 particularly when patients were searching for the stationary targets (billboards) in the outer  
274 periphery. This result on a driving simulator is in accordance with findings from an on-road  
275 study (Uc et al., 2006), which showed that drivers with PD identified fewer landmarks and  
276 traffic signs than controls. Our findings suggest that some patients have restricted functional  
277 visual field that may impact their visual search task and their driving behavior. This result is  
278 in accordance with correlation analyses between UFOV performances and visual search  
279 accuracy or SDLP, and consistent with the literature (Classen et al., 2009; Uc et al., 2006). It  
280 is also possible that muscle stiffness (rigidity) and slow movements (bradykinesia) in the neck  
281 and trunk impaired their ability to scan in the periphery.

282 No significant differences between groups in visual search accuracy were observed for the  
283 trials where the driver had to identify moving targets, possibly due to the fact that participants  
284 waited the maximum allotted time (15 seconds) to respond. By that time, the moving target  
285 (the red car) had reached the intersection and was located in the participants' central visual  
286 field.

287 In contrast to controls, our findings suggest that patients need a wide range of specific  
288 cognitive functions to correctly identify the visual search targets while driving. In the group  
289 of patients, measures of executive functions, visual scanning, speed of processing and divided  
290 attention correlated with accuracy on the visual search task. In the control group, a measure of  
291 global cognitive function (MOCA test) correlated with accuracy. Results are also consistent

292 with those from a previous study (Uc et al., 2006). Indeed, tests assessing visual speed of  
293 processing and attention (Useful Field of View) and visuospatial abilities (Rey Osterrieth  
294 Complex Figure) were found to be the most important predictors of landmark and traffic sign  
295 identification (Uc et al., 2006). Similar correlations were found between cognitive measures  
296 and SDLP in patients with PD suggesting that driving performance was associated with  
297 several cognitive abilities. Furthermore, strong negative correlations were found in the PD  
298 group between driving performance, indexed by SDLP, and visual search accuracy. This  
299 strong negative correlation suggests that unlike controls, participants with PD who scored  
300 poorly on the visual search task, also showed difficulties with maintaining lane position. The  
301 present study shows that a visual search task during driving on a simulator may reflect  
302 cognitive deficits in patients with PD that may affect their driving behavior.

303 During the visual search task, cognitive workload, measured by change in pupil size and  
304 transformed to the ICA, was examined for the trials where participants correctly performed  
305 the task. Patients did not show greater cognitive workload than controls to correctly identify  
306 either the stationary or moving visual search targets. Our results are consistent with findings  
307 from Vogels et al. (2018) where no increase in ICA was found when participants performed a  
308 dual task condition. Our findings may suggest that patients who performed the task correctly  
309 did not work harder than controls to perform the visual search task. Further studies should be  
310 conducted to confirm the usefulness of pupillometry as a measure of cognitive workload in  
311 patients with PD, particularly for those who have subtle cognitive deficits.

#### 312 4.4 Limitations

313 The sample size was small which limits the generalizability of the results. Caution with  
314 comparing the results of the stationary visual search tasks with the moving visual search tasks

315 is warranted as the characteristics (e.g shape, color) of the stationary and moving targets were  
316 not the same.

#### 317 4.5 Conclusions and perspectives

318 Drivers with PD performed worse than controls on a visual search task while driving,  
319 particularly for the stationary targets in the outer periphery. Findings on neuropsychological  
320 tests highlight the major role of specific cognitive functions in drivers with PD in both visual  
321 search and driving performance. This driving simulator study expands on the findings from an  
322 on-road study (Uc et al., 2006), and suggests that it is possible to use the driving simulator to  
323 assess both visual search deficits and driving behavior in patients with PD. This visual search  
324 task in the driving simulator may help researchers and clinicians to better understand the  
325 cognitive and visual deficits of patients with PD that may affect their driving performance.  
326 Future studies should be conducted in a larger sample size to determine whether a visual  
327 search task on a driving simulator may predict on-road driving performances.

328

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331

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333

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338 References

- 339 Archibald, N. K., Hutton, S. B., Clarke, M. P., Mosimann, U. P., & Burn, D. J. (2013). Visual  
340 exploration in Parkinson's disease and Parkinson's disease dementia. *Brain: A Journal of*  
341 *Neurology*, 136(Pt 3), 739–750. <https://doi.org/10.1093/brain/awt005>
- 342 Ball, K. K., Roenker, D. L., & Bruni, J. R. (1990). Developmental Changes in Attention and  
343 Visual Search throughout Adulthood. Elsevier BV.
- 344 Classen, S., McCarthy, D. P., Shechtman, O., Awadzi, K. D., Lanford, D. N., Okun, M. S., ...  
345 Fernandez, H. H. (2009). Useful Field of View as a Reliable Screening Measure of Driving  
346 Performance in People With Parkinson's Disease: Results of a Pilot Study. *Traffic Injury*  
347 *Prevention*, 10(6), 593–598. <https://doi.org/10.1080/15389580903179901>
- 348 Cohen, J. (1992). A power primer. *Psychological Bulletin*, 112(1), 155–159.
- 349 Cormack, F., Gray, A., Ballard, C., & Tovée, M. J. (2004). A failure of “pop-out” in visual  
350 search tasks in dementia with Lewy Bodies as compared to Alzheimer's and Parkinson's  
351 disease. *International Journal of Geriatric Psychiatry*, 19(8), 763–772.  
352 <https://doi.org/10.1002/gps.1159>
- 353 Deuschl, G., Schade-Brittinger, C., Krack, P., Volkmann, J., Schäfer, H., Bötzel, K., ...  
354 German Parkinson Study Group, Neurostimulation Section. (2006). A randomized trial of  
355 deep-brain stimulation for Parkinson's disease. *The New England Journal of Medicine*,  
356 355(9), 896–908. <https://doi.org/10.1056/NEJMoa060281>
- 357 Devos, H., Vandenberghe, W., Tant, M., Akinwuntan, A. E., De Weerd, W., Nieuwboer, A.,  
358 & Uc, E. Y. (2013). Driving and off-road impairments underlying failure on road testing in  
359 Parkinson's disease. *Movement Disorders: Official Journal of the Movement Disorder*  
360 *Society*, 28(14), 1949–1956. <https://doi.org/10.1002/mds.25701>
- 361 Dorsey, E. R., Constantinescu, R., Thompson, J. P., Biglan, K. M., Holloway, R. G., Kieburtz,  
362 K., ... Tanner, C. M. (2007). Projected number of people with Parkinson disease in the most

363 populous nations, 2005 through 2030. *Neurology*, 68(5), 384–386.  
364 <https://doi.org/10.1212/01.wnl.0000247740.47667.03>

365 Hoops, S., Nazem, S., Siderowf, A. D., Duda, J. E., Xie, S. X., Stern, M. B., & Weintraub, D.  
366 (2009). Validity of the MoCA and MMSE in the detection of MCI and dementia in Parkinson  
367 disease. *Neurology*, 73(21), 1738–1745. <https://doi.org/10.1212/WNL.0b013e3181c34b47>

368 Kahneman, D. (1973). *Attention and Effort*. Englewood Cliffs, NJ: Prentice-Hall.

369 Klinger, J., Kumar, R., & Hanrahan, P. (2008). Measuring the task-evoked pupillary response  
370 with a remote eye tracker. *Eye Tracking Research & Application*, 69.  
371 <https://doi.org/10.1145/1344471.1344489>

372 Lincoln, N. B., & Radford, K. A. (2008). Cognitive abilities as predictors of safety to drive in  
373 people with multiple sclerosis. *Mult Scler*, 14, 123–128.  
374 <https://doi.org/10.1177/1352458507080467>

375 Lubow, R. E., Dressler, R., & Kaplan, O. (1999). The effects of target and distractor  
376 familiarity on visual search in de novo Parkinson's disease patients: latent inhibition and  
377 novel pop-out. *Neuropsychology*, 13(3), 415–423.

378 Mannan, S. K., Hodgson, T. L., Husain, M., & Kennard, C. (2008). Eye movements in visual  
379 search indicate impaired saliency processing in Parkinson's disease. In *Progress in Brain*  
380 *Research* (Vol. 171, pp. 559–562). Elsevier. [https://doi.org/10.1016/S0079-6123\(08\)00679-1](https://doi.org/10.1016/S0079-6123(08)00679-1)

381 Marshall, S. P. (2007). Identifying cognitive state from eye metrics. *Aviation, Space, and*  
382 *Environmental Medicine*, 78(5 Suppl), B165-175.

383 Mestre, D., Blin, O., Serratrice, G., & Pailhous, J. (1990). Spatiotemporal contrast sensitivity  
384 differs in normal aging and Parkinson's disease. *Neurology*, 40(11), 1710.  
385 <https://doi.org/10.1212/WNL.40.11.1710>

386 Ranchet, M., Orlosky, J., Morgan, J., Qadir, S., Akinwuntan, A. E., & Devos, H. (2017).  
387 Pupillary response to cognitive workload during saccadic tasks in Parkinson's disease.  
388 *Behavioural Brain Research*, 327, 162–166. <https://doi.org/10.1016/j.bbr.2017.03.043>  
389 Reitan, R. M. (1958). Validity of the Trail Making Test as an indicator of organic brain  
390 damage. *Perceptual and Motor Skills*, 8(3), 271–276.  
391 Rey, A. (1941). L'examen psychologique dans les cas d'encephalopathie traumatique. *Arch*  
392 *Psychol*, 28, 215–285.  
393 Uc, E. Y., Rizzo, M., Anderson, S. W., Sparks, J., Rodnitzky, R. L., & Dawson, J. D. (2006).  
394 Impaired visual search in drivers with Parkinson's disease. *Annals of Neurology*, 60(4), 407–  
395 413. <https://doi.org/10.1002/ana.20958>  
396 Vogels, J., Demberg, V., & Kray, J. (2018). The Index of Cognitive Activity as a Measure of  
397 Cognitive Processing Load in Dual Task Settings. *Frontiers in Psychology*, 9, 2276.  
398 <https://doi.org/10.3389/fpsyg.2018.02276>  
399 Weil, R. S., Schrag, A. E., Warren, J. D., Crutch, S. J., Lees, A. J., & Morris, H. R. (2016).  
400 Visual dysfunction in Parkinson's disease. *Brain*, 139(11), 2827–2843.  
401 <https://doi.org/10.1093/brain/aww175>  
402