

# Driving us crazy!



Debbie Hicks

In October 2010, the Driver and Vehicle Licensing Agency (DVLA) updated their *At a Glance Guide to the Current Medical Standards of Fitness to Drive*, implementing new rules to meet a European Union (EU) directive. Within this document, the section relating to people with diabetes taking tablets (including sulphonylureas and glinides) that have the potential to cause hypoglycaemia was changed, now stating that anyone taking such tablets:

- Must not have had more than one episode of hypoglycaemia requiring the assistance of another person within the preceding 12 months (including nocturnal hypoglycaemia).
- May need to monitor blood glucose levels regularly and at times relevant to driving to enable the detection of hypoglycaemia.
- Must be under regular medical review.

This information, although not widely known, causes a major dilemma as most people with diabetes who are not managed with insulin will have great difficulty obtaining the test strips to check their blood glucose levels prior to driving as a result of cut backs by primary care trusts.

Changes to the DVLA guide (Drivers Medical Group, 2011), made in August 2011, state that anyone taking insulin may apply for any Group 2 driving licence provided they satisfy the following criteria:

- No episode of hypoglycaemia requiring the assistance of another person has occurred in the preceding 12 months.
- They are fully aware of hypoglycaemia.
- They regularly monitor blood glucose levels, at least twice daily and at times relevant to driving using a glucose meter with a memory function to measure and record blood glucose levels. At the annual examination by an independent consultant diabetologist, 3 months of blood glucose readings must be available.
- They must be able to demonstrate an understanding of the risks of hypoglycaemia.
- They have no other debarring complications of diabetes such as a visual field defect.

It seems ludicrous that in the DVLA adopting the EU directive it may make it more difficult for insulin-treated car drivers to maintain their licence. However, the changes open up the way for insulin-treated drivers to

obtain a Heavy Goods Vehicle or Passenger Vehicle licence.

Personally, I worry that in a bid to keep their licence a person with diabetes may not divulge hypoglycaemic episodes to their healthcare professional for fear of losing their driving licence.

Currently, we should be reminding all our patients taking insulin, sulphonylureas or glinides of the driving regulations relating to hypoglycaemia:

- Check blood glucose level before driving, do not drive if  $>5$  mmol/L.
- If experiencing symptoms of hypoglycaemia you should stop as soon as safe to do so.
- Take fast-acting glucose such as glucose tablets, Lucozade or jelly babies.
- Check blood glucose level, if  $>4$  mmol/L repeat fast-acting glucose.
- Take starchy carbohydrate such as a sandwich, plain biscuit or piece of fruit.
- Do not resume driving for at least 45 minutes.
- Always carry fast-acting glucose in the car within easy reach.
- Carry personal identification.

Unfortunately, we still see people with diabetes involved in road-traffic accidents and given substantial jail sentences for causing death by dangerous driving as a result of hypoglycaemia. Many of the accidents caused by hypoglycaemia are because drivers continue to drive despite experiencing warning symptoms of hypoglycaemia. It is the responsibility of any driver to ensure that they are safe to drive.

It is our duty of care to ensure everyone with diabetes managed by insulin, sulphonylureas or glinides who drives is fully aware of the mandatory regulations and it is clearly documented within their medical notes that they have been discussed. TREND-UK will soon publish a patient information leaflet on driving to help people with diabetes navigate the regulations – watch this space! ■

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Drivers Medical Group (2011) *At a Glance Guide to the Current Medical Standards of Fitness to Drive*. DVLA, Swansea. Available at: <http://bit.ly/a2HTeC> (accessed 19.10.11)