RHA – Guide to Fatigue Whilst Driving and Obstructive Sleep Apnoea
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It is rare for a driver to fall asleep without some type of warning, those that do have often fought off tiredness and yawning episodes by turning up the radio or opening a window among other things. Studies have shown this does not work for long

The facts

- Research suggests that almost 20% of accidents on major roads are sleep-related
- Sleep-related accidents are more likely than others to result in a fatality or serious injury
- Peak times for accidents are in the early hours and after lunch
- About 40% of sleep-related accidents involve commercial vehicles
- Men under 30 have the highest risk of falling asleep at the wheel
- Modern lifestyles such as early morning starts, shift work, late night socialising, often lead to excessive tiredness by preventing adequate rest.
- Natural sleepiness/tiredness occurs after eating a large meal.
- Changes in body rhythm produce a natural increased tendency to sleep at two parts of the day:
  - Midnight – 6am
  - 2pm – 4pm
- Although no one should drink and drive at any time, alcohol consumed in the afternoon maybe twice as potent in terms of producing sleepiness and driving impairment as the same amount taken in the evening.
- Prescribed or over-the-counter medication can cause sleepiness as a side effect. Always check the label, if you intend to drive.

Conditions which may cause sleepiness/tiredness

Although all drivers are subject to the pressures of modern life, many drivers are unaware that some medical conditions also cause excessive sleepiness/tiredness.

- Illnesses of the nervous system, such as Parkinson’s disease, Multiple Sclerosis (MS), Motor Neurone Disease (MND) and Narcolepsy may also cause excessive sleepiness/tiredness. Sometimes these illnesses alone may cause drivers to be unfit for driving.
- Tiredness or excessive sleepiness can be a non-specific symptom of Parkinson’s disease, MS, and MND or may also be related to prescribed medication.
- Narcolepsy also causes daytime sleepiness/tiredness as well as other symptoms that may be disabling for drivers.
- Sleep Apnoea a disruption of normal sleep patterns, pauses in breathing and is the most common.
What is OSA?

OSA is a condition which affects approximately 5% of the population, but which often goes undiagnosed. If you have OSA with symptoms, so called Obstructive Sleep Apnoea Syndrome (OSAS), and it is not treated, this can be very dangerous to your health. It can significantly reduce your quality of life and, when causing sleepiness or related symptoms, can be a risk factor for road traffic accidents. Sleepiness is implicated as a major contributory factor in up to 20% of motorway traffic accidents, and is associated with an increase in the severity of an accident, as driver reactions are impaired.

Is Obstructive Sleep Apnoea Syndrome (OSAS) different to OSA?

OSAS is a more serious form of OSA where there is evidence of both a disruption of normal breathing patterns during sleep, and symptoms such as excessive sleepiness in the daytime. OSAS occurs in approximately a quarter of those with OSA.

If you suffer from OSAS, the pauses in breathing can happen hundreds of times a night, which most of the time you won’t be aware of. This means you’re getting less of the restorative kind of sleep required to enable you to work with the levels of energy and concentration. As a result, OSAS may affect your ability to drive safely.

OSAS is common – it’s estimated that as at least one in ten middle-aged men in the UK have it! Given the ageing population of the HGV community, and the higher prevalence of the condition in those who tend to overweight, this means that there is an even higher incidence of the condition amongst HGV drivers. The concerning risk is that, if the condition is untreated, those with OSAS are at high risk of falling asleep while driving, leading to much damage, personal injury and even deaths, as well as significant financial and reputational costs to businesses like your own.

But the good news is that treatment OSAS is available, and what’s more it is simple and fully effective at reversing the excessive sleepiness and improving quality of life. The key is to encourage drivers who suspect they might have OSAS to come forward without fear of losing their licence, and therefore their livelihood. This is where support is needed from fleet operators.

A survey carried out by RAC Business and the OSA Partnership Group in April 2016 found that 80% of those businesses questioned agreed that their drivers would be unlikely to raise concerns that they may suffer from OSAS with their GP, the DVLA, or their boss, because they would be afraid of losing their licence. This of course means a continuing risk of road accidents as well as a missed opportunity to improve quality of life.
**OSA and Driving**

**DVLA UPDATE ON DRIVING REGULATIONS FOR OSA**

If you are a driver with symptoms of OSA or a fleet operator unclear of the implications for drivers, please read the following explanation of the new DVLA guidance for Assessing Medical Fitness to Drive.

Following discussions with the DVLA relating to the requirements for driving with OSA, there have been some changes to the guidance provided for medical professionals when assessing whether a patient should drive and or whether they should contact the DVLA.

**Information for drivers**

These changes mean that if a driver is diagnosed with OSA, but does not have excessive sleepiness having, or likely to have, an adverse effect on driving, they may continue to drive as normal and do not need to notify the DVLA.

If a driver has sleepiness that has an adverse effect on driving, and it is suspected that they might have OSA, they should stop driving but do not have to notify the DVLA until a diagnosis has been confirmed.

However, if OSA causing excessive sleepiness, that has an adverse effect on driving, is confirmed by a sleep clinic, the driver must stop driving and must notify the DVLA. If they have already been treated, and the symptoms have resolved, then the DVLA should not revoke their licence.

Sometimes the term OSA syndrome (OSAS) is used to mean OSA plus symptoms, usually sleepiness. The DVLA however are only concerned about symptoms that adversely affect driving (i.e. sleepiness).

You may see references to AHI (Apnoea/Hypopnea Index). This is a measurement that is referenced in the DVLA guidance. However the central focus for a medical professional in making an assessment should be based on excessive sleepiness and whether it has an adverse effect on driving.

If a driver falls into one of the categories above where the DVLA needs to be informed, we recommend the following steps:
• If they are a professional driver, who relies on their driving licence for their livelihood, we recommend that they mention this to their GP and ask that the GP contacts the local sleep centre to request fast-tracked treatment within four weeks. https://cks.nice.org.uk/obstructive-sleep-apnoea-syndrome

• Once OSA has been confirmed as the cause for sleepiness adversely affecting driving, regardless of whether the driver is a type 1 or a type 2 licence holder, we recommend that they write to the DVLA (rather than calling the helpline number or using the online facility). The DVLA will send form SL1 or SL1V and this should be completed and returned. In the intervening time, the driver must stop driving and start the recommended treatment.

• Once this treatment is successfully controlling the symptoms, and the sleep unit has confirmed this, driving may start once again. Therefore on the form the DVLA sends (SL1 or SL1V), the driver can say the condition is controlled (tick the ‘yes’ box in 1.3) and there will be no need to withdraw the licence. As long as they comply with the treatment and the sleepiness resolves, the driver's licence will not be affected.

Further information;

http://osapartnershipgroup.co.uk/what-is-osa.html

http://osahub.resmed.com/

http://think.direct.gov.uk/fatigue.html

https://www.gov.uk/sleepiness-and-driving


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\(^1\) http://think.direct.gov.uk/fatigue.html