Diabetes and Driving

Ordinary Driving Licences: Informing the Driver and Vehicle Licensing Agency

• It is a statutory requirement for the patient to inform the Driver and Vehicle Licensing Agency (DVLA) when receiving treatment with insulin or oral antidiabetic drugs. The DVLA need not be informed if treatment is with diet alone or with oral antidiabetic drugs (unless they have other complications). The DVLA must be informed when treatment is changed to insulin therapy, either alone or in combination with antidiabetic drugs.

• Patients treated with insulin will be sent a Diabetic 1 (DIAB1) form, which will ask for further details including the name of the patient’s GP or hospital physician and for consent to approach that doctor directly if necessary for relevant information to assess medical fitness to drive. If this is required, a Diabetic 3 (DIAB3) form is sent to the doctor for completion. A history of recurrent severe hypoglycaemia or impaired awareness of hypoglycaemia may lead to revocation of the licence.

• If insulin-treated, the licence is “period-restricted” and will be issued for 1, 2 or 3 years. If treated with oral medication, the usual “till 70” licence will be retained providing there are no other medical conditions which may prevent this.

• The DVLA must be informed if any other medical problems or diabetic complications develop which could affect the safety of driving, irrespective of the method of treatment required for diabetes.

• Contact address and telephone number:
  Medical Adviser
  Drivers Medical Unit
  DVLA
  Longview Road
  Swansea SA99 1TU

  Telephone 0870 600 0301
  Web address: www.dvla.gov.uk

Vocational Driving Licences for Large Goods Vehicles and Passenger Carrying Vehicles

• Since April 1991 the issue of a Large Goods Vehicle (LGV) or Passenger Carrying Vehicle (PCV) licence is not permitted by statute to people treated with insulin. A person holding a LGV or PCV licence will have their vocational driving licence revoked when they commence treatment with insulin.

• The only exceptions to this are drivers who had type 1 diabetes and were issued with such a licence before the law was changed in April 1991. They can retain their vocational driving licence under “Grandfather’s Rights” These cases are dealt with on an individual basis and licences are reissued annually subject to a satisfactory medical review. Few such drivers now remain.

• People treated with diet or oral antidiabetic drugs can hold LGV or PCV licences, providing they have no visual, or other relevant medical problems.

• The new class of incretin mimetic drugs, which includes Exenatide, Liraglutide and DPP-4 inhibitors, sitagliptin, vildagliptin and saxagliptin, are not associated with hypoglycaemia except when used in combination with sulphonylureas. There is no increased risk of hypoglycaemia when combined with metformin, which is the preferred drug to be used with incretin mimetics. With respect to medical fitness to drive, because of the potential risk of hypoglycaemia when incretin mimetics are combined with sulphonylureas, drivers on this treatment regimen should be advised to test their blood glucose and exert caution when driving. Because of the perceived risk of hypoglycaemia when used in combination with sulphonylureas, the DVLA now required an individual assessment of drivers who are taking an incretin mimetic with a sulphonylurea when they apply for a Group 2 driving licence (LGV and PCV).

Lighter Goods/Smaller Passenger Vehicles
Since January 1998, drivers treated with insulin have been barred from driving vehicles in D1 category (small passenger carrying vehicles for 8 or more passengers). Regulation changes in April 2001 were made to allow ‘exceptional case’ insulin-treated drivers to apply for, or retain their entitlement to drive, class C1 (3.5 – 7.5 tonnes) vehicles, subject to annual review of medical fitness to drive. This has to be carried out by a consultant physician specialising in diabetes.

It should be noted that taxi licensing is not under the jurisdiction of the DVLA, but is under the control of local authorities, many of which may seek the advice of an occupational health physician regarding diabetes and medical fitness to drive.

**Hypoglycaemia While Driving**

To avoid hypoglycaemia drivers should be advised to:

- Abstain completely from alcohol when driving
- Always carry a fast-acting form of carbohydrate that is easily accessible in the car e.g. a glucose drink, or confectionery
- Drive for no more than 2 hours without eating a snack
- Check blood glucose before, and at 2 hour intervals during, journeys
- Carry identification indicating that they have diabetes

**If symptoms of hypoglycaemia do occur while driving, drivers should be advised to:**

- Stop the vehicle in a suitable location as soon as it is safe to do so
- Immediately take a glucose drink or glucose tablets
- Remove the ignition key and move into a passenger seat to avoid any suggestion that the person is in charge of the vehicle, even though it is stationary
- Do not recommence driving until 45 minutes after blood glucose has been restored to normal (because of delayed cognitive recovery)

Drivers with diabetes should know that if they have an accident attributable to hypoglycaemia they render themselves liable to the charge of driving under the influence of drugs.

**Visual Standards**

Visual standards relating to driving are identical to those applied generally. This approximates to an equivalent Snellen chart corrected acuity of 6/12. If in doubt, refer specifically to the Ophthalmology Clinic for formal assessment. People who have had laser therapy for diabetic eye disease may require formal testing of their visual fields with perimetry to ensure that they meet the required standards for driving.

**Motor Insurance**

Diabetes must be disclosed either when arranging a new policy or at the time of diagnosis. Change in treatment or the development of new complications should be disclosed when they occur and should not await renewal of the policy.

Failure to notify the insurer can invalidate cover in the event of a claim.

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Not all insurance companies load the premiums for motor insurance policies for people with diabetes, and differences in approach are common. No single insurance scheme can be recommended in terms of cost or cover, and each case has to be negotiated individually. Diabetes UK will give advice to drivers about policies and motor insurers.