Cardiovascular Disease

Driving-Related Fact Sheet For Medical Professionals

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There are many cardiac conditions that can impair driving on a chronic or acute basis. These include, but are not limited to, cardiac arrhythmias with episodes of impaired consciousness (pre-syncope) or loss of consciousness (syncope), hypertension, hypotension, acute coronary syndrome (chest pain from cardiac causes), heart failure, and peripheral artery disease. There are also cardiac procedures that typically require a patient to refrain from driving, at least in the short term. These may include pacemaker implantation, implantable defibrillators, cardiac transplant surgery, coronary artery bypass graft surgery (CABG), coronary artery stent placement, etc.

- For patients with cardiac conditions, the risk of pre-syncope or syncope is a factor in medical fitness-to-drive.
- In cases of arrhythmia, the clinician should identify and treat the underlying cause, if possible, and recommend temporary driving cessation until the symptoms are under control.

Effects on Driving

- Chronic fatigue, sedation or hypersomnolence, or shortness of breath may be the result of chronic heart condition like heart failure. This condition in the advanced stages may impair visual search, brake reaction time, and awareness or attention in the environment.
- More acute conditions may result in dizziness or in partial or complete loss of consciousness, making it difficult or impossible to operate a motor vehicle. However, any situation that results in a loss of consciousness or causes dizziness or similar problems can affect driver safety.

The Clinician's Role

- Determine if the medical condition falls within the functional or cognitive impairment that triggers mandatory reporting to the driver licensing authority in your State. For instance, patients with unstable coronary syndrome (unstable angina or myocardial infarction) should not drive if they experience this condition.
- Typical non-driving periods after cardiovascular events or procedures are anywhere from 2 to 4 weeks depending on the severity of the condition or post-op complications. This time period may be longer for heart/lung transplant patients, ventricular assist devices (VAD), syncope, or cardiac arrest.
- Seek the treating subspecialist's opinion (e.g., cardiologist, surgeon), when available after invasive procedures, for the duration of time recommended to refrain from driving. Typically, cardiovascular procedures only affect driving for a short time. The amount of time recommended to not drive is often based on expert opinion rather than evidence in the literature.
- More stringent rules or duration of driving impairment may be applied to those who still operate commercial vehicles, passenger vehicles, etc.
- Counsel patients that they can resume driving when they have been stable and asymptomatic for 1 to 4 weeks following treatment. Driving may resume 1 week after coronary angioplasty and 4 weeks after coronary artery bypass.

For more information go to www.medscape.com

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