

# INFORMATION ON DRIVING AND DIABETES: GROUP 1 VEHICLES

This leaflet offers information on what is now required to hold a driving licence and ensure that driving is safe and hazard free.

## LICENCE GROUPS

GROUP 1: includes motorcars and motorcycles

GROUP 2: includes Lorries, buses, large goods vehicles and Public Service Vehicles such as taxis and minibuses or motor homes (categories C1, C1E, D1, D1E, C, CE, D and DE)

The driving licensing agencies seek to ensure you are safe while driving on the road. If you are on insulin you must tell the DVA unless insulin is only for a temporary period (under three months). This leaflet will give some further guidance on this.

## HYPOGLYCAEMIA (low blood sugar)

Hypoglycaemia, or hypo, is a blood glucose level of less than 4 mmol/l. Hypos can happen when you are treated with insulin or some diabetes tablets. There are certain diabetes tablets that do not cause hypos. The risk of hypoglycaemia is the main danger to safe driving. Hypoglycaemia may endanger your own life and that of other road users. Many accidents caused by hypoglycaemia are because drivers keep driving even though they have warning symptoms of hypoglycaemia. If you experience any warning symptoms of hypoglycaemia whilst driving you must stop as soon as safely possible- do not ignore warning symptoms.

### Early symptoms of hypoglycaemia include:

- Sweating, shakiness or trembling, feeling hungry, fast pulse or palpitations, anxiety, tingling lips

If these symptoms are not treated it may result in more severe symptoms such as:

- Slurred speech, difficulty concentrating, confusion, disordered or irrational behaviour which may be mistaken for drunkenness

**Impaired awareness of hypoglycaemia** is where you are unable to recognise the hypo until your blood glucose is below 3 mmol/l.

**Severe hypoglycaemia** is where you were completely dependent on another person to treat your hypo.

### What sort of hypoglycaemia episode needs to be reported?

- **Severe hypoglycaemia** requiring assistance from another person at any time of day or night must be reported. The requirement of assistance includes admission to Accident and Emergency, treatment from paramedics/partner/friend who has to administer glucagon or glucose because you cannot do this for yourself. It does NOT include another person offering or giving assistance in circumstances where you are aware of your hypoglycaemia and are able to take appropriate action independently.
- **Impaired awareness of hypoglycaemia** is where you are unable to recognise a hypo until your blood glucose is below 3 mmol/l.

- **Drugs that can cause hypoglycaemia are listed below:**

<b>Medicine group</b>	<b>Generic (proper) name</b>	<b>Brand (trade name)</b>
Sulphonylurea	Glibenclamide	
	Gliclazide	Diamicon/Diamicon MR
	Glimepiride	Amaryl
	Glipizide	Glibenese/Minodiab
	Tolbutamide	
Prandial glucose regulator	Nateglinide	Starlix
	Repaglinide	Prandin

## **WHAT YOU NEED TO KNOW**

### **If you are on insulin:**

- You must tell the Driver and Vehicle Licensing Agency (DVA); your licence will then be renewed every one, two or three years
- You must tell the DVA and stop driving if you have had two or more episodes of severe hypoglycaemia requiring assistance from another person at any time (including while you are asleep) in a twelve month period.
- You must tell the DVA if you are unaware of hypoglycaemia before your blood glucose falls below 3mmol/l
- You must tell the DVA if you suffer severe hypoglycaemia while driving
- You must tell the DVA if you need laser treatment to both eyes or in the remaining eye if you have sight in one eye only
- You must monitor your blood glucose appropriately (see below)
- You must report any changes to your condition or treatment which occur between renewals (e.g. complications which might affect your ability to drive safely) including problems with hypoglycaemia
- If you are on insulin for a temporary period only (e.g. less than three months or for gestational diabetes less than three months after delivery), and are under medical care, you do not need to notify the DVA unless you have problems with hypos/severe hypos/hypo unawareness
- You must be able to read, with glasses or contact lenses if necessary, a car number plate in good light at 20.5 meters (67 feet) or 20 metres (65 metres) where narrower characters (50 mm wide) are displayed. In addition, your visual acuity (with the aid of glasses or contact lenses if worn) must be at least 6/12 (0.5 decimal) with both eyes open or if you are blind in one eye.

## **If you are not on insulin**

### **You only need to notify DVA if:**

- You have had two or more episodes of severe hypoglycaemia within the last 12 months (where you were completely dependent on another person to treat your hypo)
- You develop impaired awareness of hypoglycaemia (where you cannot recognise the hypo unless your blood glucose is below 3mmol/l)
- You experience a disabling hypo whilst driving and need help from another person
- You have other medical conditions or changes occur to existing medical conditions which could affect your ability to drive safely such as problems with vision (e.g. laser treatment/injections), circulation, or sensation (e.g. peripheral neuropathy)

### **SAFE DRIVING TIPS**

Many of the accidents caused by hypoglycaemia are because drivers ignored their hypo warning signs (eg hunger, sweating, feeling faint) and continued to drive,

- The licensing agencies are trying to ensure you are safe to drive on the road. They will be concerned if you are unable to recognise a hypo when your blood glucose is more than 3 mmol/l or self-treat your hypos.
- If you are on insulin, check your blood glucose no more than two hours before getting behind the wheel and every two hours whilst driving.
- Avoid delaying or missing meals and snacks
- Make regular stops on a long a journey
- Always keep hypo treatments to hand in the car
- Do not drink alcohol and drive
- If you have a hypo whilst driving:
  - Stop the vehicle as soon as possible
  - Switch off the engine, remove the keys from the ignition and move from the driver's seat
  - Take some fast-acting carbohydrate, such as glucose tablets or sweets, followed after 15 minutes, or once the blood glucose is above 4 mmol/l, by some form of longer-acting carbohydrate.
  - Do not start driving until 45 minutes after blood glucose has returned normal.
  - If you are not detecting hypos until your blood glucose is less than 3 mmol/l, (you have poor warning signs), or if you have frequent hypos, you should probably not be driving because of the risk to yourself and others. Discuss this with your diabetes healthcare team. If your team advises you to notify the DVA you must do so. If you fail to do this, your doctor has an obligation to do so on your behalf.

### **HOW TO SURRENDER YOUR DRIVING LICENCE AND RETURN TO DRIVING AT A LATER DATE**

If you have been informed by your doctor not to drive you can surrender your driving license to the Driver & Vehicle Agency (DVA). If you choose to surrender your licence you can post your documents, along with a covering letter detailing your full name, date of birth and driver number. Explain what the nature of your condition is and send this to the address below.

## **IF YOU DECIDE TO RETURN TO DRIVING AFTER VOLUNTARY SURRENDER**

If you want to apply for the restoration of your driving licence, medical enquiries will need to be made. However, while these enquiries are being carried out, the law provides cover to drive under the Road Traffic (Northern Ireland) Order, 1981. This means that as soon as your application is received at DVA (following voluntary surrender) you may resume driving provided you meet the following criteria:

- a valid application is held at the DVA
- you have not or would not be refused or revoked a licence for medical reasons and you are able to meet the medical standards of fitness to drive; if you are in any doubt about your ability to meet these standards, you should check with your doctor before you resume driving
- you must have held a Northern Ireland or Great Britain licence issued since 1 January 1976 or another exchangeable licence
- you keep to any special conditions which may apply to you and to your licence
- you are not disqualified from driving

### **Links**

<http://www.nidirect.gov.uk/index/information-and-services/motoring/driver-licensing/telling-dva-about-a-condition/how-to-surrender-your-driving-licence-and-return-to-driving-at-a-later-date.htm>

## **HOW TO CONTACT THE DVA**

### **By post**

Send both parts of your driver licence, along with a covering letter detailing the nature of your condition to:

Drivers Medical Section  
DVA  
Castlerock Road  
Waterside  
Coleraine  
BT51 3TB

### **Telephone or email**

You can notify DVA of a medical condition by phone or email. Remember to quote your full name, date of birth and/or driver number (if known). You must also give details of your specific medical condition or disability in order that you can be sent the appropriate medical questionnaire.

**0845 402 4000 Monday to Friday, from 9.00 am to 5.00**

**email [dvlni@doeni.gov.uk](mailto:dvlni@doeni.gov.uk)**

<http://www.nidirect.gov.uk/index/information-and-services/motoring/driver-licensing/telling-dva-about-a-condition/medical-questionnaires-for-car-or-motorcycle-licence-holders.htm>

### **More Useful Links**

<http://www.nidirect.gov.uk/index/information-and-services/motoring/driver-licensing/telling-dva-about-a-condition/how-to-tell-dva-about-a-medical-condition.htm>

### **HYPOGLYCAEMIA AND DRIVING IN THE FUTURE**

Having hypos, even severe ones, does not mean a lifetime ban. You may still be able to drive after having a hypo attack. Get advice from your doctor if in any doubt.

Anyone with impaired awareness of hypoglycaemia should seek advice and help from a specialist diabetes team. With regular advice and support most people with impaired awareness of hypoglycaemia can be helped, so that they have a return of awareness of hypoglycemia over a period of months which will allow them to drive safely again.

### **MOTOR INSURANCE**

When applying for motor insurance you must declare you have diabetes even if you are not asked about diabetes. You should also inform your insurance company of any changes to your condition or treatment. Failure to do so could mean you are not covered. If you feel your premium is too high it is worth challenging your insurer. Insurers can only refuse cover, or charge more if they have evidence of increased risk.

The national medical guidelines of fitness to drive are reviewed twice each year and are published and available to doctors and healthcare professionals in 'At a Glance Booklets' on the DVLA website at Gov.uk. For the most up to date advice:  
[www.gov.uk/government/publications/at-a-glance](http://www.gov.uk/government/publications/at-a-glance)