

Diabetes:

Safe driving and the DVLA

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The information in this leaflet has been reviewed
by the DVLA (January 2012)

MSD had the opportunity to review for compliance and medical accuracy only.

Hypoglycaemic episodes (“hypos”) are when your blood glucose levels are too low, which can lead to confusion and affect your ability to drive. This can increase the risk of accidents, which bars some people from driving. Having diabetes does not mean that you have to give up driving, but it does mean that you need to plan in advance before you get behind the wheel. Complications associated with diabetes can affect your ability to drive, as well as your risk and awareness of hypos.



The law: Your responsibilities

If you are on a diabetes medication that requires you to inform the DVLA, it is your responsibility to do so. Your diabetes treatments and circumstances may change over time, so check if this affects your ability to drive and whether you need to contact the DVLA.

The law regarding driving Group 2 vehicles when using insulin has changed. If you can demonstrate that you meet the following criteria, then you may apply to drive Group 2 vehicles:¹⁻³

- You have well-controlled diabetes (with evidence from 3 months of results on a blood glucose meter memory).
- You have had no episodes of severe hypoglycaemia (needing the help of another person).
- You have early warning symptoms when your blood glucose begins to drop to low levels.

For more information, contact the DVLA and discuss with your diabetes healthcare professional.

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Do I need to notify the DVLA?

The following information assumes there are no other circumstances that affect your ability to drive safely, particularly regarding your risk of, and your ability to detect, hypos (low blood glucose levels). If you are unsure what a hypo is, or which category your diabetes medication is in, ask your pharmacist or your diabetes healthcare professional.

Your diabetes treatment	Group 1 (car, motorcycle)	Group 2 (LGV/PCV)
Managed by diet alone	NO	NO
Tablets not included below. These have a low risk of causing hypos	NO	YES
Non-insulin injections, unless you are also taking one of the tablets below	NO	YES
Tablets that carry a risk of hypos. This includes sulphonylureas, such as gliclazide, and glinides (repaglinide and nateglinide)	NO	YES
Insulin	YES	YES
Temporary insulin (e.g. following a heart attack or during gestational diabetes)	NO	YES

Other circumstances

Your ability to recognise and treat hypos, and the development of diabetes complications, may affect your ability to drive safely. By law, you must inform the DVLA when the following affect you (even if you are only taking medications that fall in the "NO" box mentioned previously):¹

- You need laser treatment to both eyes, or in the remaining eye if you have sight in one eye only.
- You are unable to read (with glasses or contact lenses if necessary) a car number plate at 20.5 metres (67 feet) or 20 metres (65 feet) where narrower characters are used.
- You develop any problems with the circulation or sensation in your legs or feet that makes it necessary for you to drive certain types of vehicles only (e.g. automatic vehicles or vehicles with a hand-operated accelerator or brake).
- You suffer from more than one episode of disabling hypoglycaemia (needing help from another person) within 12 months, or if you or your carer feel you are at high risk of developing disabling hypoglycaemia. For Group 2 drivers (bus/lorry), one episode of severe hypoglycaemia must be reported immediately.
- You develop impaired awareness of hypoglycaemia (delay or difficulty in recognising the warning symptoms of low blood glucose).
- You suffer disabling hypoglycaemia while driving.
- An existing medical condition gets worse or you develop any other condition that may affect you driving safely.

Nb. It is advisable to inform your motor insurance company if you have diabetes to avoid any problems should an accident occur.

If you have a hypo while driving, stop the car as soon as possible. Remove the keys to demonstrate you are not in charge of the car, and move into the passenger seat if safe to do so. Treat the hypo as advised.

What if I have an accident?

If you have an accident, even if you feel it is not your fault, test your blood glucose level to demonstrate whether or not you were hypo.

If you have a hypo while driving, you may be charged with driving under the influence of a drug (insulin or diabetes tablet), driving without due care and attention, or dangerous driving. If you have a hypo at the wheel, you must inform the DVLA as soon as you can.

“ **Having diabetes does not mean that you have to give up driving ...** ”

Safe driving

- Keep glucose treatments in the car within easy reach of driver at all times.
- If you inject insulin, check your blood glucose before driving. You may need to do this if you take tablets that may cause hypos. Group 2 drivers (bus/lorry) on a sulphonylurea or glinide are required by law to monitor their blood glucose level at least twice daily and at times relevant to driving.^{1,2}
- Do not drive if your blood glucose level is less than 5 mmol/L and you are taking a diabetes treatment that can cause hypos.^{2,3} If so, have a small starchy snack, such as a couple of plain biscuits or a piece of fruit.
- If you have a hypo while driving, stop the car as soon as possible. Remove the keys to demonstrate you are not in charge of the car, and move into the passenger seat if safe to do so. Treat the hypo as advised.

You should not drive for at least 45 minutes after recovery because your response rate will be slower.

