Driving and psychiatric illness

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A survey of psychiatrists was conducted to determine their current knowledge of the Driver and Vehicle Licensing Authority (DVLA) regulations and the advice they give to their patients regarding driving with psychiatric illness and/or medication. The results indicate that both knowledge and practices vary widely. In view of the potential risks of driving when not well or fully alert, information regarding driving should be a standard part of the advice given to all psychiatric patients.

Few accidents are felt to be due to psychiatric illness (Medical Commission on Accident Prevention, 1978) although driver error is considered to blame in 50–65% of road traffic accidents (Transport & Road Research Laboratory, 1977). Those with suicidal thoughts are more likely to be involved in single vehicle accidents (Eelkema *et al*, 1970) and people with hypomania who are grandiose make poor judgements when driving. 11-20% of those involved in road traffic accidents have been found to be taking psychotropic medication (Medical Commission on Accident Prevention, 1985).

The Driver and Vehicle Licensing Authority (DVLA) published new guidelines on fitness to drive in September 1993 (DVLA, 1993). Doctors are advised that they should inform patients if they suffer from a condition which makes them unfit to drive and it is then the patient's duty to inform the DVLA. The defence union we contacted suggested such advice should be recorded in the patient's notes and that the doctor may like to confirm this in writing to the patient to avoid any claims of negligence from the patient. Unless there is a significant risk to the public there is no obligation on the doctor to act further. If the patient refuses to inform the DVLA and the doctor feels there is a significant risk to the patient or others, advice should be sought from a medical defence society and the General Medical Council's guidelines (General Medical Council, 1993) on acting without a patient's consent should be followed before confidentiality is broken.

Notification to the DVLA of major psychiatric illness, defined as requiring admission or major intervention, will result in suspension of the licence for a period of time and then short renewals when recovered. Before reinstating the licence the DVLA will request a psychiatric report, on a standardised form, covering the patient's diagnosis, symptoms, medication, compliance, insight and side-effects of medication.

The aim of this study was to assess the extent of our colleagues' awareness of the DVLA guidelines and to determine what advice they gave to their patients regarding driving.

The study

A questionnaire was sent out to all psychiatrists in the Winchester and Basingstoke health districts. The questionnaire covered two areas, one on the doctor's current practice and the other on their knowledge and opinions.

Findings

Thirty-one questionnaires were completed by 16 consultants and 15 non-consultant grades (100% response rate). For ordinary licences, 29% said they often gave advice to in-patients about driving and 58% said they occasionally did so. For patients with professional licences, 32% of doctors always gave advice about driving but 20% admitted to never giving any advice whatsoever.

About half the respondents said that they instructed their patients with dementia and mania to inform the DVLA of their illnesses. A quarter of psychiatrists told their patients with schizophrenia, depression or alcohol abuse to inform the DVLA. However, a quarter of the doctors admitted to never giving any advice about driving with a psychiatic illness.

Ninety-five per cent of psychiatrists said that they advised patients on benzodiazepines, antipsychotic drugs and tricyclic antidepressants not to drive if sedated. For other psychotropic medication about half of the doctors gave the same advice. Three-quarters

Table 1. Actual and doctors' perceived responses from the DVLA regarding patients who inform DVLA of major illness

What initial reply do you expect the DVLA to give to patients who inform them of major illness? (Percentage of doctor's responses)								
	Follow advice from doctor	Stop for 3/12	Stop for 6/12	Stop for 1 yr	Stop for 5 yrs	Stop for 10 yrs	Never drive again	Actual response the DVLA is likely to give the patient
Mania								Stop for
Ordinary	48%	–	13%	23%	3%	–	–	6–12 months
Professional	16%	6%	10%	16%	3%	–	39%	3 years
Schizophrenia								Stop for
Ordinary	61%	–	10%	10%	3%	–	–	6–12 months
Professional	19%	6%	6%	6%	6%	3%	39%	3 years
Depression								Mild – continue
Ordinary	71%	3%	3%	–	3%	–	–	Severe – stop and tell DVLA
Professional	58%	6%	6%	10%	–	3%	6%	Stop for 6 months
Dementia								
Ordinary	19%	–	–	–	–	3%	65%	Stop when likely to
Professional	3%	–	–	–	–	3%	84%	affect driving performance

said that they told patients never to drive if they drank any alcohol with their medication.

Table 1 shows the response doctors thought the DVLA would give to their patients when informed of a psychiatric illness.

Most doctors thought that not more than 25% of their patients complied with their advice to inform the DVLA of their illness but thought that they would be more compliant (25–75%) with the advice of not driving while sedated.

The majority (84%) of the doctors felt that giving advice on driving would affect the doctor/patient relationship. Fifty-eight per cent felt that giving advice on driving would not increase compliance with treatment and 32% felt that compliance would actually decrease. Sixty-one per cent of the doctors felt it was reasonable to inform the DVLA if patients did not follow their advice not to drive and they were considered to be a risk to others. The majority (87%) felt it was definitely part of a doctor's duty to inform patients of the effect their illness, or medication, or both, would have on their ability to drive.

Comment

Although our sample size is small, we comprehensively obtained the knowledge and views of all doctors working in psychiatry in two health districts covering a population of 430 000 people. It must be noted that clinical practice may not be as thorough as responses to questionnaires.

Our study shows that the doctors were generally very poor at giving advice to their patients regarding the effect their illness would have on their ability to drive, even when the patients held professional licences. Doctors' knowledge of the correct advice to give was inadequate and many felt that their own judgement on a patient's ability to drive was sufficient. However, doctors were better informed of, and more frequently gave advice on, the effect medication would have on the patient's ability to drive.

Most of the doctors were concerned that the doctor/patient relationship may be affected by giving advice regarding driving and many felt it would decrease compliance.

Conclusions

Information concerning driving should be a standard part of the advice given to all psychiatric patients despite any fears that the doctor/patient relationship may be affected. It can be stressed that this is official advice rather than the doctor's own opinion. The doctor needs to be aware of the current DVLA guidelines to do this effectively.

Any prescription of psychotropic medication should be accompanied by advice regarding

https://doi.org/10.1192/pb.19.12.747 Published online by Cambridge University Press

driving. *British National Formulary* cautionary labels (British Medical Association & The Royal Pharmaceutical Society of Great Britain, 1994) are a useful back-up to this advice.

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https://doi.org/10.1192/pb.19.12.747 Published online by Cambridge University Press