CAREERS CLINIC

What should I do when my patient is not fit to drive?

It can be difficult if a motorist ignores your medical advice to stop driving, but guidance is available, experts tell **Abi Rimmer**

Farnan A, O'Neill D, Melville C 2019

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July 2019

Outline of session

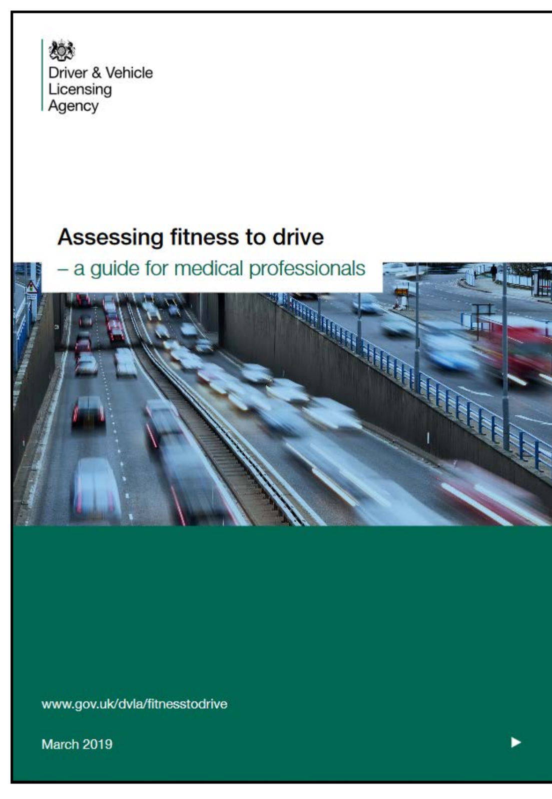
- Background information
- Reflective account
- Paddy - ‘interactive case study’
- Summary of resources

Safe driving requires:

DVLA 2019

Safe driving requires, among other elements, the involvement of:

- vision
- visuospatial perception
- hearing
- attention and concentration
- memory
- insight and understanding
- judgement
- adaptive strategies
- good reaction time
- planning and organisation
- ability to self-monitor
- sensation
- muscle power and control
- coordination



Given these requirements, it follows that many body systems need to be functional for safe driving – and injury or disease may affect any one or more of these abilities. Notwithstanding this, many short term conditions do not require notification to the DVLA

Applicants and licence holders legal duties

DVLA 2019

Applicants and licence holders have a legal duty to:

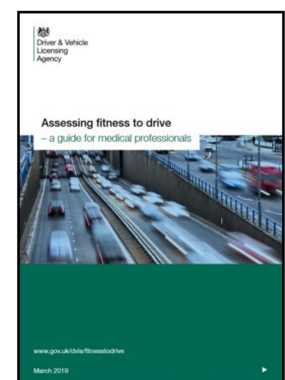
- notify the DVLA of any injury or illness that would have a likely impact on safe driving ability (except some short-term conditions, as set out in the DVLA guidance)
- respond fully and accurately to any requests for information from either the DVLA or healthcare professionals
- comply with the requirements of the issued licence, including any periodic medical reviews indicated by the DVLA.

They should also adhere, with ongoing consideration of fitness to drive, to prescribed medical treatment, and to monitor and manage the condition and any adaptations.

Healthcare professionals responsibilities?

Healthcare professionals responsibilities

DVLA 2019



Doctors and other healthcare professionals should:

- advise the individual
  - on the impact of their medical condition for safe driving ability
  - on their legal requirement to notify the DVLA of any relevant condition
- treat, manage and monitor the individual's condition with ongoing consideration of their fitness to drive
- notify the DVLA when fitness to drive requires notification but an individual cannot or will not notify the DVLA themselves

Reflective account

Paddy: interactive case study

Paddy:interactive case study

Preparation

Split into small groups

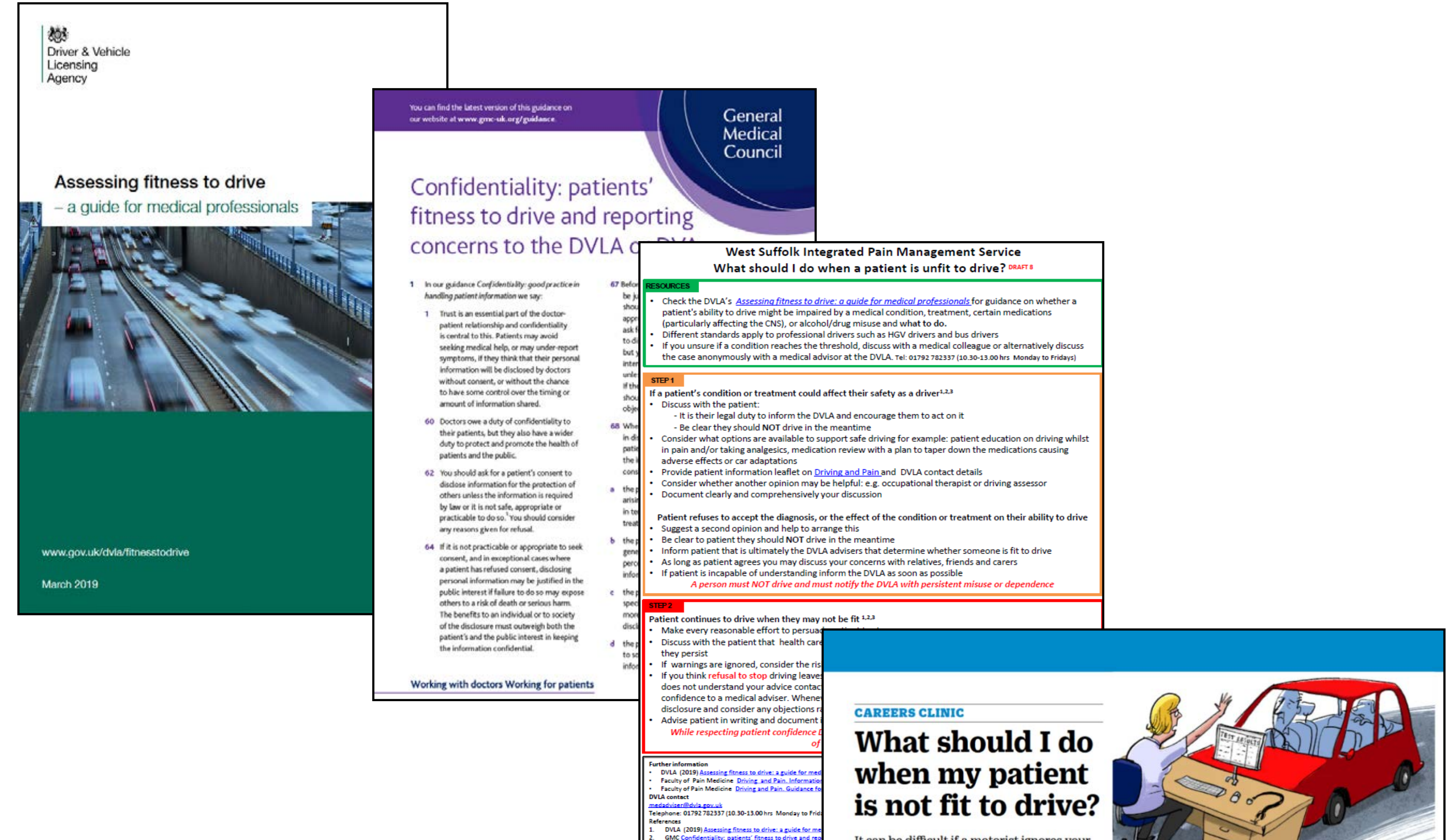
- Group As
- Group Bs

Plan

- 10 mins to discuss/prepare feedback
- 10 -15 mins open feedback

Discussion

Resources
What should I do when a patient is unfit to drive?



New Law on driving: 2015

- It remains illegal in England and Wales to drive when taking prescription medicines if the medication impairs a patient's ability to drive
- New law states that it is an offence to drive with certain drugs above specified blood levels in the body whether your driving is impaired or not.
- New law sets limits at very low levels for **eight drugs** commonly associated with illegal drug use
- Law also includes **eight drugs** commonly associated with medicinal use that are sometimes abused. Limits have been set at a higher level.

If convicted:

- **A minimum 1 year driving ban**
- **A fine of up to £5,000**
- **Up to a year in prison**
- **A criminal record**
- **Driving licence will show for 11 yrs a conviction.**
- **The penalty for causing death by dangerous driving under the influence of drugs is a prison sentence of up to 14 years.**

https://www.gov.uk/drug-driving-law

New Law on Driving: 2015

Advise patients to discuss with their doctor about whether they should drive if prescribed any of the following drugs:

- Morphine or opioid/ opiate-based drugs
- Diazepam, clonazepam, flunitrazepam, lorazepam, oxazepam, temazepam
- Methadone

Medical defence-patients can drive after taking these drugs if:

- Driving is not impaired.
- The medicine was prescribed, supplied or sold to treat a medical or a dental problem.
- Medicine is being taken in accordance with the advice of a HCP and /or printed in PIL .

Drivers taking relevant medicines may choose to have evidence with them to indicate the medicine has been legitimately supplied.

New Law on Driving: 2015

Opioids Aware

Advised patients

1. To take drugs as prescribed.
2. Check PILs for information on how a drug may affect driving ability.
3. Do not drive until you know how a drug affects you.
4. Do not drive if the feel drowsy, dizzy, unable to concentrate or make decisions or if you have blurred or double vision.
5. Take medicine in accordance with the advice of a HCP and /or printed in PIL.
6. It is the responsibility of the patient to consider whether they believe their driving is impaired on every occasion when they drive.

Drivers who have tested positive for morphine were 8-32 times more likely to be injured or responsible for a RTA compared with those who did not test positive

Patient information: opioids & Driving

Opioids Aware

Can I drive when I'm taking opioids?

The law in the UK allows you to drive if you are taking prescribed opioid medicines in accordance with the instructions from your prescriber (including what your prescriber advises you about driving safely). You should never drive if you feel unsafe. Your ability to drive may be affected by other medicines you are taking in addition to opioids, whether you feel tired and by your pain. You are responsible for making sure you are safe on each occasion that you drive.

The law on drugs and driving in the UK changed in 2015. If your driving is impaired for any reason, including taking medicines, it is illegal to drive. It is also now illegal to drive when you are taking opioid medicines without them being prescribed, even if you are not impaired. Preparation for the new drug driving laws involved extensive scientific research to investigate what effect opioid drugs have on ability to drive safely. We now know that if a person is taking more than 220mg of morphine a day they are likely to have a blood level of the medicine which impairs them nearly as much as someone who is over the legal limit of alcohol. All opioid medicines have the potential to impair driving and your prescriber will advise whether the dose of opioid you are taking is likely to impair you. If you are taking a high dose of opioid your prescriber will advise you that you are probably not safe to drive and will document this in your medical notes.

The doses of opioid medicine that are likely to affect your driving are quite high and are above the level that we know is safe and effective for pain treatment.

It is unsafe to drive in the first few days after starting an opioid and for a few days after dose change (up or down). Drinking alcohol reduces the amount of opioid medicine you can take and drive safely so do not drive if you have drunk alcohol and taken opioid medicines.

Discussions in relation to drugs and driving must be clearly documented in the medical notes and a copy given to the patient.

Opioids & Driving

Opioids Aware

Prescribers of opioid medicines must be aware of the likely impairing effects of the drugs and must advise patients accordingly.

- A patient on high dose morphine (around 200-220 mg/24 hours) could be as impaired as someone with blood alcohol around the level above which it is illegal to drive.
- A patient also drinking or taking other sedative drugs could be impaired at a lower morphine dose.
- Patients should be aware that during the period following commencement and dose adjustment (up or down) they may be particularly vulnerable to impairment.
- Although the new legislation will particularly impact on patients taking morphine, prescribers should be aware that equi-analgesic doses of other opioids are likely to be equivalently impairing.
- Potentially distracting effects of pain, and other co-morbidities such as fatigue and poor sleep in relation to driving should also be provided.

Recognising the patient on high doses of opioids

OPIOID EQUIVALENCE, RISKS AND RECOMMENDATIONS[1-3]

The information in the table below applies to non-cancer chronic pain in adults

OPIOID	Dose of stated opioid approximately equivalent in oral morphine equivalent dose/ day (MED/d)				
	Oral morphine < 50 mg per day	Oral morphine 50 - <100 mg per day	Oral morphine 100 mg per day	Oral morphine 120 mg per day	Oral morphine 200 mg per day
Oxycodone	<12.5 mg bd = <50 mg	< 25 mg bd = <100 mg	25 mg bd = 100 mg	30 mg bd = 120 mg	50 mg bd = 200 mg
Fentanyl transdermal patch	12 mcg/hr = 45 mg	25 mcg/hr = 90 mg	25 mcg/hr = 90 mg	50 mcg/hr = 180 mg	75 mcg/hr = 270 mg 100 mcg/hr = 360 mg
Buprenorphine transdermal patch	20 mcg/hr = 48 mg 10 mcg/hr = 24 mg	35 mcg/hr = 84 mg	35 mcg/hr = 84 mg	52 mcg/hr = 126 mg	70 mcg = 168 mg
Tapentadol	50 mg bd = 40 mg	100 mg bd = 80 mg	100 mg bd = 80 mg	150 mg bd = 120 mg	250 mg bd = 200 mg
Tramadol	50 mg qds = 30 mg	100 mg qds = 60 mg			
Codeine	60 mg qds = 24 mg				

RISK OF HARM

Patient factors: Pregnancy, age ≥65, anxiety or depression, overdose history, personal or family history of alcohol, substance/opioid misuse, renal and hepatic impairment, COPD or underlying respiratory conditions.
Drug factors: Multiple opioids, multiple formulations of opioids, more potent opioids, concurrent prescriptions of benzodiazepines/CNS depressants.

- Dosages ≥ 120 mg oral MED/d the risk of harm is substantially increased without increased benefit.
- Opioid related overdose risk is dose-dependent.
- Dosages of 50-<100 mg MED/d increases the risk for opioid overdose by factors of 1.9 to 4.6 compared with 1-<20 mg MED/d.
- Dosages ≥ 100 mg MED/d increases the risk of overdose significantly: 2.0-8.9 compared with 1-<20 mg MED/d.

DRIVING

- Patients may be particularly vulnerable to impairment when first starting a pain medication, following dose adjustments (up or down), when another drug is added or opioid taken in conjunction with alcohol.
- All opioid medicines have the potential to impair driving. A patient on high dose morphine (around 200-220 mg/ 24 hours) driving could be as impaired as someone with blood alcohol around the level above which it is illegal to drive. Alcohol and sedatives may impair driving at a lower morphine dose.

RECOMMENDATIONS

Undertake polypharmacy medication review, assess whether benefits outweigh risks and whether opioid trial goals are still being met. Consider opioid tapering and discontinuation.
There may be a role for medium term, low dose opioid therapy in carefully selected patients who can be monitored. Provide patient information leaflets.

References:
1. Opioids Aware 2. CDC Guidelines for Prescribing Opioids for Chronic Pain United States 2016, 3. IASP Statement on Opioids 2018

Produced by the WSCCG Medicines Management Team and West Suffolk Integrated Pain Management Service.
Version 1 March 2018. Review Date March 2020.

Opioid Aware: Opioids & Driving

- Discussions in relation to drugs and driving must be clearly documented in the medical notes and a copy given to the patient

- *'If you are taking a high dose of opioid your prescriber will advise you that you are probably not safe to drive and will document this in your medical notes'* *(Opioids Aware)*

Driving and Pain

Driving and Pain

Information for Patients

Am I able to drive whilst taking medications prescribed for pain?

Yes, but only if your ability to drive is not impaired. Medications prescribed to help manage pain may cause side-effects such as dizziness or sleepiness and so may impair your driving.

It remains the responsibility of all drivers to decide whether they consider their driving is, or might be impaired on any given occasion. Do not drive if this is the case. Sometimes your doctor may advise you not to drive. If this is the case, even if you do not feel impaired, you must not drive as it is against the law to do so.

What symptoms may mean I cannot drive safely?

Do not drive if you experience symptoms that may impair your driving such as sleepiness, poor coordination, impaired or slow thinking, dizziness or visual problems. These symptoms can occur as side effects of medication, but be aware that pain itself can also affect sleep, concentration and impair physical function.

When might I be at risk of my driving being impaired?

This includes the following circumstances that may increase the risk of your driving being impaired:

- When first starting a new pain medication
- When increasing or reducing the dose of pain medication
- If another prescribed medication is added that could also impair your driving
- If you take an over the counter medicine that could also impair your driving
- If you have a pain condition that could physically impair your driving

Be aware that alcohol taken in combination with some pain medications can substantially increase the risk of accidents.

Driving and Pain

Guidance for Faculty of Pain Medicine Members

Introduction

Road traffic accidents remain a significant public health problem in the UK. In 2016 there were over 180,000 casualties resulting from driving accidents in Britain.[1] Despite a steady decline in deaths on UK roads (from a peak in 1966), around 1800 people a year still die in road accidents. This figure has remained largely unchanged since 2010. The top two contributing factors that led to crashes that resulted in a death were 'loss of control' and 'failing to look properly'.[2] There is also a strong link between fatal crashes and night time driving, with such crashes much more likely to occur between the hours of 11pm and 6am.

Indeed, fatigue and tiredness may be a contributory factor in as many as 20% of all road accidents.[3]

Driving remains a complex dynamic task and chronic pain may affect a number of factors that influence driver performance. Pain conditions themselves may effect ability to drive, as may medications and co-morbid conditions. Driving safely depend on three integrated processes: perception, decision and reaction, and as such relies on eyes, brain and musculoskeletal systems working together.

This guidance summarises current understanding of the way in which Chronic pain may affect driving, the effects of current legislation on pain doctors and patients, and how to advise patients on this topic.

The effect of pain on driving

Pain itself has the potential to affect driving performance through adverse effects on physical function and cognition. For example, musculoskeletal conditions can cause difficulty with the physical act of driving e.g. people with low back pain may experience difficulties using foot pedals.[4] Tests of 'on road' driving performance show that patients with chronic non-malignant pain perform poorly compared to matched healthy controls.[5] When surveyed, 70% of chronic pain patients indicated that pain limited their driving in some way, with 41% experiencing either quite a bit of difficulty or a great deal of difficulty driving.[6] The self reported prevalence of difficulty performing basic safety manoeuvres such as checking for traffic by looking over the shoulder was 57%.

References and resources

References

1. DVLA (2019) Assessing fitness to drive: a guide for medical professionals
2. GMC Confidentiality: patients' fitness to drive and reporting concerns to DVLA or DVA
3. Farnan A, O'Neill D, Melville C (2019) What should I do if my patient is unfit to drive?

Further information

- Faculty of Pain Medicine Driving and Pain. Information for Health Care Professionals.
- Faculty of Pain Medicine Driving and Pain. Guidance for Faculty of Pain Medicine Members

DVLA contact

- medadviser@dvla.gov.uk
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