

Diabetes Fact Sheet for Medical Professionals



Diabetes

In 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.

Impact on Driving

According to NHTSA's Driver Fitness Medical Guidelines, the best available evidence on diabetes and driving indicates 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.

DMVs concentrate their efforts on those drivers who suffer hypoglycemic episodes that require the assistance of a third party. 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 three months. However, it is the clinical judgment of the treating clinician that is the important factor since the person's particular situation will be the major factor.

Clinician's Role

- » Give drivers information on the increased risk associated with diabetes and 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 them on the importance of frequent stops and snacks, easy availability of glucose supplements, and early recognition of signs of impending hypoglycemia.
- » Be aware 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 treated by oral medication.
- » Ensure drivers with diabetes see their treating clinicians at least annually; more frequently for those with control issues.
- » Ensure patients have good understanding of the disease, they are free of hypoglycemic episodes requiring third-party intervention, and they are willing to follow their suggested treatment plans.

Source: *Driver Fitness Medical Guidelines, National Highway Traffic Safety Administration, DOT HS 811 210, September 2009; Physician's Guide to Assessing and Counseling Older Drivers, American Medical Association and NHTSA, 2nd Edition, 2010.*