Diabetes and Driving

The National Diabetes Services Scheme (NDSS) is an initiative of the Australian Government administered by Diabetes Australia.
It is a privilege to drive a motor vehicle and with it comes major personal and legal responsibilities and liabilities. Driving is a complex skill both physically and mentally and for people with diabetes who drive, extra precautions need to be taken to help maximise road safety. The main hazard for those who take insulin or glucose lowering medications is the unexpected occurrence of hypoglycaemia (hypo) but most episodes can be prevented.

> Test your blood glucose and ensure it is above 5 mmol/L before driving

> Make sure your blood glucose is above 5 every 2 hours during driving

> At all times, carry a fast acting carbohydrate food (or drink) with you as well as in the vehicle

> If you suspect a hypo while driving, pull over safely, eat something sweet (at least 15 grams of glucose) to treat the hypo and follow this up with some longer acting carbohydrate. Ensure your blood glucose rises above 5. Wait at least 30 minutes after the blood glucose reads above 5, and confirm it remains above 5 before driving again

> Be a safe driver, consider the safety of your passengers, other road users and yourself
Driving Responsibilities Check List

☐ I check my blood glucose level before driving and ensure the reading is above 5 mmol/L
☐ I carry fast acting carbohydrate when I drive
☐ I carry my glucose meter when I drive
☐ I check my blood glucose every 2 hours during driving and ensure the reading is above 5
☐ I see my doctor and other health care team members on a regular basis
☐ I do not have daytime drowsiness or untreated sleep apnoea
☐ I have had my eyes checked in the last 12 months
☐ I have had my feet checked in the last 12 months
☐ I carry an ID that says I have diabetes
☐ I have advised my driving licence authority that I have diabetes
When you drive – Be above 5

Help to avoid low blood glucose while driving

Ensure your blood glucose is over 5 mmol/L both before and every 2 hours during driving

Keep a record of blood glucose levels

Always carry a fast acting food or sweet drink in your car

DO NOT drive for more than 2 hours without considering a snack and do not delay or miss a main meal. Stay “Above 5” during your vehicle journey

Carry identification both on yourself and in your car indicating that you have diabetes

If you feel a hypo developing while driving

> STOP driving as soon as it is safe to do so
> Remove the ignition key
> Check your blood glucose
> IMMEDIATELY eat at least 15 grams of fast acting carbohydrate or have a glucose or sugary drink
> Wait 15 minutes and then check your blood glucose again. Repeat treatment with fast acting carbohydrate if required
> Follow this up by taking a longer acting carbohydrate (fruit, bread, milk, muesli bar)

Fast acting carbs

• 6-10 jelly beans (approx 15-20g)
• Fruit juice (150-200mls)
• Soft drink (150-200mls) - NOT diet or low-cal drink

• Glucose tablets (15-20g)
• Lucozade (100-200mls)

DO NOT resume driving until at least 30 minutes after your hypo symptoms have completely gone and your blood glucose is above 5. Studies have shown that your brain function may take this long to fully recover.

Severe hypoglycaemia

If you have experienced a severe hypoglycaemic episode involving loss of consciousness in any situation, do not resume driving until you have medical clearance to do so (as per Assessing Fitness To Drive (AFTD) (in press) - www.austroads.com.au/aftd). Your diabetes specialist will need to determine your fitness to safely resume driving.
Lack of hypoglycaemia awareness

Lack of hypoglycaemia awareness is when a person does not recognise the symptoms of hypoglycaemia to enable treatment before brain function is affected. This is a serious condition that increases the risk of severe hypoglycaemia.

Hypoglycaemia, or low blood glucose (below 4mmol/L), may develop quickly and normal hypoglycaemia awareness includes ‘early warning symptoms’ of trembling, sweating, light headedness, hunger, headache, palpitations and tingling around the lips. When blood glucose falls further, symptoms due to lack of glucose supply to the brain may occur and include lack of concentration / behaviour change, irritability, double vision and a reduced level of consciousness.

Even when blood glucose is low, some people have few or no symptoms of hypoglycaemia at all, including loss of the early warning symptoms of low blood glucose. They may then become confused and even lose consciousness without ever knowing their blood glucose levels were low and dropping. This condition is called lack of hypoglycaemia awareness (or hypo unawareness) and it tends to happen to people who have had diabetes for many years.

Under these circumstances, it is especially important to monitor blood glucose prior to and regularly whilst driving to help avoid severe hypoglycaemia and reduce the risk of a crash. It is critical to be above 5 to ensure safety when driving.

People with this condition in general are not eligible to drive but a conditional licence (not commercial), may be granted following advice from an endocrinologist or diabetes specialist. In some instances, awareness of hypoglycaemia can return.

See your doctor as you may be able to obtain a conditional licence (as per AFTD (in press) - www.austroads.com.au/aftd).

High Blood Glucose (hyperglycaemia)

You should not drive if you feel unwell. High blood glucose levels can result in tiredness, blurred vision and altered decision making, all of which impact on driving.

Associated conditions that may affect driving

1. Have your **eyes** checked every 12 months or as recommended by your doctor

2. **Sleep apnoea** and snoring problems are more common in people with type 2 diabetes, particularly if overweight. Sleep apnoea can cause excessive daytime drowsiness and loss of concentration while driving. Talk to your doctor

3. If your **feet** or legs are numb or painful, or you have trouble feeling the pedals when you drive, promptly seek advice from your doctor or podiatrist

4. **Heart** disease and high blood pressure are more common in people with diabetes. See your doctor for regular monitoring

5. After any **surgical or medical procedure**, seek the advice of your doctor to determine when you are fit to resume driving
You also need to know

> It is your legal responsibility to advise the Driving Licence Authority (DLA) in your State or Territory if you take glucose lowering medications including insulin. If you are treated with diet and exercise only for your diabetes, notification requirements vary across different jurisdictions and you should check with the DLA requirements in your state or territory. SEE PAGE 6 FOR DETAILS.

> There may be conditions placed on your driver’s licence because of your diabetes.

> If you are a commercial driver then an endocrinologist / specialist in diabetes may need to make recommendations on your fitness to drive.

> You will need to plan ahead for your doctor’s medical report in relation to your fitness to drive. Check well ahead of time which records, including self blood glucose results or materials that you should take to that appointment.

A few last points

Stay ‘above 5’ at all times when driving
Carry a form of glucose on you and in the vehicle at all times
Test blood glucose before driving a vehicle and at least 2 hourly on long trips
If a hypo occurs, pull over safely and immediately treat it
Understand the interaction between insulin, and other glucose lowering medications, food and activity

Advise your Driving Licence Authority of your diabetes
Regularly consider your fitness to drive safely
Be a safe driver – consider the safety of your passengers, other road users and yourself
### Useful resources

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### Your Local Doctor

### Your Diabetes Team

- Assessing Fitness To Drive (in press)  
- Diabetes Australia or your State and Territory Diabetes organisations  
- Australian Diabetes Society  
- Australian Diabetes Educators Association  
This booklet was developed by the “Diabetes & Driving Working Party” on behalf of the Australian Diabetes Society through funding under the National Diabetes Services Scheme (NDSS). The Working party included representation from the Australian Diabetes Educators Association. The NDSS is an initiative of the Australian Government administered by Diabetes Australia. The NDSS delivers diabetes-related products at subsidised prices and provides information and support services to people with diabetes. Registration is free and open to all Australians diagnosed with diabetes.

Visit [www.ndss.com.au](http://www.ndss.com.au) or call 1300 136 588

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