

Sleep Disorders Fact Sheet for Medical Professionals



Sleep Disorders

“Drowsy driving” or driving with fatigue or sleepiness is a common cause for motor vehicle crashes that involve otherwise healthy but sleep-deprived drivers. Drivers with obstructive sleep apnea (OSA), however, appear to be at particular risk. OSA involves a recurrent airway obstruction during sleep, which results in a cessation of breathing and reduced blood oxygen saturation. Treatments for OSA include continuous positive airway pressure (CPAP), surgical procedures, medications, and treatment of underlying risk factors, particularly obesity.

OSA is relatively common and affects about 2 to 4 percent of middle-aged and older people. Symptoms of OSA include chronic loud snoring, witnessed apneas or breathing pauses during sleep, and daytime sleepiness. Sleep fragmentation leads to chronic sleep deprivation and excessive daytime sleepiness, a cause of cognitive dysfunction. Repeated nocturnal hypoxia also causes cognitive deficits, some of which may be irreversible.

Impact on Driving

Evidence indicates OSA increases crash risk and CPAP is the only treatment demonstrated to reduce crash risk. Once initiated, CPAP treatment must continue for as long as the person wishes to maintain his or her driver’s license.

Any interruptions of CPAP, even if only for one day, can have adverse effects on driving fitness. Since CPAP takes at least two weeks to be fully effective, any interruption in treatment means at least a two-week interruption in driving. In the event of non-compliance, no matter what the reason, the patient should cease driving immediately.

Clinician’s Role

- » Counsel drivers with OSA they can drive if there is no daytime drowsiness or if the apnea hypopnea index (AHI) is less than 20. Drivers with daytime sleepiness or an AHI of 20 or more may drive only if treatment is effective or as long as the patient continues therapy.
- » Counsel drivers to continue driving if the sleep disorder is effectively treated with a pharmaceutical.

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.*