



A couple of recent cases have highlighted that we don't have any clear guidance on this topic.

### **What does the DVLA Say?**

Anorexia Nervosa is not mentioned specifically but the guidance says that any serious mental disorder should be reported to the DVLA. The guidance changed at the end of 2008. It had previously talked about Bipolar Disorder and Psychotic Depression and stated that an individual should not drive until three months after recovery from such disorders. It is clear from the guidance that individual clinicians must use clinical judgement in a) whether they advise the patient not to drive and b) whether they breach confidentiality and report directly to the DVLA if the patient continues to drive.

### **What Impairs Fitness to Drive in Eating Disorder Patients?**

1. Whilst there is no minimum BMI that makes someone unfit to drive, it is generally accepted that if a patient has severe emaciation, cannot complete a squat test or rise from the horizontal on a bed, then they should be advised not to drive. In this extreme case, their unfitness to drive will be from a combination of factors but simple lack of muscle tone and power may be the most relevant.
2. Assessment in Anorexia Nervosa is complicated by markedly fluctuating nutritional status. Periods of fasting and relative hypoglycemia can make someone slow, sluggish and inattentive but this may rapidly reverse with appropriate nutrition.
3. Relative hypothermia will slow reaction time and impair concentration.
4. Hypokalemia, which again may be fluctuating, will have similar effects but may also cause muscle twitching and jerking.
5. Fracture Risk: whilst this is not necessarily a risk to others on the road, I have had one patient with an ankle fracture following an emergency stop and one with a rib fracture whilst turning sharply to see to reverse. However, it is likely that these patients could have sustained fractures in other mundane activities, given the severity of their osteoporosis.

### **Advice to Patients**

1. All patients with a BMI of below 16, patients who have marked hypokalemia and patients who have periods of extreme fasting should be advised that they are compromising their ability to drive.
2. Patients who do have prolonged fasts should be strongly advised to take appropriate nutrition an hour before they are going to drive and maintain this during their driving.

## **Eating Disorders and Fitness to Drive**

3. Patients should be advised that voluntary compliance with advice on driving is strongly recommended for their own and for other road users' safety and that non-compliance may mean they are reported to the DVLA.
4. They should be advised that the DVLA will more than likely require a formal medical assessment, may impose a driving ban and that this may last for some months after recovery and may require re-examination by a DVLA doctor.

### **Advice to Clinicians**

1. Give the information outlined above.
2. Discuss with your clinical team and with the GP if there are concerns.
3. Remember that in extreme situations your duty of care to other road users and pedestrians may outweigh your duty of care to your patient.
4. There are no simple tests of driving competence suitable for Eating Disorders patients. Driving simulation tests are available at Astley Ainslie Hospital in Edinburgh (NHS Lothian) but these are more relevant to patients with stable states such as brain injury and early dementia.

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