Driving when you have diabetes

For most people, driving represents freedom, control and independence. Driving enables most people to get to the places they want or need to go. For many people, driving is important economically — some drive as part of their job or to get to and from work.

Driving is a complex skill. Our ability to drive safely can be affected by changes in our physical, emotional and mental condition. This brochure is designed to give you the information you need to talk to your health care team about driving and diabetes.

How can having diabetes affect my driving?

In the short term, diabetes can make your blood glucose (sugar) levels too high or too low. As a result, diabetes can make you:

- feel sleepy or dizzy;
- feel confused;
- have blurred vision;
- lose consciousness;
- have a seizure;

In the long run, diabetes can lead to problems that affect driving. Diabetes may cause nerve damage in your hands, legs and feet, or eyes. In some cases, diabetes can cause blindness or lead to amputation.

Can I still drive with diabetes?

Yes, people with diabetes are able to drive unless they are limited by certain complications of diabetes. These include severe low blood glucose levels or vision problems. If you are experiencing diabetes-related complications, you should work closely with your diabetes health care team to find out if diabetes affects your ability to drive. If it does, discuss if there are actions you can take to continue to drive safely.

What can I do to ensure that I can drive safely with diabetes?

Insulin and some oral medications can cause blood glucose levels to become dangerously low (hypoglycemia). Do not drive if your blood glucose level is too low. If you do, you might not be able to make good choices, focus on your driving or control your car. Your health care team can help you determine when you should check your blood glucose level before driving and how often you should check while driving.

Make sure you always carry your blood glucose meter and plenty of snacks (including a quick-acting source of glucose) with you. Pull over as soon as you feel any of the signs of a low blood glucose level. Check your blood glucose.

If your glucose level is low, eat a snack that contains a fast-acting sugar such as juice, soda with sugar (not diet), hard candy, or glucose tablets. Wait 15 minutes, and then check your blood glucose again. Treat again as needed. Once your glucose level has risen to your target range, eat a more substantial snack or meal containing protein. Do not continue driving until your blood glucose level has improved.

Most people with diabetes experience warning signs of a low blood glucose level. However, if you experience hypoglycemia without advance warning, you should not drive. Talk to your health care team about how glycemic awareness training might help you sense the beginning stages of hypoglycemia.

In extreme situations, high blood glucose levels (hyperglycemia) also may affect driving. Talk to your health care team if you have a history of very high glucose levels to determine at what point such levels might affect your ability to be a safe driver.

The key to preventing diabetes-related eye problems is good control of blood glucose levels, good blood pressure control and good eye care. A yearly exam with an eye care professional is essential.

If you are experiencing long-term complications of diabetes such as vision or sensation problems, or if you have had an amputation, your diabetes health care team can refer you to a driving specialist. This specialist can give you on and off-road tests to see if, and how, your diabetes is affecting your driving. The specialist also may offer training to improve your driving skills.

Improving your driving skills could help keep you and others around you safe.
To find a driver rehabilitation specialist near you go to www.aota.org/olderdriver to find the name of a specialist in your State. You also can call hospitals and rehabilitation facilities to find an occupational therapist who can help with the driving skills assessment and remediation. Depending on where you live, you may need to travel to nearby communities to find these services.

**What if I have to cut back or give up driving?**

- You can keep your independence even if you have to cut back or give up on your driving. It may take planning ahead on your part, but planning will help get you to the places you need to go and to the people you want to see. Consider:
  - rides with family and friends;
  - taxi cabs;
  - shuttle buses or vans;
  - public buses, trains and subways; and
  - walking.

- Also, senior centers and religious and other local service groups often offer transportation services for older adults in your community.

**Who can I call for help with transportation?**

- Call the ElderCare Locator at 1-800-677-1116 and ask for the phone number of your local Office on Aging, or go to their website at www.eldercare.gov.

- Contact your regional transit authority to find out which bus or train to take.

- Call Easter Seals Project ACTION (Accessible Community Transportation In Our Nation) at 1-800-659-6428 or go to their website www.easterseals.com/transportation.

**Where do I find out more about diabetes?**

- Your first step is to talk with your diabetes health care team. You also can contact the:
  - American Diabetes Association
    1-800-342-2383
    www.diabetes.org
  - National Diabetes Information Clearinghouse
    1-800-860-8747
    www.diabetes.niddk.nih.gov
  - Healthfinder
    www.healthfinder.gov

- You also can get a copy of “Age Page On Older Drivers” from the National Institute on Aging by calling 1-800-222-2225, or by going to their website at www.niapublications.org/engagepages/drivers.asp

**Wear your safety belt**

Always wear your safety belt when you are driving or riding in a car. Make sure that every person who is riding with you also is buckled up. Wear your safety belt even if your car has air bags.