Diabetes

Regulation

- A person is physically qualified to drive a commercial motor vehicle if that person has no established medical history or clinical diagnosis of diabetes mellitus currently requiring insulin for control
- This concludes my presentation

Diabetes

- 23.6 million people or 7.8% of population have diabetes
- 5.7 million of those are undiagnosed
- Majority are type two

Blood Glucose Control

- Poor glucose control in drivers
 - Fatigue
 - Lack of sleep
 - Poor diet
 - Irregular meal timing
 - Stress
 - Emotional conditions
 - Concomitant illness
 - Difficulty in timing testing
 - Difficulty in timing medications
- Poor glucose control in drivers can hasten the onset of need for insulin thereapy

The Risks

- Hyperglycemia (acute effects)
 - Lethargy
 - Sluggishness
 - Cognitive dysfunction (usually gradual onset and low in frequency)
- Hyperglycemia (chronic effects)
 - Neuropathy
 - Nephropathy
 - Accelerated atherosclerosis
 - Retinopathy
 - Painless MI

The Risks

- Detection and management of hypoglycemia is more relevant to (immediate) safety considerations
 - Tachycardia
 - Sweating
 - Weakness
 - Hunger
 - Seizure
 - -LOC
 - Impaired cognitive dysfunction

History and Physical Exam

- Fundamental obligation is to establish if driver is an unacceptable risk for sudden death or incapacitation
- Risk may be from disease itself or medications used to treat disease

Key Points

- Medical qualification should be determined on a case by case evaluation of the ability of the driver to manage the disease and meet qualification standards
- You should ask questions beyond those on the form regarding DM symptoms, treatment and driver adjustment to living with a chronic condition

Regulations

- You must review and discuss with the driver any "yes" answers
- Does the driver have diabetes mellitus or elevated blood glucose controlled by:
 - Diet?
 - Pills?
 - Insulin?
 - Other injectable medications?

Recommendations

- You may/should ask if the driver:
 - Monitors blood glucose levels
 - Uses OTC medications or supplements
 - Uses and incretin mimetic
 - Has history fainting, dizziness or LOC
 - Has history of hypoglycemic reactions resulting in:
 - Seizure
 - LOC
 - Need for assistance
 - Impaired cognitive function that presented w/o warning

Important (it is in RED)

- If driver says they have had severe hypoglycemic episodes you need to ask if:
 - Driver has had one or more occurrences within the last 12 months?
 - Driver has had two or more occurrences within last 5 years?

Regulations

- You must evaluate:
 - For glycosuria
 - Signs of TOD
 - Retinopathy
 - Macular degeneration
 - · Peripheral neuropathy
 - CHD
 - TIA/CVA
 - PVD
 - Autonomic neuropathy
 - Nephropathy
- Record your findings

Regulations

- You must document discussion with the driver about:
 - Any affirmative history
 - Onset date, diagnosis
 - Medications dose/ frequency
 - Current limitations
 - Potential negative effects of medication use including OTC while driving

Regulations

- You must document discussion with the driver about:
 - Any abnormal findings noting:
 - Effect on driver ability to safely operate a CMV
 - Necessary steps to correct the condition ASAP particularly it the condition if neglected, could result in more serious illness that might affect driving
 - Any additional medical tests and evaluation

Additional Testing

- May perform
 - Finger Stick
 - A1C

Specific Certification Guidance

- Diabetes not on insulin
 - Consider consultation with primary care provider to assess medical fitness
 - Don't certify driver unless it is shown that treatment is adequate/effective safe and stable (your call)
 - Certify if driver meets all standards, has appropriate treatment plan that does not include insulin and does not interfere with safe driving
 - May certify up to two years but FMCSA recommends 1 year certification (but if on oral hypoglycemics 1 year)

Specific Certification Guidance

- Diabetes not on insulin
 - Recommend not to certify if:
 - Hypoglycemic reaction in the last 12 months or two or more reactions in the last 5 years resulting in:
 - Seizure
 - LOC
 - Need for assistance from another person
 - Period of impaired cognitive functioning

Specific Certification Guidance

- Diabetes not on insulin
 - Recommend not to certify if driver has:
 - Proprioceptive deficits
 - Loss of pedal sensation
 - Resting tachycardia
 - Orthostatic hypotension
 - Diagnosis of:
 - Peripheral neuropathy
 - Proliferative retinopathy

What about incretin mimetics?

- Can be used without exemption
- May certify if treatment has been shown to be adequate/effective, safe and stable. (your call)
- Certify if driver meets all standards, has appropriate treatment plan that does not include insulin and does not interfere with safe driving
- Maximum certification is one year

What about incretin mimetics?

- Don't certify if you feel that the nature and severity of the medical condition and/or the treatment of the driver endangers the safety and health of the driver and the public (your call)
- May certify if treatment has been shown to be adequate/effective, safe and stable. (your call)
- FMCSA recommends written statement from the treating provider describing tolerance to meds, frequency of monitoring for control and efficacy of treatment

Oral Hypoglycemics

- Maximum certification 1 year
- Don't certify if you feel that the nature and severity of the medical condition and/or the treatment of the driver endangers the safety and health of the driver and the public (your call)
- May certify if treatment has been shown to be adequate/effective, safe and stable. (your call)

Insulin Therapy

- Small number of drivers given exemption in 1996
- Driver can apply for insulin exemption with the FMCSA (lots of hoops, some flaming)
- Full requirements for application on FMCSA website

Questions?

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