

# Sleep Disorders

## Driving-Related Fact Sheet For Medical Professionals



July 2023

Drowsy driving or driving with fatigue or sleepiness is a common cause for motor vehicle crashes that involve otherwise healthy but sleep-deprived drivers. Drivers with obstructive sleep apnea (OSA), however, appear to be at particular risk. OSA involves a recurrent airway obstruction during sleep, which results in a cessation of breathing and reduced blood oxygen saturation. Patients with untreated OSA typically have daytime hypersomnolence. Treatments for OSA include continuous positive airway pressure (CPAP), surgical procedures, medications, and treatment of underlying risk factors, particularly obesity.

OSA is relatively common and affects about 2 to 4 percent of middle-age individuals and older adults. Symptoms of OSA include chronic loud snoring, witnessed apneas or breathing pauses during sleep, and daytime sleepiness. Sleep fragmentation leads to chronic sleep deprivation and excessive daytime sleepiness, a cause of cognitive dysfunction. Patients with untreated sleep apnea are at increased risk for stroke, hypertension, heart disease and diabetes. Repeated nocturnal hypoxia also causes cognitive deficits, some of which may be irreversible. There is a strong association between OSA and Alzheimer's disease.

### Effects on Driving

- Evidence indicates OSA increases crash risk and CPAP is the most effective treatment demonstrated to reduce crash risk. Once initiated, CPAP treatment must continue for as long as the person wishes to maintain their driver's license.
- Any interruptions of CPAP, even if only for one day, can have adverse effects on driving fitness. Since CPAP takes several weeks to be fully effective, any interruption in treatment means caution with driving until consistent use of the device. Some studies note 6 weeks to 3 months for full efficacy.

### The Clinician's Role

- Counsel drivers with OSA that they can drive if there is no daytime drowsiness or if the apnea hypopnea index (AHI) is less than 20. Drivers with daytime sleepiness or an AHI of 20 or more may drive only if treatment is effective or as long as the patient continues therapy.
- Counsel drivers to continue driving if OSA is effectively treated with a dental appliance or with weight loss.

For more information go to [www.medscape.com](http://www.medscape.com)

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16004c-072123-v1