

# Information

---

## Driving and diabetes

---

Reviewed July 2008

Page 1 of 12

---

**Having diabetes does not mean that you need to give up driving. But it does mean that you need to plan in advance before you get behind the wheel. This information can help you ensure that your driving is safe and hazard-free.**

We hope that you will be able to continue driving safely and without any unnecessary restrictions to your freedom to drive. Diabetes UK is campaigning for an end to the discriminatory driving laws affecting those on insulin driving larger vehicles and some passenger carrying vehicles.

### **Informing the Driving and Vehicle Licensing Agency (DVLA)**

If you have diabetes that is treated by diet alone or diet and tablets, you do not need to inform the DVLA. However, the law requires you to inform the DVLA:

- If you have diabetes that is treated with insulin alone or insulin and tablets, by law, you must inform the DVLA as soon as possible after you have been diagnosed.
- If you have diabetes as well as another relevant condition or complication, such as retinopathy (eye problems) or peripheral neuropathy (nerve damage to legs or feet) – even if your diabetes is treated with tablets.
- If you have problems with vision or require laser treatment for retinopathy in both eyes, or in the remaining eye if you have sight in only one eye.
- If you have frequent episodes of hypoglycaemia (low blood glucose levels).
- If there are changes in your medical condition, for example if your diabetes treatment changes from diet and tablets to include insulin.

### **The charity for people with diabetes**

Diabetes UK is the operating name of the **British Diabetic Association**  
Company limited by guarantee Registered office: Macleod House, 10 Parkway, London NW1 7AA  
a charity registered in England and Wales (no. 215199) and in Scotland (no. SC039136)

- If an existing medical condition deteriorates or you develop any other condition which may affect safe driving.
- If you have had diabetes for some time and are applying for a licence, perhaps for the first time.

For more information please refer to 'A Guide to Driving Ordinary Vehicles (Group 1 for Drivers with Diabetes treated by tablets and/or diet' leaflet (INF188/2) produced by the DVLA.

### Applying for a driving licence

When you first apply for a driving licence, the application form will ask whether you have, or have ever had, any of a number of medical conditions, including diabetes. Fill in the box with the code that describes how your diabetes is controlled ie by tablets or by insulin.

After you have filled in and returned your application form, if your diabetes is treated with:

- tablets only and have no complications, you will not be asked any further questions about your diabetes and you will normally be allowed to keep your 'til 70' licence. However, you must notify the DVLA if there are any changes at any time.
- insulin or have any diabetic complications, such as retinopathy, you will be sent and must complete a questionnaire (called 'DIAB1'). The form asks for more information and for the name and address of your GP and/or hospital doctor. You will also be asked to fill in a consent section so that the DVLA can approach your doctor, or other relevant healthcare professional, directly if necessary.

This procedure does not mean that you will be refused a driving licence. The DVLA just needs to be sure that every licensed driver is going to be safe on the road. So long as your diabetes is well controlled and you have no complications that might impair your safety as a driver – and your doctor confirms this if asked – there is no reason why you should not be issued with a licence. It is important that you answer the questions honestly.

### Driver and Vehicle Agency (DVA) in Northern Ireland

In Northern Ireland everyone with diabetes that is treated with **any** diabetes medication must, by law, inform the DVA as soon as possible after being diagnosed. You will be sent a medical questionnaire if you hold a car entitlement or a DLM1 form if you hold large goods vehicles (LGV) or passenger carrying vehicles (PCV) entitlement. The forms will ask for your permission for their medical advisor to approach your diabetes healthcare team for more information. There are stricter rules for drivers of larger vehicles ie vehicles over 3.5 tonnes (C1) and minibuses (D1)/ bus drivers, see page 8.

If your treatment changes at any time or if you develop complications as a result of diabetes, you must write and inform the Driver Licensing Medical Section. Failure to do so may result in a fine of up to £1000.

You do not need to inform them if your diabetes is treated with diet alone **unless** (i) you are applying for a licence for the first time or (ii) you are applying for a renewal licence or (iii) your insurance company specifically requests a letter from the DVA regarding your condition.

People treated with diet alone and/or tablets are issued with a ten-year licence. People taking insulin are given a licence that is valid for one, two or three years, as in Great Britain.

### **Restricted licences**

If you take insulin you will be issued with a licence for one, two or three years. Just before the expiry date, you will receive a reminder to renew and you will be asked to return your current licence. You will also be sent another form to confirm your medical condition. Renewals of restricted licences are supplied free of charge.

If you are treated with tablets or diet alone you will normally be issued with a 'til 70' licence. When this licence expires, you will need to renew it every one to three years, just like other people in the UK who are over 70 years old. There is a charge for this renewal. You should inform the DVLA/DVA if you develop any complications as a result of your diabetes or if you require treatment with insulin.

Provisional licences are restricted to one, two or three years only if your diabetes is treated with insulin.

When you are renewing your licence, you must send your old licence to the DVLA/DVA. It is always sensible to keep a note of the driver number in case of a need to contact the DVLA/DVA. Some people also keep a photocopy of their driving licence, though this would not normally be acceptable if the licence had to be presented to the police.

Normally, you will be sent your new licence within six to eight weeks, before your old licence actually expires. Sometimes this process will take longer, especially if the DVLA/DVA has to seek medical advice from your doctor. This may mean that your old licence expires before your new licence is issued – and therefore you are theoretically driving without a licence. If this situation arises you should seek advice from your doctor as to your fitness to drive. If your doctor does not advise you to stop driving, you are legally entitled to drive under Section 88 of the Road Traffic Act. If your previous licence was revoked for medical reasons, then you do not have a legal entitlement to drive until a new licence is issued.

If you ride a motorcycle, the rules for informing the DVLA/DVA are the same as those for a car.

You must inform the DVLA/DVA of any changes in your treatment or if any problems or diabetic complications develop which may affect your ability to drive.

### Photocard licences

The DVLA/DVA started issuing photocard licences in 1999. You will be required to renew your photocard driving licence every ten years. This does not affect your entitlements to drive on your full paper licence. The DVLA/DVA will issue you with a reminder when your photocard driving licence is due for renewal.

If your licence has to be renewed more frequently because you are on insulin, your photograph will not need to be renewed on each licence renewal. However you will be asked to provide a new photograph every ten years. If you have specific questions about photocard licences please contact the DVLA/DVA.

### Insurance cover

Since the Disability Discrimination Act (1995) came into effect at the end of 1996, insurers can only refuse cover or charge more for cover if they have evidence of increased risk. Most of the evidence available about drivers with diabetes indicates that they are at no higher risk than any other driver. As a result of this many insurance companies no longer ask about diabetes when you apply for insurance.

Some companies, who base their risk assessment on their experience of drivers with diabetes, may still refuse cover or impose special terms or charge an increased premium although most companies, including most Lloyds syndicates, have discontinued loadings for people with diabetes. If you feel your insurance premium is too high it is worth challenging your insurer, especially if your diabetes is stable and well controlled. If you are still not satisfied switch to another insurer – there are plenty around who will be pleased to accept your business. It is always worth shopping around for quotes from a number of insurers, as there can be a big difference in premiums.

When applying for motor insurance, you must declare you have diabetes even if they do not ask you. You must also inform your insurance company if there are any changes to your condition or its treatment. Failure to do so can invalidate your cover in the event of a claim. Failure to notify the DVLA/DVA can also invalidate cover.

### Hypoglycaemia (low blood glucose)

There is a risk of hypoglycaemia ('hypo') if your diabetes is treated with insulin or with the following diabetes medications:

- Sulphonylureas (Glipizide, Gliclazide, Glibenclamide, Chlorpropamide, Glimepiride, Tolbutamide),
- Repaglinide and Nateglinide
- Acarbose, metformin or a glitazone – **if** taken with one of the tablets listed above,
- Byetta (Exenatide) in combination with a sulphonylurea tablet (see above)
- Sitagliptin (Januvia) in combination with sulphonylurea (see above) tablets or with Pioglitazone,
- Vildagliptin (Galvus) in combination with metformin (Eucreas) or in combination with a sulphonylurea (see above) tablet.

Remember if you have Type 2 diabetes and are not taking medication for your diabetes, you cannot have a hypo.

If you are not sure if your medication can cause a hypo, discuss this with your diabetes healthcare team. Having a hypo while you are in charge of a motor vehicle can be fatal, not only for you, but for others as well. Whether driving or not, you should always carry some form of glucose (such as a sugary non-diet drink or glucose tablets) with you in your pocket or handbag. Also keep glucose tablets and biscuits, fruit or sandwiches in the car.

The symptoms of hypoglycaemia may include feeling hungry, sweating, shakiness, palpitations, feeling faint, dizziness, nausea or a headache. Sometimes you may notice blurred vision or tingling of the lips.

**You can help avoid hypoglycaemia by:**

- never driving for more than two hours without stopping for a snack
- not delaying or missing a meal or snack
- checking your blood glucose before and during a journey.

**At the first sign of hypoglycaemia:**

- Stop driving as soon as it is safe to do so. Do not attempt to start again until the symptoms have disappeared.
- Take glucose tablets or some other form of fast acting carbohydrate immediately.
- Make it clear that you are no longer in charge of the car by leaving the driving seat, stepping out of the car (if safe to do so) and by removing the ignition key. This is to refute any suggestion that you are in charge of a car whilst under the influence of any drugs including insulin.

If you have passengers in the car with you, it is a good idea to tell them you have diabetes and what to do if you need help dealing with a hypo.

**If you have an accident**

Diabetes UK has advised many members who have had road accidents while hypoglycaemic. If you do have a hypoglycaemic episode at the wheel, you may be charged with driving under the influence of a drug (insulin), driving without due care and attention, or dangerous driving. Therefore, it is essential that you check your blood glucose levels regularly to make sure this does not happen. If you are prosecuted, we recommend that you seek legal advice immediately. If you do have a hypo at the wheel you should notify the DVLA/DVA immediately.

If your driving licence is revoked you will have the right to appeal. In order to succeed, the court must be convinced that the incident was due to most unusual circumstances and that the onset of another uncontrolled hypoglycaemic episode whilst driving is unlikely. A doctor's report to this effect can be most helpful so it is important to discuss the circumstances with your doctor if you have an accident due to hypoglycaemia.

If you have lost or have poor warning symptoms of impending hypoglycaemia or have frequent hypos, you should probably not be driving because of the risk to yourself and other road users. You should discuss this with your diabetes healthcare team. You should also notify the DVLA/DVA. If your diabetes healthcare team advise you not to drive or to notify the DVLA/DVA, you must do so. If you fail to notify the DVLA/DVA and continue to drive, your doctor has an obligation to give you a final warning and then to notify the DVLA/DVA on your behalf.

### **Diabetic complications**

Some people develop diabetes related complications. Examples of those that are important for driving are problems with eyesight or loss of body sensation, especially in the legs or feet.

#### **Problems with eyesight (retinopathy)**

Obviously it is important that you are able to see clearly if you are going to drive. This includes not only distance vision but also your field of vision (what you can see to either side when looking straight ahead). Your field of vision must cover 120° to be acceptable and your binocular field must have no significant defect. There are various tests that an ophthalmologist can carry out to test these factors.

If you fail a field of vision test your licence may be revoked, although you can appeal against this decision. To appeal you must show that your field of vision meets the required standard so you must pass another field of vision test. Some people do better on different types of field of vision tests. The DVLA/DVA will accept the results of several approved tests. You should therefore discuss the test with your doctor or ophthalmologist.

Diabetic retinopathy is changes to the retina (the 'seeing' part at the back of the eye) and is a complication that can affect anyone who has diabetes. Generally, retinopathy has no obvious symptoms, so you may not know you have it until it is well advanced. That's why an eye examination every year, to check for retinopathy is essential for everyone with diabetes. Having retinopathy does not necessarily mean that you have to give up driving. It is important for you to find out what degree of retinopathy you have from your healthcare team. You must inform the DVLA/DVA if you have had laser treatment to both eyes for retinopathy or to the remaining eye if monocular. If you have had laser treatment you may be asked to have a vision of field or night vision test. You must also inform them if you have any other conditions that affect both eyes or the remaining eye if you have sight in only one eye.

#### **Problems with circulation/ sensation (neuropathy)**

The law requires you to inform the DVLA/DVA if you develop peripheral neuropathy (problems with the circulation or sensation in the legs or feet) that may cause difficulty with the safe use of foot pedals. This may be overcome by restricting driving to automatic vehicles or adaptations such as hand operated accelerator/ brake. This must be noted in the licence.

### Other Diabetic Complications

If you have nephropathy (kidney damage) and you require dialysis there is no restriction on holding a 'till 70' licence. However, if you develop significant symptoms that affect your ability to drive, such as fainting and giddiness, your licence may be revoked.

### Gestational diabetes

If you develop gestational diabetes and need to commence insulin treatment you should notify the DVLA/DVA immediately. You will normally be allowed to continue with your current driving licence but are recommended to stop driving if your control is unstable and especially if you do not have good warning signs of impending hypoglycaemia. You should re-notify the DVLA/DVA six weeks after delivery if you are still on insulin, as your licence will then need to be reassessed.

### Licence groups

There are two groups of licence holders and the medical standard differ according to each group:

- **Group 1** includes motorcars and motorcycles.
- **Group 2** includes large lorries (category C) and buses (category D).

The medical standards for Group 2 are much higher than those for Group 1 because of the size and weight of the vehicle.

### Driving large goods vehicles (LGVs) and passenger carrying vehicles (PCVs) — Group 2 Licence

People whose diabetes are treated by diet alone or tablets are normally allowed to hold Group 2 licenses, which includes LGVs and PCVs, provided they are otherwise in good health and have passed the relevant driving test. (Until 1991 these were known as heavy goods vehicles [HGV] and public service vehicles [PSV]).

People treated with insulin are not allowed to hold these Group 2 licences. If you currently hold such a licence and start using insulin, you must inform the DVLA/DVA and stop driving the vehicle immediately. The only exception is for the small number of people who had insulin treated diabetes and were issued with such a licence before April 1991 when the law changed.

If you hold a Group 2 licence and you treat your diabetes with either:

- Byetta (Exenatide) in combination with a sulphonylurea tablet,
- Sitagliptin (Januvia) in combination with sulphonylurea tablets or with Pioglitazone,
- Vildagliptin (Galvus) in combination with metformin (Eucreas) or in combination with a sulphonylurea tablet,

you should inform the DVLA/DVA. This is because of the increased risk of hypoglycaemia. After being notified the DVLA/DVA would, with your consent, seek further information from your healthcare team. Therefore, each case will be considered individually.

**Category C1, C1+ E and Category D1 — Group 2**

The following are now treated as Group 2 vehicles. This means you need a Group 2 licence to drive them, as is the case with LGVs and PCVs.

- Category C1 (vehicles weighing 3.5 tonnes and 7.5 tonnes)
- C1+E (medium-sized vehicles with a trailer; with combined weight of vehicle and trailer not exceeding 12 tonnes) licences
- Category D1 (minibuses between 9 and 16 seats, not for hire or reward)

With limited exceptions (see below), a Group 2 licence cannot be issued to anyone treated with insulin, as stricter medical standards apply and insulin treated diabetes is a bar to holding such a licence.

Diabetes UK campaigned against the ban on Group 2 licences and has secured a concession for C1 and C1+E. If you are on insulin you can now undergo a medical assessment to apply for C1 or C1+E entitlement to be added to your standard car licence. To qualify for C1/C1+E entitlement you must fulfil the following conditions:

- Have had no hypoglycaemic attacks requiring assistance while driving within the last 12 months.
- Regularly monitor your condition by checking your blood glucose levels at least twice daily and at times relevant to driving. If your application is successful, you will in future need to monitor your blood glucose levels at least twice daily and, particularly, at times relevant to driving C1/C1+E vehicles.
- Arrange to be examined at least once every 12 months by a hospital consultant who specialises in diabetes. On examination, the consultant will be required to see your blood glucose records for the last three months (unless you are new to insulin).
- Have no other condition that would render you a danger when driving C1 vehicles.
- Sign an undertaking to comply with the directions of doctor(s) treating the diabetes and report immediately to the DVLA/DVA any significant change in your condition.
- Have been stabilised on insulin for a period of one month.

When you apply for a C1/C1+E licence you will be given an application pack, which will contain a medical report (form D4) that must be completed by your doctor. This is a general medical examination for anyone applying for their C1 licence. You may have to pay the doctor any fee charged for this examination, which could be up to £100. If you are on insulin and have passed this initial medical examination, you will be sent a further medical questionnaire (C1EXAM) that must be completed by a hospital consultant who specialises in diabetes. You may have to pay the consultation fee charged for this, which could be in the region of £100.

Your C1 entitlement will be issued for one year and can be renewed on an annual basis, subject to the assessment by your diabetes consultant. However, further D4 medical reports will only be needed at 45, then at five-yearly intervals until the age of 65 and annually after this. You will not have to pay additional licence renewal fees until your car entitlement is renewed at aged 70 or over.

Approval to drive minibuses (category D1) has not been granted. However, an exemption in the law means that anyone with a car (category B) licence can drive a minibus with up to 16 passenger seats (and not over 3.5 tonnes), provided it is strictly on a 'not for hire or reward basis.' If you are between 21 and 70 years of age and have held a car licence for at least two years you can drive a minibus in the UK on a voluntary basis, but it is important to ensure you have adequate insurance.

### **Taxis and private hire vehicles**

The DVLA recommends that the Group 2 medical standards should also be applied by local authorities to drivers of taxis and private hire vehicles. In Northern Ireland, the DVA currently prohibits anyone treated with insulin from holding a taxi or private hire licence. In the rest of Great Britain, however, responsibility for determining the standards lies with the Public Carriage Office in the Metropolitan area and the Local Authority in all other areas.

### **DVLA and DVA**

The DVLA and DVA are keen to point out that they wish to issue licences, not take them away. However, they need as much information as possible in order to do this. This is why it is essential to answer all questions on the medical forms honestly, and why they sometimes decide to consult your doctor.

Unfortunately, the DVLA and DVA do have to take licences away from some people because of worsening health or eyesight, or because they have unpredictable hypoglycaemia that stops them from being safe on the road. It is sometimes possible to regain the licence later, but this can take some time.

### **Alcohol**

You must never drink and drive. Remember, alcohol lowers blood glucose levels, so if you are taking insulin or certain tablets for your diabetes, drinking alcohol can make you more likely to have a hypo. A hypo may look like drunkenness and if your breath smells of alcohol this could heighten suspicion.

You should avoid low sugar (sometimes called 'diabetic') beers. This is because although they contain less sugar than ordinary beer, their alcohol content is higher. As little as one pint of a low sugar beer can bring your blood alcohol level above the legal limit.

**High blood glucose levels, even if there are ketones present, will not affect a breathalyser machine.**

**Road safety**

In the interest of road safety you must be sure at all times you can safely control a motor vehicle.

**Do not drive**

- if you have just started to take insulin and your diabetes is not yet properly controlled – your doctor or diabetes specialist nurse will be able to give you more advice on this
- if you have difficulty in recognising the early symptoms of hypoglycaemia
- if you have any problems with your eyesight that cannot be corrected by glasses
- if you have numbness or weakness in your limbs caused by neuropathy (nerve damage).

**You should**

- avoid long or stressful journeys if you are tired
- test your blood glucose level before driving and regularly during a long drive – preferably every 2 hours
- consult your doctor or diabetes specialist nurse if you have any worries on any of these points
- inform the DVLA of your diabetes if you are treated with insulin or the DVA (in Northern Ireland) if you are treated with any diabetes medication.
- inform the DVLA/DVA if you have any problems associated with your diabetes.

**If you are having difficulties, it is a good idea to:**

- keep copies of all correspondence
- keep in touch with your doctor, especially when they are communicating with the DVLA or DVA.

**Diabetes UK can give you general advice on driving and diabetes but any difficulties should first be discussed with your doctor or diabetes specialist nurse.**

**About Diabetes UK**

Diabetes UK is the charity for people with diabetes, their family, friends and carers. Our mission is to improve the lives of people with the condition and work towards a future without diabetes.

Diabetes UK is one of the largest patient organisations in Europe. We stand up for the interests of people with diabetes by campaigning for better standards of care. We are the largest funder in the UK of research into better treatments for diabetes and the search for a cure. We provide practical support and information and safety-net services to help people manage their diabetes.

**Further information**

Driver and Vehicle Licensing Agency (DVLA)

[www.dvla.gov.uk](http://www.dvla.gov.uk)

**Telephone** 0870 600 0301 (Medical section)

Driver and Vehicle Agency (DVA) in Northern Ireland

[www.dvani.gov.uk](http://www.dvani.gov.uk)

**Telephone** 028 7032 5759 or 028 7035 9936 (medical section)

Diabetes UK Careline offers help and support on all aspects of diabetes. It provides a confidential service that takes general enquiries from people with diabetes, their carers and healthcare professionals.

If you would like further information on any aspect of diabetes, please contact:

**Diabetes UK Careline** Macleod House, 10 Parkway, London NW1 7AA

**Telephone** 0845 120 2960 (operates a translation service) Monday –Friday, 9am –5pm

**Textphone** 020 7424 1031 (for people hard of hearing or deaf)

**Email** [careline@diabetes.org.uk](mailto:careline@diabetes.org.uk)

**Diabetes UK Publications**

The Diabetes UK *Catalogue* describes our full range of books and leaflets including:

*Insurance and diabetes (code 8026) and Hypoglycaemia (code 8019)*

For a copy of the catalogue and other Diabetes UK publications, please freephone:

**Diabetes UK Distribution**

**Telephone** 0800 585 088

Open Monday –Friday, 8am–8pm and Saturday, 8am–12 (noon)

**Become a member of Diabetes UK**

Membership of Diabetes UK ensures you are kept up-to-date with the latest developments in diabetes care and in touch with a network of people who understand diabetes. Join now by calling **0800 371 455**, or for further information please telephone Diabetes UK Supporter Services on **0845 123 2399** during office hours.

**Diabetes UK offices****Central Office**

**Telephone** 020 7424 1000 **Email** [info@diabetes.org.uk](mailto:info@diabetes.org.uk)

**Diabetes UK Cymru**

**Telephone** 029 2066 8276 **Email** [wales@diabetes.org.uk](mailto:wales@diabetes.org.uk)

**Diabetes UK Eastern**

**Telephone** 01376 501390 **Email** [eastern@diabetes.org.uk](mailto:eastern@diabetes.org.uk)

**Diabetes UK East Midlands**

**Telephone** 0115 9507147 **Email** [east.midlands@diabetes.org.uk](mailto:east.midlands@diabetes.org.uk)

**Diabetes UK London**

**Telephone** 020 7424 1116 **Email** [london@diabetes.org.uk](mailto:london@diabetes.org.uk)

**Diabetes UK Northern Ireland**

**Telephone** 028 9066 6646 **Email** [n.ireland@diabetes.org.uk](mailto:n.ireland@diabetes.org.uk)

**Diabetes UK Northern & Yorkshire**

**Telephone** 01325 488606 **Email** north&yorks@diabetes.org.uk

**Diabetes UK North West**

**Telephone** 01925 653281 **Email** n.west@diabetes.org.uk

**Diabetes UK Scotland**

**Telephone** 0141 332 2700 **Email** scotland@diabetes.org.uk

**Diabetes UK South East**

**Telephone** 01372 720148 **Email** south.east@diabetes.org.uk

**Diabetes UK South West**

**Telephone** 01823 324007 **Email** south.west@diabetes.org.uk

**Diabetes UK West Midlands**

**Telephone** 01922 614500 **Email** w.midlands@diabetes.org.uk