

# Diabetes

## Driving-Related Fact Sheet For Medical Professionals

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With diabetes, the body does not produce enough insulin or properly use it, which results in elevated blood glucose. The disease can result in frequent urination (polyuria), extreme thirst (polydipsia), weight loss, fatigue, irritability, and blurred vision. Chronic complications include heart and blood vessel disease, stroke (large and small blood vessel), visual loss due to retinopathy and hemorrhages, foot ulcers, infections, neuropathy, joint deformities (Charcot joints), pain, and kidney disease or failure. People with diabetes may also develop nerve damage that causes pain or numbness in the hands, arms, feet, and legs with the most common a loss of sensation in the feet that makes walking difficult.

### Effects on Driving

- According to NHTSA's Driver Fitness Medical Guidelines, the best available evidence on diabetes and driving indicates that the average driver with diabetes has a statistically significant (19%) increase in risk for a motor vehicle collision compared to people without diabetes.
- Diabetes affects driver safety in several ways, including the symptoms of neuropathy that can result in diminished sensation of the hands and feet that make it difficult to operate the steering wheel and pedals; long-term effects on vision and cognition; and the risk factors associated with hypoglycemia caused by insulin therapy. Indirect evidence from multiple independent studies consistently shows that moderate-to-severe hypoglycemia impairs driving ability, cognition, and psychomotor function in some people with Type 1 diabetes. However, this would also apply to Type 2 diabetes in patients with poor control.
- DMVs concentrate their efforts on those drivers who suffer from hypoglycemic episodes that require the third-party assistance. Any drivers who experience such episodes should not drive until their treating clinicians are certain the risk is minimized. A reasonable period for not driving is usually 3 months. However, the judgment of the treating clinician, based on the patient's particular situation, is the most important factor.

### The Clinician's Role

- Give drivers information on the increased risk associated with diabetes and the effects of hypoglycemia on driving. People should not drive during acute hypoglycemic or hyperglycemic episodes. If an event requires third-party intervention, the person should not drive until you believe the risk of another acute event has passed.
- Counsel patients on the importance of frequent stops and snacks, availability and types of glucose supplements, and early recognition of signs of impending hypoglycemia.
- Know that insulin-treated diabetes is not, in itself, a justification for disqualification from driving. However, the potential for a hypoglycemic episode is higher for the insulin-treated diabetic than for diabetics who take oral medication.
- Ensure drivers with diabetes see their treating clinicians at least annually.
- Ensure patients have a good understanding of the disease, are free of hypoglycemic episodes requiring third-party intervention, and are willing to follow their treatment plans.

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

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