British Thoracic Society

POSITION STATEMENT

Driving and Obstructive Sleep Apnoea (OSA) / Obstructive Sleep Apnoea Syndrome (OSAS)

June 2014

Context

It is recognised that OSA is very common in the adult population in the UK and that people with untreated OSAS are at an increased risk of motor vehicle collisions (MVCs). The life time risk to an individual patient is low, but the impact of these uncommon events, which include fatalities and lifelong disability, are associated with great emotional distress and broader societal costs. In April 2013, a comprehensive survey was sent to BTS members to assess current practice with regard to advice on driving and OSA [1]. The survey showed important variability in the interpretation of DVLA guidance, and follow up discussions have made it apparent that many BTS members would welcome a consensus statement.

The Sleep Apnoea SAG held an open meeting at the 2013 Winter Meeting of the BTS in the presence of a representative of the DVLA to help in the development of this statement.

SCOPE

This statement supports the current DVLA guidance for England [2].

It is intended for healthcare professionals working in secondary care. While patients will initially present to primary care, the Sleep Apnoea Specialist Advisory Group (SAG) supports the view that advice about driving and sleep disorders should be part of the assessment made by the specialist team. Advice to not drive if feeling sleepy applies to all drivers. It is the driver's responsibility to ensure their fitness to drive but a GP may well recommend that a patient does not drive if it is clear that sleepiness is impairing driving, whatever the cause.

This statement emphasises the distinction between people with OSAS and those with OSA but without significant symptoms.

This statement is not written for patients specifically. The SAG recommends that patients requiring additional information be directed to the Sleep Apnoea Trust website [3].

DVLA Guidance

The DVLA recognises the widespread phenomenon of asymptomatic, or minimally symptomatic, OSA. The DVLA focus is quite rightly on the symptoms that the patient is experiencing and whether they are sufficient to impair driving, rather than the findings on a sleep study and the specific diagnosis. This means that those patients who are required to stop driving due to relevant symptoms, should only temporarily have to stop driving; once their symptoms are controlled with the appropriate treatment they will be able to resume driving, despite still having a diagnosis of 'sleep apnoea', albeit treated.

The patient does not need to stop driving, nor inform the DVLA if:

- They are being investigated for, or have a diagnosis of, sleep apnoea, but do not experience symptoms of daytime sleepiness that are of a severity likely to impair driving.

We recommend that the patient should inform the DVLA (but not cease driving) if:

- They are successfully using CPAP or mandibular positioning therapy. Note – as long as the patient is compliant with treatment and their symptoms are controlled such that they no longer impair driving, their licence should not be affected.

The patient has a legal requirement to inform the DVLA and stop driving if:

- They are diagnosed with OSAS, where the symptoms include sufficient sleepiness to impair driving.
- Prior to formal diagnosis, the patient is reporting sufficient levels of sleepiness to impair driving, and that there is a reasonable chance that this is due to a medical condition.

This guidance is applicable to both Group 1 and Group 2 drivers. In addition, for Group 2 drivers, compliance with treatment and ongoing symptom control must be assessed on a regular, usually annual basis, by the sleep specialist.

It is of course vitally important that patients are not deterred from seeking advice and treatment because of concerns about driving; loss of licence and livelihood. If the patient does have symptoms sufficient to impair driving and therefore needs to inform the DVLA, then the quickest route to their licence being re-instated involves the patient surrendering their licence voluntarily. In this case, once their symptoms are under control they may be able to drive again legally, while the process to formally re-instate their licence is in progress (Section 88 of Road Traffic Act*).

* Once the clinician and patient agree the symptoms are under control and it is therefore appropriate to re-apply for a licence, the patient informs the DVLA. The DVLA will review the application and have the option of invoking S88 while they are in the process of formally re-issuing the licence, or while they are seeking confirmation from the clinician. They may however withhold S88 if they want the medical reports first.

Roles and Responsibilities

The sleep clinician should:

- Advise the patient that if they hold a driving licence they must follow the DVLA's guidance.
- Help the patient to assess the likely impact of their symptoms on their safety to drive, (which will include a review of their driving habits, episodes of drowsy driving, information from family members, and identifying any MVCs, or near misses, which could be attributed to sleepiness or poor concentration). See the ATS Practice Guidelines for useful guidance (4).
- Record the discussion and recommendations about driving, and whether the DVLA should be informed, clearly in the patient's notes. (Specialist tests of alertness and driving simulation may help to inform these discussions, but do not have any legal standing and there is no convincing evidence that they predict the likelihood of MVCs.)

The specialist is not responsible for informing the DVLA, or preventing the patient from driving, or monitoring their compliance with any advice that they should stop driving. If the patient does not accept the opinion as to the diagnosis and driving advice, they are entitled to a second opinion. If the specialist becomes aware, that a patient with sleepiness, likely to impair driving ability, is continuing to drive against advice, they can inform the DVLA (having previously let the patient know in writing), thus breaching patient confidentiality. However the GMC recognises that they are not legally obliged to do so.

The BTS strongly believes that professional drivers should be fast-tracked for diagnosis and treatment, so that symptoms are rapidly controlled, minimising time away from work. This will give drivers confidence to present with symptoms suggestive of OSAS. There is no evidence to support the use of stimulant medication or presumptive trials of treatment with CPAP as a stop gap awaiting a definitive diagnosis (4).

The patient should:

- Report their symptoms honestly to their clinicians.
- Inform the DVLA regarding their situation when required to do so.
- Comply with the instructions of the DVLA.

The DVLA will:

- Decide whether the patient is fit to drive and whether they can hold a driving licence (acting on information from the patient, and potentially from the sleep specialist if this is requested).

Appendix

1. British Thoracic Society, Winter Meeting 2013. Thorax. December 2013, Vol 68, Supplement III. Abstract No:S5, Abstract No: P252

2. Information from the DVLA:
https://www.gov.uk/driving-medical-conditions
https://www.gov.uk/obstructive-sleep-apnoea-and-driving

3. Sleep Apnoea Trust Association – Driving and Sleep Apnoea
http://www.sleep-apnoea-trust.org/driving-and-sleep-apnoea.htm

4. An Official American Thoracic Society Clinical Practice Guideline: Sleep Apnea, Sleepiness, and Driving Risk in Non commercial Drivers. Strohl KP et al. AJRCCM, 2013, 187: 1259-1266

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British Thoracic Society
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