returned until successful treatment has begun. If treatment has already been started successfully then there is no problem of course.

Following the return of these forms to the DVLA, the sleep unit may be contacted by the DVLA. This asks the consultant what the diagnosis is, what treatment has been given, is the patient compliant with treatment, whether there are other conditions causing sleepiness, whether the patient continues to experience 'irresistible drowsiness in inappropriate situations', and finally whether there are any other conditions that might affect fitness to drive. If everything is satisfactory then this will mean that the DVLA is happy for driving to continue.

8. So what should I do and when?

A) No one should drive if they are feeling sleepy, whatever the cause. They should have a sleep or nap until feeling sufficiently refreshed to be safe again.

B) Seek medical attention if this sleepiness is not explicable by life style issues.

C) If you are awaiting assessment for possible OSA with sleepiness or related symptoms sufficient to impair driving, then you need to write to the DVLA and stop driving (common sense). If the symptoms are not sufficient to impair driving, then it is *not necessary* to inform the DVLA.

D) Once the diagnosis of OSAS has been made, the specialist will advise on telling the DVLA and when to do this and whether driving can continue at all until after treatment. This is covered in section 4 above.

E) Once successful treatment has begun, then there is no reason for the DVLA to remove or withhold a driving licence. In the case of Group 2 (vocational) licences an annual review may be required to ensure treatment remains successful (see section 5 above).

9. Additional information:

Obstructive Sleep Apnoea and Driving and/or the Tiredness Can Kill brochure available from:-

https://www.gov.uk/obstructive-sleep-apnoea-and-driving

Disclaimer

The information in this publication is given for general information purposes only. It is in no way intended to replace the professional medical care, advice, diagnosis, or treatment of a doctor. If you are worried about any aspect of your health, you should consult a doctor in person.

SLEEP APNOEA TRUST

Working to improve the lives of sleep apnoea patients, their partners and families.

Sleep Apnoea Trust
PO Box 60
Chinnor
Oxon
OX39 4XE

Tel & Fax: 0845 0380060
info@sleep-apnoea-trust.org
www.sleep-apnoea-trust.org

The Sleep Apnoea Trust is mainly managed by unpaid volunteers.

Patron: The Earl of Buckinghamshire
Registered Charity No 1056963

DRIVING AND SLEEP APNOEA

THE FACTS

1. Sleepiness and Driving

Driving requires many simultaneous skills, mainly eye-hand coordination with accurate speed and direction calculations. This requires full concentration, as evidenced by the higher accident rates in those who use mobile phones while driving.

There is good evidence that sleepiness and fatigue are responsible for about 20% of driving accidents. Many of these sleep-related accidents are due to lifestyle issues, such as driving without adequate sleep, and often happen at times when levels of concentration are naturally low; such as in the afternoon and at night. However some are due to medical conditions.

Such accidents are not only devastating to the victims and their families, but are extremely expensive to society, with fatal accidents costing over £1 million each.

2. Why should obstructive sleep apnœa (OSA) affect driving?

The part played by sleep disorders in traffic accidents, particularly obstructive sleep apnœa, has been recognised for over 20 years, with many studies clearly showing a link, particularly when the OSA is severe. OSA can grossly disturb sleep, sometimes producing sufficient excessive daytime sleepiness to explain the higher traffic accident rates in people with OSA.

However, it is not entirely clear what aspects of sleep disturbance in OSA lead to poorer driving ability; is it just sleepiness and briefly 'nodding off' at the wheel', or is there also general impairment of driving skills such as eye-hand coordination (similar to the effects of alcohol), or a mixture of both? It is quite clear that only some people who have OSA are at extra risk of having an accident. Why is this the case?

3. Why do only some people with OSA develop sleepiness sufficient to impair driving ability?

The full answer to this question is not known. In studies that have been done on communities in several countries it is clear that more people have OSA without symptoms, than with symptoms. Their bodies and brains seem not to be affected by the sleep disturbance they are getting. This is perhaps not surprising given that other sleep-disturbing circumstances (such as a crying babies and infants who repeatedly wake) affect people differently too. It is also likely that in some people the actual stopping breathing episodes do not 'wake the brain' as much as in others.

4. Does this mean that all people with OSA have to stop driving until treated?

Because not all people with OSA become sufficiently sleepy to impair driving the answer is *no* -- not all people with OSA will have to stop driving. The UK Driver and Vehicle Licensing Agency (DVLA) is more concerned with *sleepy* people, and when OSA does cause excessive daytime sleepiness or other related symptoms we call this **obstructive sleep apnœa *syndrome* (OSAS)** rather than just OSA. In fact the DVLA specifically uses the term **obstructive sleep apnœa *syndrome*** to make this point very clear. Thus the assessment of OSA by a specialist may be very important in trying to make this distinction and offer advice about whether driving should continue or not.

5. What will happen when I go to the clinic to be assessed for OSA or OSAS?

The diagnosis of OSAS and decisions on management requires the combination of a sleep study and an assessment of how sleepy the patient is, both are needed to be able to advise on driving.

For example, at one end of the spectrum will be someone with severe OSA diagnosed on the sleep study, severe daytime sleepiness (and who perhaps has already had an accident due to falling asleep at the wheel) and thus clearly has severe OSAS. This person must inform the DVLA and stop driving until successfully treated

At the other end of the spectrum will be someone who only has a mild or moderate degree of OSA, with no excessive sleepiness, or related symptoms, sufficient to impair driving, and who therefore *does not have OSAS* (or be likely to require CPAP treatment). This person can continue driving and does not have to inform the DVLA

Advice for people in between these extremes requires specialist medical advice.

6. What are the actual rules about stopping driving and informing the DVLA?

In English law a person is responsible for their own concentration levels (or vigilance) when driving. Thus falling asleep at the wheel and causing an accident is a criminal offence, potentially leading to a prison sentence if the damage resulting is severe and involves loss of life. This is the case *regardless of the cause of the sleepiness*, be it due to repeated sleep deprivation from normal causes (such as a new baby), or due to a medical condition such as obstructive sleep apnoea syndrome (OSAS). It is assumed that sleepy people know they are sleepy, and therefore know not to drive when they are feeling sleepy. Because of the increased accident rate in patients with OSAS, the DVLA is rightly concerned to prevent unnecessary accidents and want to know about anyone with OSAS. It is the responsibility of the person with a medical condition causing impaired ability to drive to tell the DVLA, not the clinic or doctor. However, it is the responsible clinician's responsibility to advise the patient appropriately as to whether to inform the DVLA.

If a diagnosis of obstructive sleep apnoea syndrome (OSAS) has been made or strongly suspected, then there are DVLA rules that should be followed. As explained above, obstructive sleep apnoea syndrome is defined as the *combination of sleep apnoea on a sleep study and excessive daytime sleepiness or related symptoms.* Usually if the sleepiness is significant, then the patient will be offered CPAP or other treatment which should lead to resolution of the sleepiness.

The actual DVLA statements are as follows:

"You must tell the DVLA if you are very sleepy during the day because of a medical condition."

"You must tell the DVLA if you have obstructive sleep apnoea (also known as sleep apnoea) with symptoms that affect your ability to drive safely".

"If you're not sure if your obstructive sleep apnoea affects your ability to drive safely, ask your doctor or consultant."

"For Group I (ordinary licence), driving must cease until satisfactory control of symptoms has been attained."

"For Group 2 (vocational), driving must cease until satisfactory control of symptoms has been attained, with ongoing compliance with treatment, confirmed by consultant/specialist opinion. Regular, normally annual, licensing review required."

This may appear rather harsh, but many conditions that lead to an increased risk of accidents lead to the suspension of driving licences, such as epilepsy, heart attacks, strokes and certain forms of diabetes, etc.

7. What happens when a patient informs the DVLA that they have OSAS?

First they receive a form called SLl (cars & m/cycles) or SL1V (bus, coach, lorries). This asks what the diagnosis is, the date of the diagnosis, whether the condition is now controlled, whether one is free of 'excessive drowsiness occurring in inappropriate situations', requests details of treatment, and whether the condition has ever caused a driving accident (and its date). The second part of these forms asks for details of the doctors involved in the diagnosis and treatment, as well as requesting permission to approach them.

If there is a diagnosis of OSAS and you cannot say you are free of 'excessive drowsiness occurring in inappropriate situations' then the licence will be revoked and will not be