

**Embargoed Until
December 20, 2011 3:00 P.M. EST**

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Driving and Diabetes: One Size Does Not Fit All

American Diabetes Association Issues Revised Standards of Care, New Position Statement Calling for Individualized Evaluation of Driving Risks and Restrictions for People with Diabetes

Alexandria, VA (December 20, 2011) – Determining whether someone’s diabetes poses a driving risk should be done on an individual basis and tied to concrete evidence of risk, rather than on a diagnosis of diabetes alone, according to a new position statement by the American Diabetes Association, being published in a special supplement to the January issue of *Diabetes Care*. The special supplement also includes the annual update of the Association’s Standards of Medical Care in Diabetes.

The Standards of Medical Care in Diabetes, first published in 1989 and updated annually, are created to provide the best possible guidance to health care professionals for diagnosing and treating adults and children with all forms of diabetes. The Standards are based upon the most current scientific evidence, which is rigorously reviewed by the Association’s multi-disciplinary Professional Practice Committee. The Committee addresses diabetes in a variety of settings, including schools, home, hospitals (for both inpatients and outpatients), prisons, workplaces and now our nation’s roadways.

This year, the Standards of Care include a section that specifically addresses driving and diabetes, which warns against “blanket restrictions” on driving for people with diabetes, and urges “individual assessment by a health care professional knowledgeable in diabetes” when considering restrictions for licensure. The Standards of Care refer to a separate document being issued simultaneously, the Association’s Position Statement on driving and diabetes, which notes that “[s]ometimes persons with a strong interest in road safety – including motor vehicle administrators, pedestrians, drivers and other road users, and employers – associate all diabetes with unsafe driving when, in fact, most people with diabetes safely operate motor vehicles without creating any meaningful risk of injury to themselves or others. . . . The challenges are to identify high-risk individuals and develop measures to assist them to lower their risk for driving mishaps.”

Accordingly, the Association calls for evaluating certain patients for “decreased awareness of hypoglycemia, hypoglycemia episodes while driving, or severe hypoglycemia. Patients with retinopathy or peripheral neuropathy require assessment to determine if those complications interfere with operation of a motor vehicle. Health care professionals should be cognizant of the potential risk of driving with diabetes and counsel their patients about detecting and avoiding hypoglycemia while driving.”

The Position Statement also calls for institution of a standardized questionnaire that would help identify those individuals with diabetes who may require further evaluation for driving risks, rather than the current inconsistent system of state laws that range from no restrictions at all for people with diabetes to stringent restrictions on all people with diabetes.

“This country needs a far more consistent, fair and equitable means of determining driving risk when it comes to people with diabetes,” said Daniel Lorber, MD, FACP, CDE, a member of the Professional Practice Committee and Chair of the writing group that developed the position statement on diabetes and driving. “The vast majority of people with diabetes have no problems driving safely whatsoever, and should not be held to restrictions that may interfere with their ability to work or live an otherwise normal life,” said Lorber, Director of Endocrinology at New York Hospital of Queens in Flushing, NY. “It is important to remember that all people with diabetes do not have the same symptoms, or take the same measures to manage their disease. However, it is also important that we identify those who may pose a risk behind the wheel, and help to better educate people with diabetes about how to reduce those risks.”

The Position Statement cites research comparing the risk for someone with diabetes of having a motor vehicle accident to that of the general population (12-19 percent increased risk overall), but as a means of perspective, also includes elevated risk levels for other populations not currently restricted from driving. “For example, 16-year old males experience 42 times more collisions than 35 to 45-year old females,” it points out. “Drivers with attention deficit/hyperactivity disorder have a relative-risk ratio of approximately 4, while those with sleep apnea have a relative risk of about 2.4. If society tolerates these conditions, it would be unjustified to restrict the driving privileges of a whole class of individuals who are at much lower risk, such as drivers with diabetes.”

The 2012 Standards of Medical Care also include the addition of a section and a table on common co-morbidities, or other medical conditions more common in people with diabetes, such as sleep apnea, fatty liver disease, bone fracture risk and hearing impairment.

Diabetes Care, published by the American Diabetes Association, is the leading peer-reviewed journal of clinical research into one of the nation’s leading causes of death by disease. Diabetes also is a leading cause of heart disease and stroke, as well as the leading cause of adult blindness, kidney failure, and non-traumatic amputations.

The American Diabetes Association is leading the fight to stop diabetes and its deadly consequences and fighting for those affected by diabetes. The Association funds research to prevent, cure and manage diabetes; delivers services to hundreds of communities; provides objective and credible information; and gives voice to those denied their rights because of diabetes. Founded in 1940, our mission is to prevent and cure diabetes and to improve the lives of all people affected by diabetes. For more information please call the American Diabetes Association at 1-800-DIABETES (1-800-342-2383) or visit www.diabetes.org. Information from both these sources is available in [English](#) and [Spanish](#).

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