

Obstructive Sleep Apnoea & Driving

Significant motor vehicle accidents; comprising of severe injury or death are commonly attributed to factors such as excessive speed, alcohol consumption, age of driver <25 and chronic medical conditions - such as unstable cardiac disease, cerebral vascular disease, uncorrected visual disorders and obstructive sleep apnoea syndrome; OSA plus excessive daytime sleepiness (OSAS).

OSAS is the most prevalent of the medical disorders which exceeds the risk of all other medical conditions combined. Given the prevalence of OSAS is between 5-10% of the adult population, this represents a significant public and individual health issue. Also, in regard to serious MVA not only are death and injury a major issue, financial burden of the MVA to the individual and the general public and grief of family members contribute to a negative burden.

The role of sleepiness in MVA includes tendency to fall asleep in inappropriate situations such as journeys more than two hours and performance impairment which is comparable to driving under the influence of alcohol or sleep deprivation (prior sleep < 4hours). Compounding factors include prior lack of sleep, shift work and sedative medications. These factors are important and more common in commercial drivers compared to private car drivers.

Several reports have demonstrated that patients with a history of OSAS or OSA with prior near misses or single vehicle accidents benefit from intervention such as continuous positive airway pressure, and after effective treatment is initiated and maintained, the risk of serious MVA matches that of the general population.





Therefore, when questioning patients about daytime sleepiness, prior MVA or witnessed apnoea's by bed partners, it is important to identify whether patients have indeed OSA by objective measurements such as a diagnostic polysomnogram and determine which type of drivers licence they hold.

Private vehicle owners with OSAS require a conditional licence with periodic review by a Sleep Physician and commercial licence drivers or those carrying paying customers require initial and annual review by a Sleep Physician and are placed on a conditional licence. (Austroads; Assessing Fitness to Drive for commercial and private vehicle drivers)

Current Medicare guidelines mandate that prior to organising a CPAP study, patients be seen by a Sleep Physician who can provide advice about driving prior to CPAP treatment, depending on whether the patient has a private or commercial licence, and monitor the patient's symptoms and compliance after commencement.

I am happy to assist your patients with sleep apnoea syndrome, or those on CPAP in regards to assessing fitness to drive and formulating a conditional licence plan which will keep them and other road users safe on the road, especially commercial licence holders.

[Click here for more about Dr Stephen Vincent](#)

<p>Medium rigid (MR)</p> 	<p>Any two-axle rigid vehicle greater than 8 tonnes GVM, plus a trailer of no more than 9 tonnes GVM.</p>
<p>Heavy rigid (HR)</p> 	<p>Any rigid vehicle with three or more axles greater than 8 tonnes GVM, plus a trailer of no more than 9 tonnes GVM.</p>
<p>Heavy combination (HC)</p> 	<p>Prime mover + single semi-trailer greater than 9 tonnes GVM and any unladen converter dolly trailer.</p>
<p>Multiple combination (MC)</p> 	<p>Heavy combination vehicle with more than one trailer.</p>

