

Audit of adherence to NICE
guidelines for driving in patients
with MS

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Introduction

- Any person who has been diagnosed with MS needs to inform the DVLA about the same
- The symptoms of MS can vary and can often be very disabling affecting cognitive function, cranial nerves or the limbs which can potentially affect driving, and road safety.
- Hence DVLA would need to assess the functional ability of a person at the wheel

Introduction

- The patient needs to inform the Driver and Vehicle Licensing Agency (DVLA) that they been diagnosed with MS.
- They will assess the patients fitness to drive using the information they provide, and they may ask them to have a medical examination or a driving assessment.
- Memory and concentration, spatial awareness of the position of things, and clear mental processing of information, are also important to drivers.
- The insurance company needs to be informed as well

Introduction

- The patient may be able to continue driving an un-adapted car for some time, particularly if it has automatic transmission and power steering.
- Patients who receive the higher or enhanced rate mobility component of DLA or PIP, you can use it to lease an adapted car through the Motability Scheme.
- The Blue Badge Scheme allows a vehicle displaying a valid badge in the correct place and driven by a disabled person, or with a disabled person as passenger, to park more easily. The scheme is administered by local authorities and MS patients will automatically qualify if they receive the higher or enhanced rate mobility component of DLA or PIP

Introduction

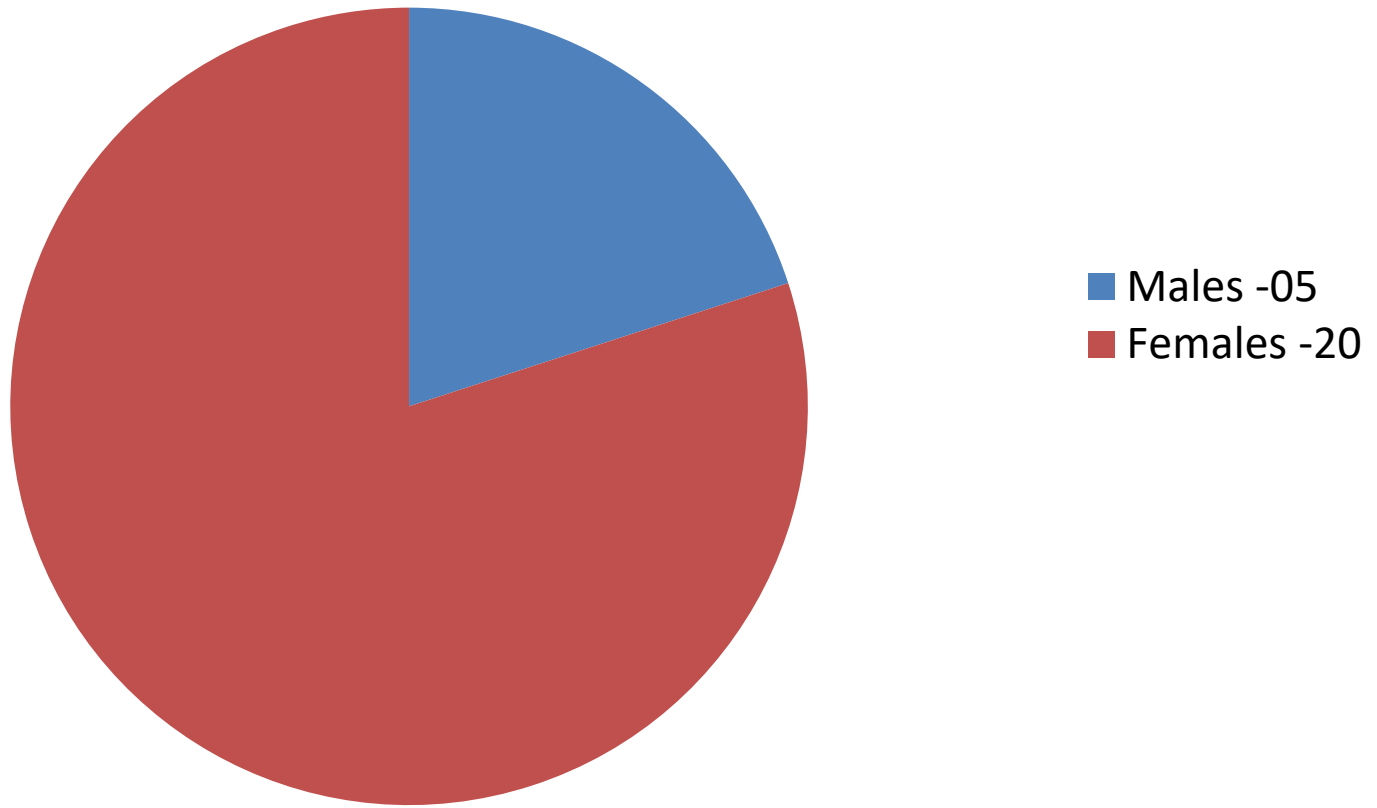
- In England and Wales the law says that anyone found with certain drugs in their body while driving can be prosecuted, whether their driving is impaired or not.
- The roadside tests the police use to check for drugs can detect very small amounts of the drug in your system. Unfortunately, this means that if a patient takes Sativex, they may test positive for cannabis.
- However, if a patient is taking Sativex as prescribed by a health professional, they can claim a 'medical defence', as long as their driving is not impaired.

Materials and methods

- 25 patients presenting to the MS nurse led clinics and the neurology outpatients clinics were surveyed.
- A pre-prepared questionnaire was administered that looked at various aspects of the condition/disability/ relapse rate and medication and adherence to driving regulations .
- The same was then analysed .

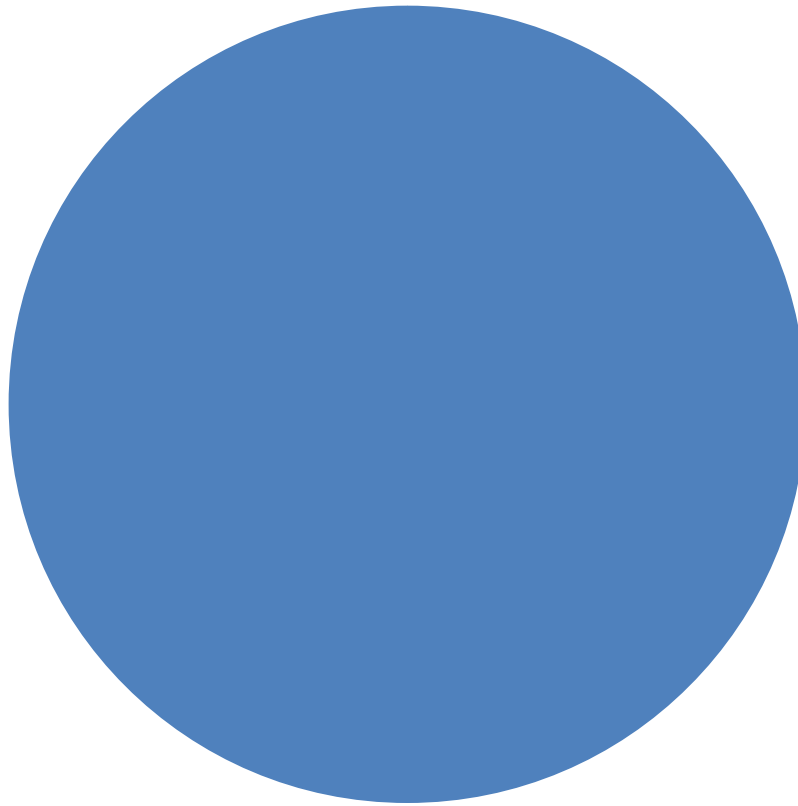
Total patients surveyed

Total patients=25



Confirmation of diagnosis

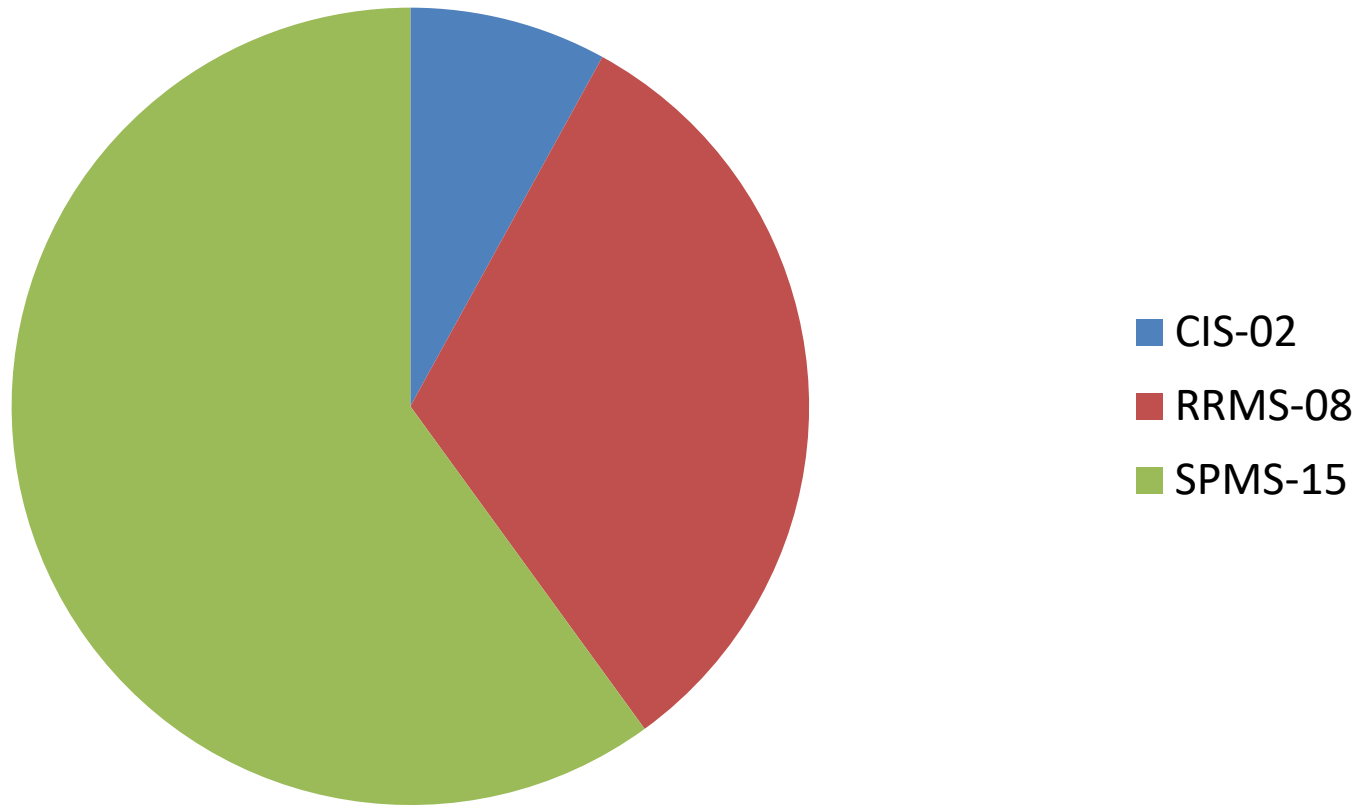
Diagnosis of MS confirmed



■ All

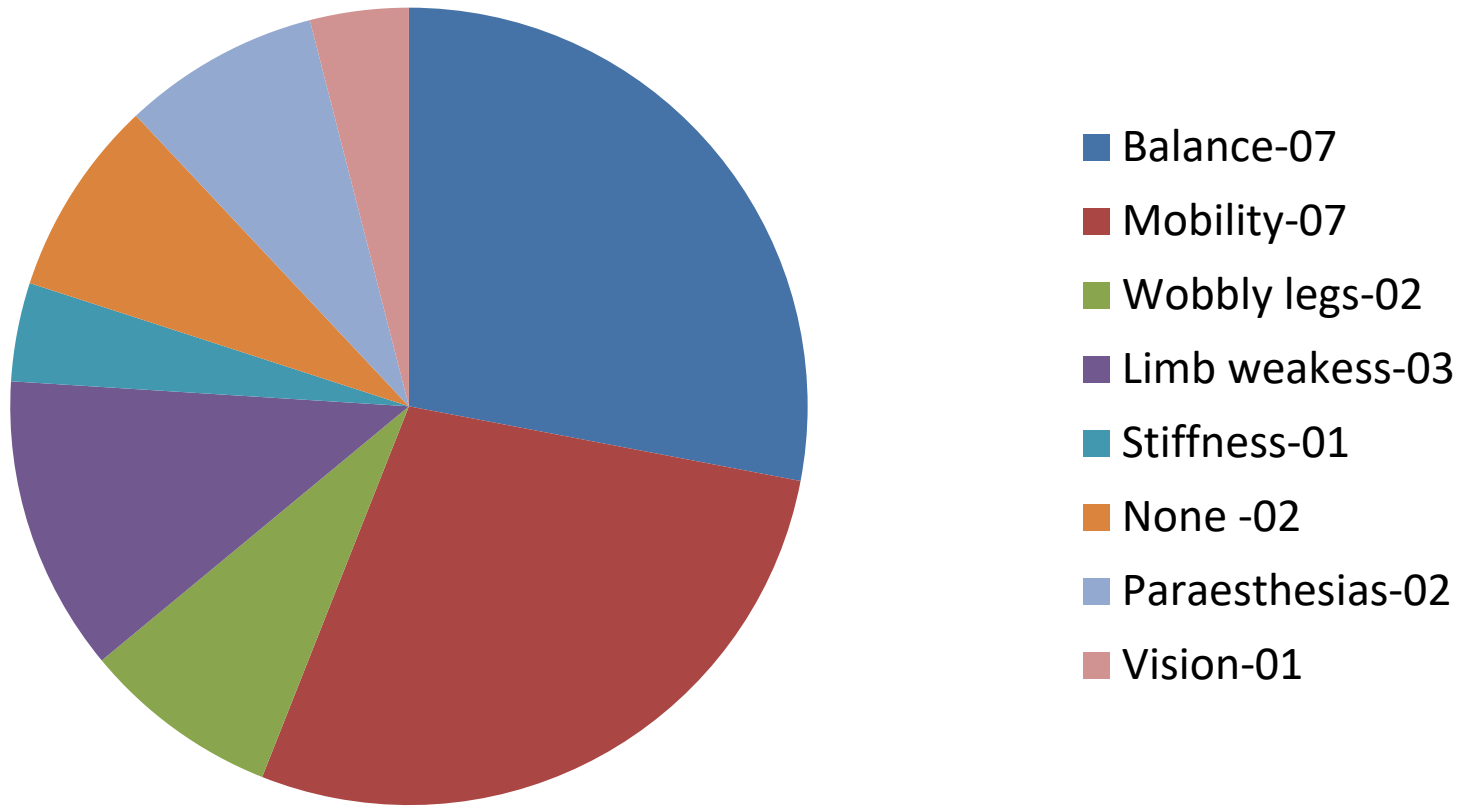
MS subtypes

Sub types of MS



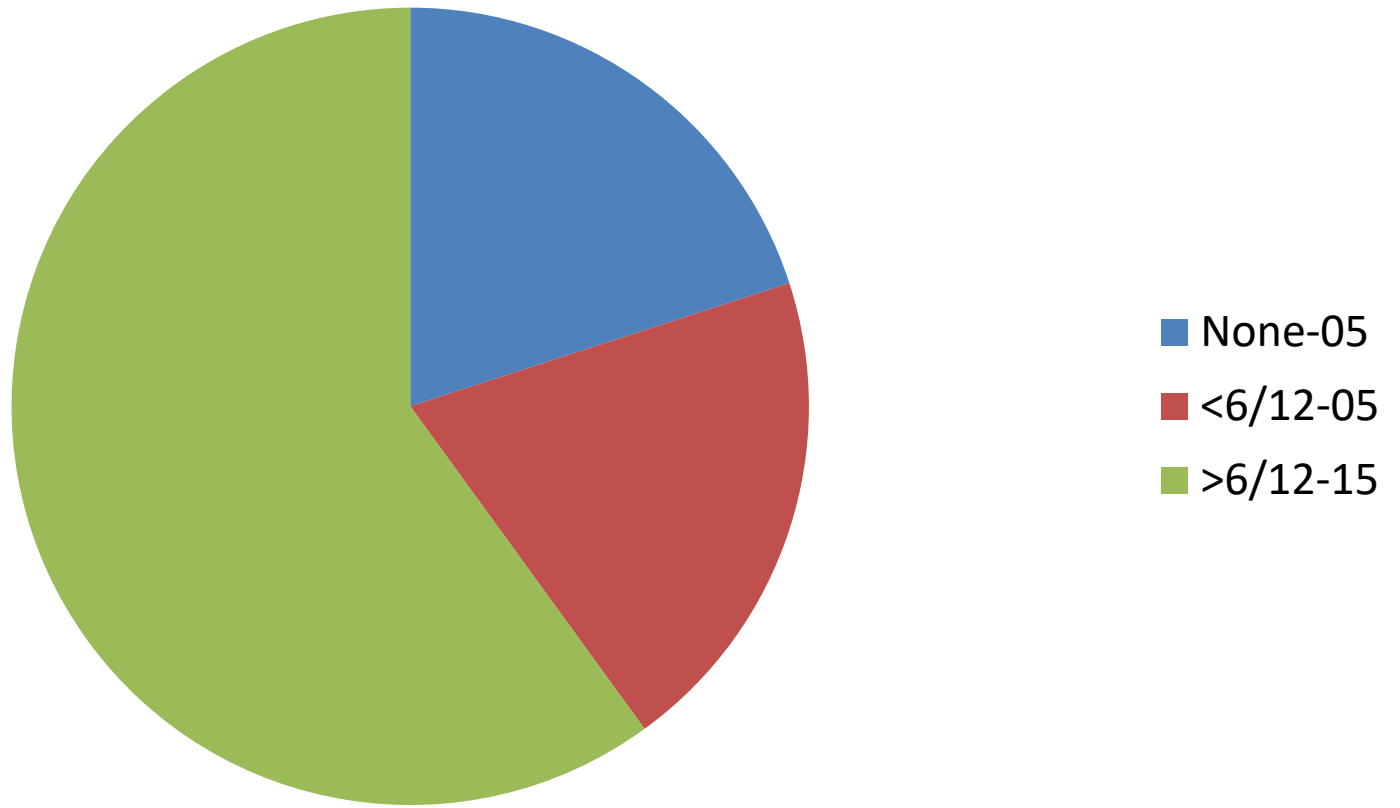
Disabilities

Main Disability



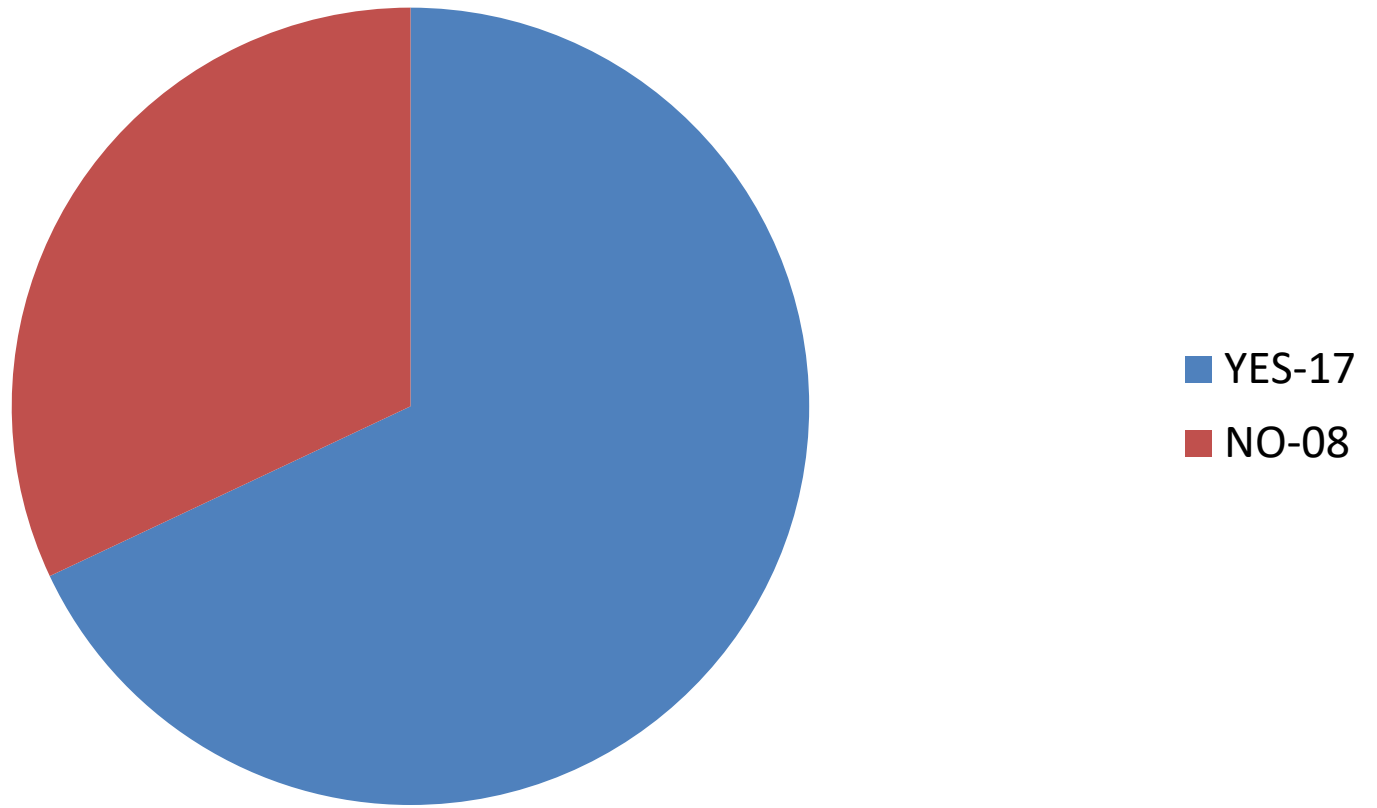
Last relapse

Last relapse



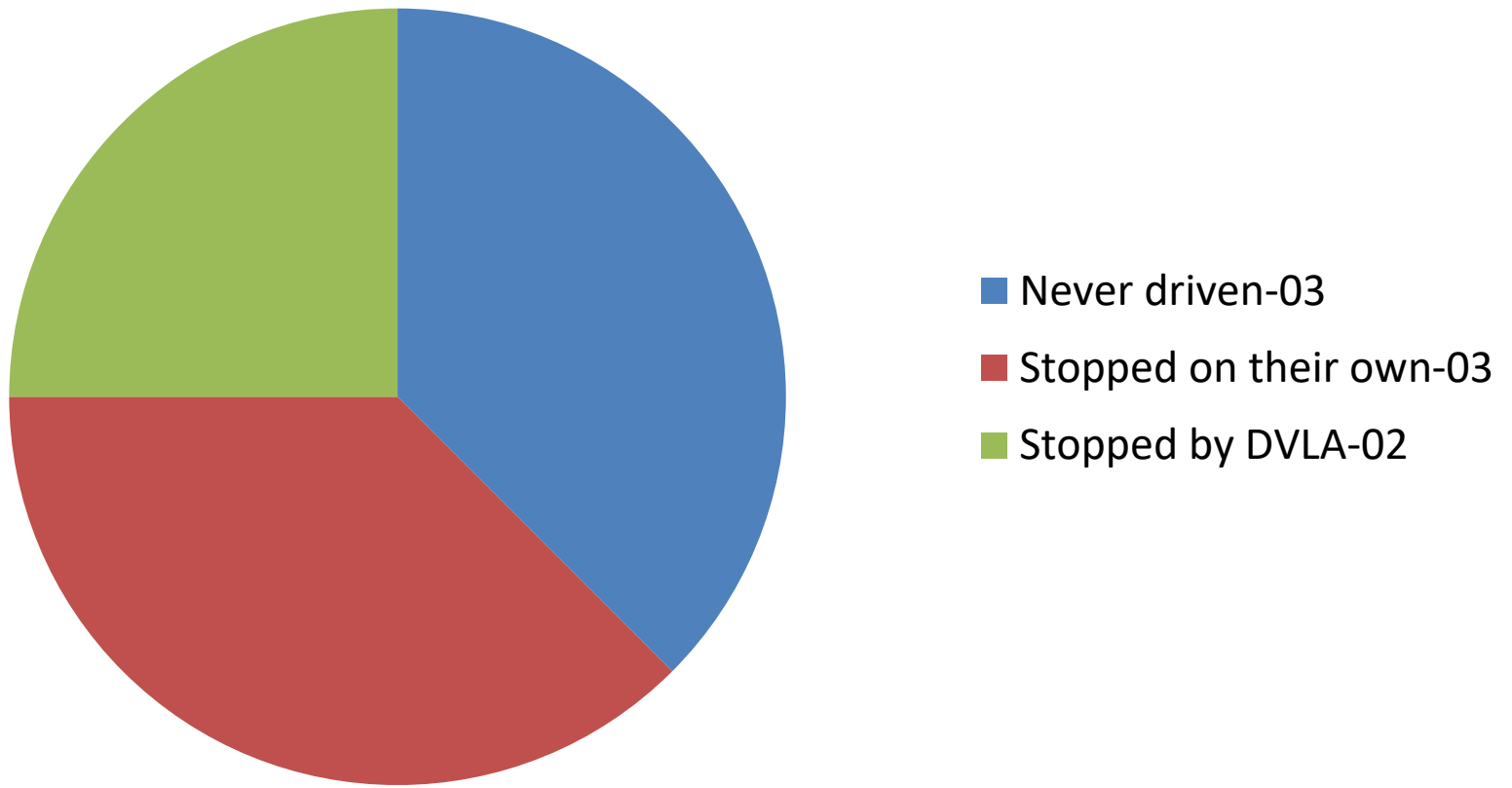
Driving

Driving



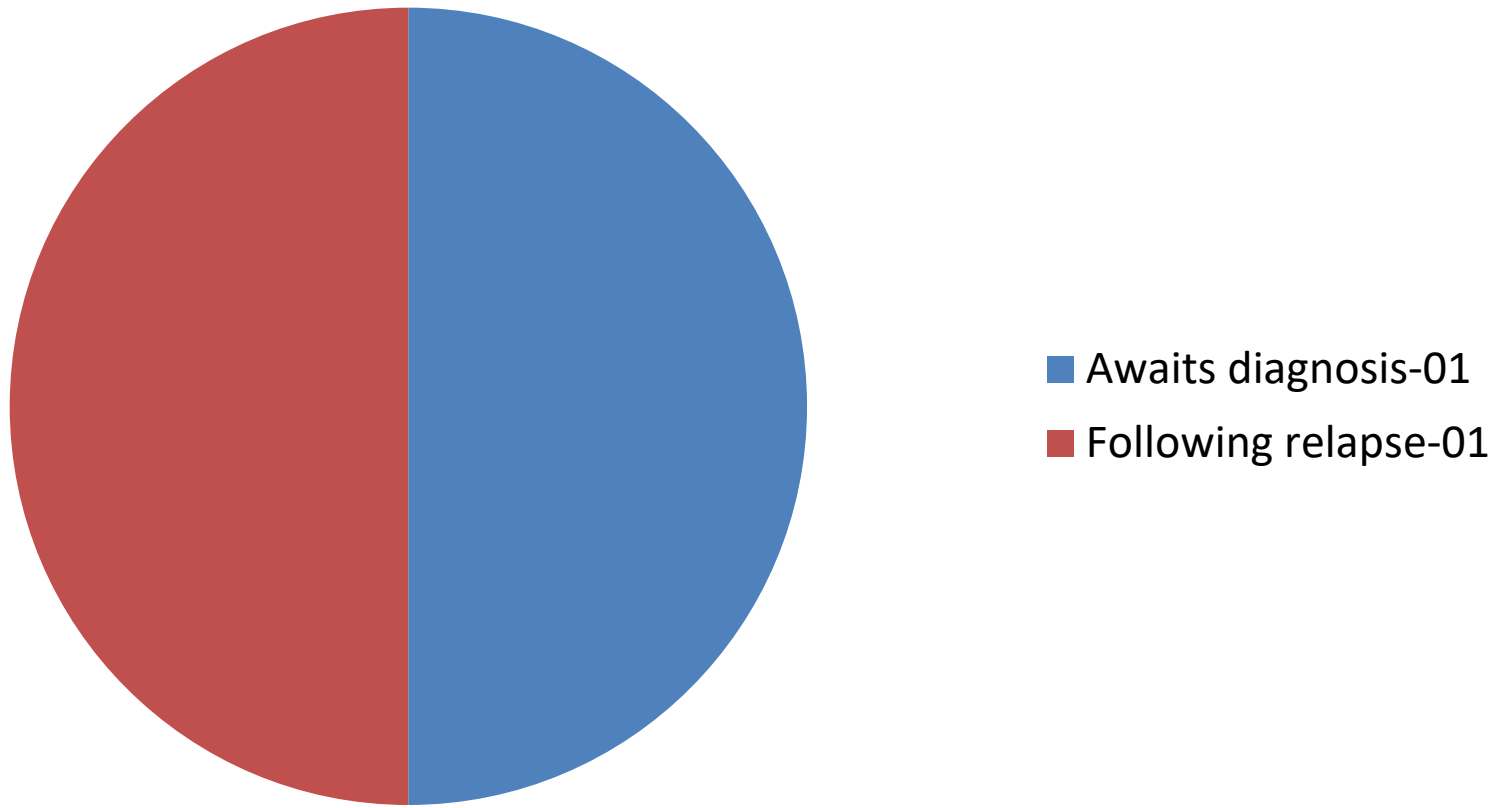
Of those not driving

Those not driving



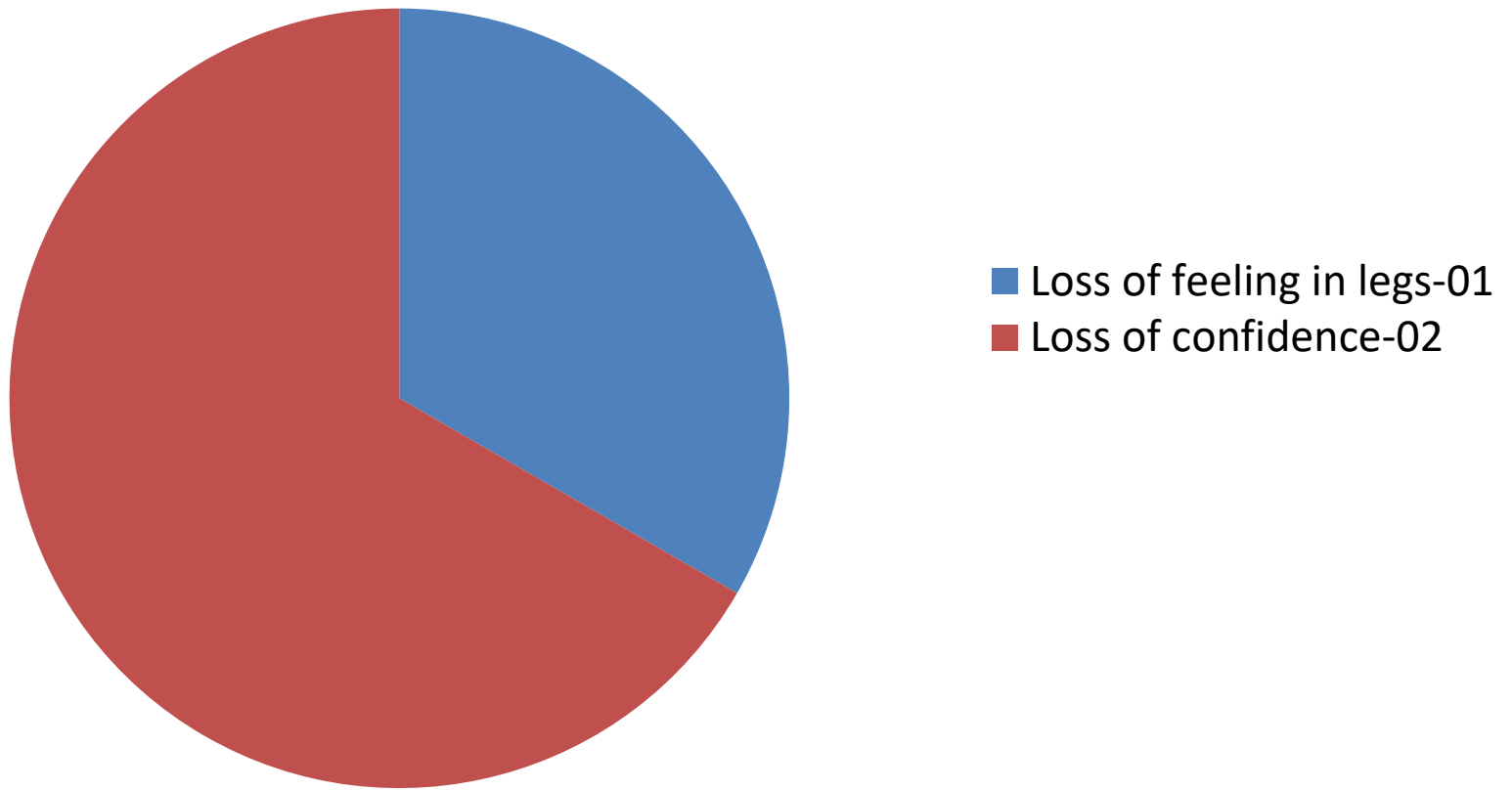
Stopped by DVLA

DVLA



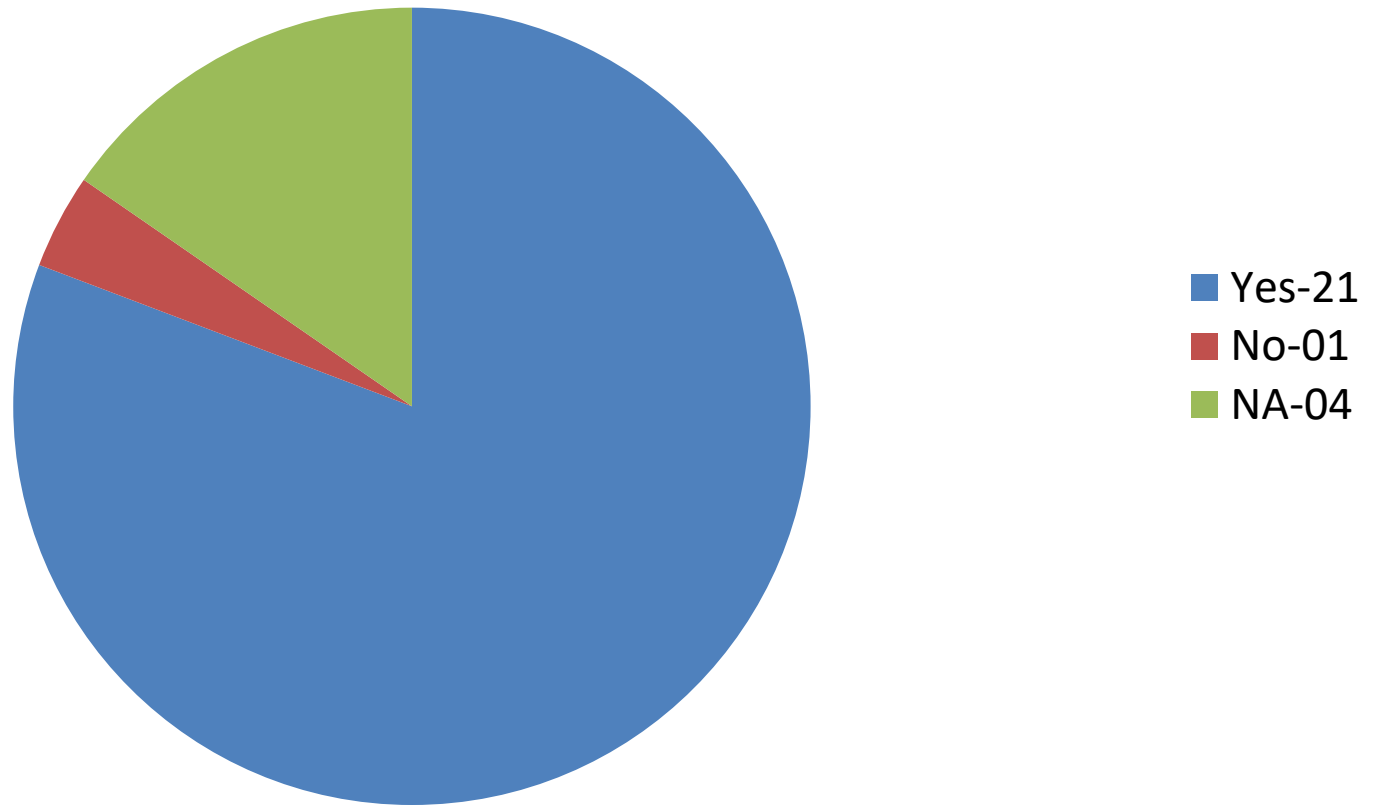
Who stopped on their own

Voluntary stop



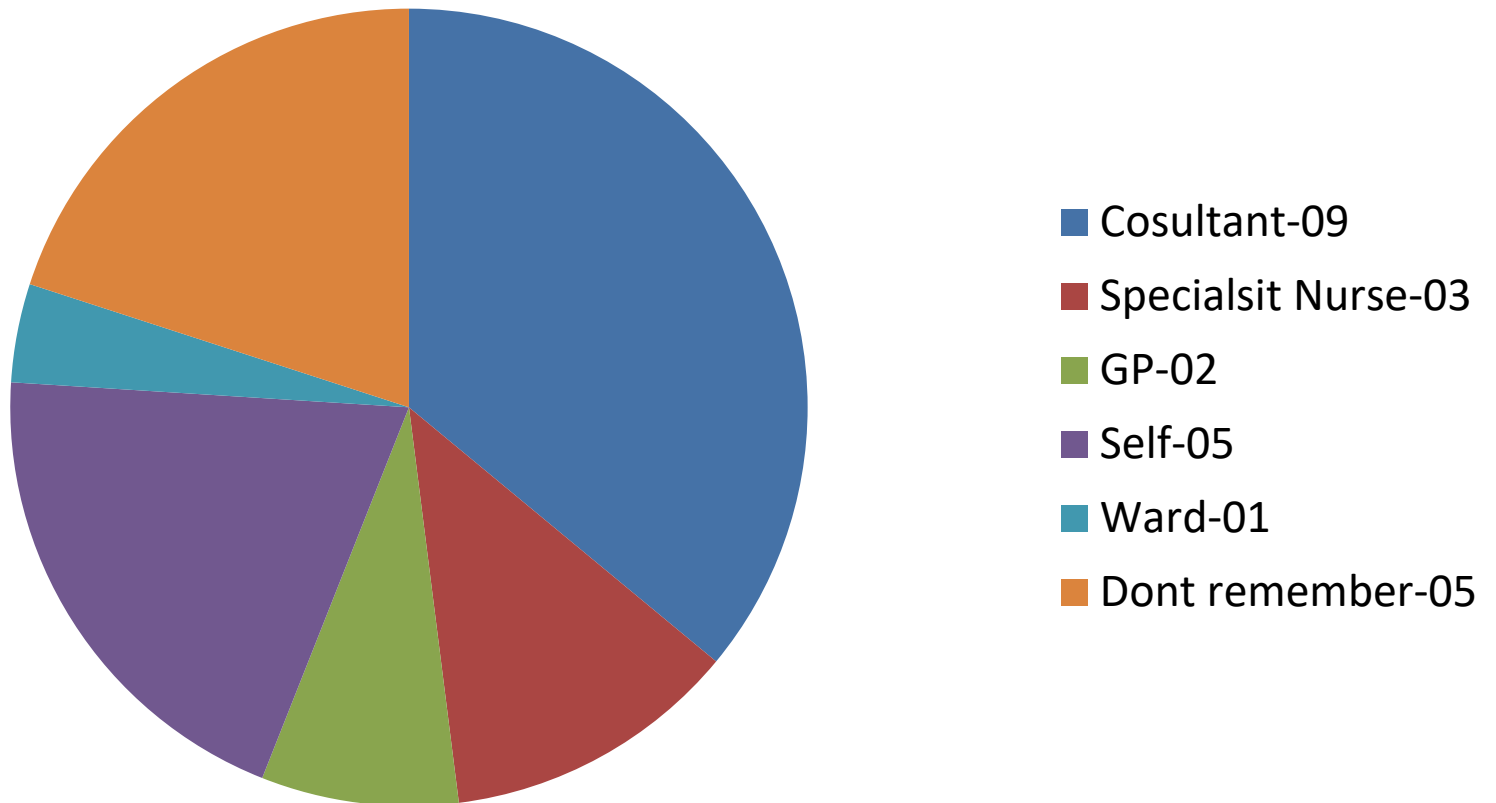
Awareness to inform DVLA

Those aware



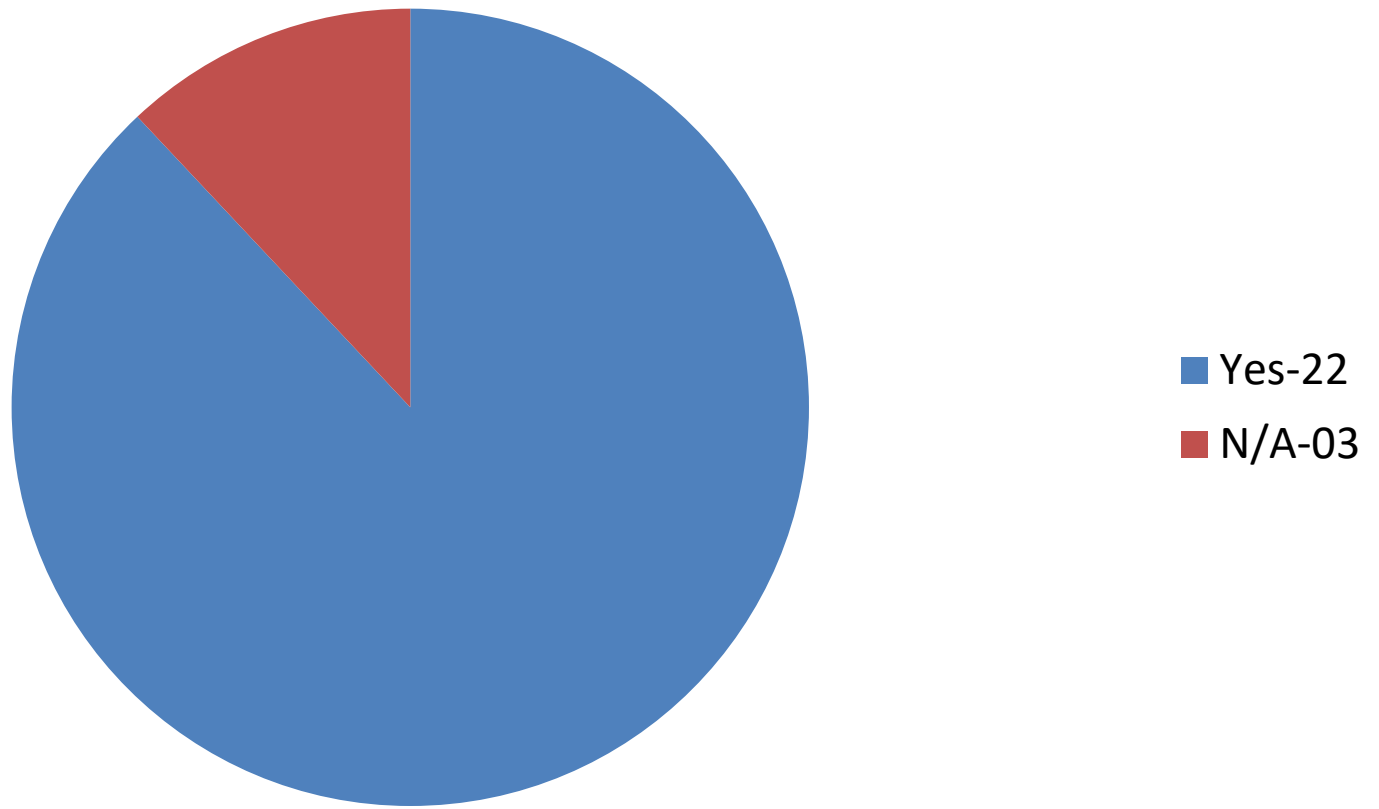
Who informed the patient

Who informed the patient



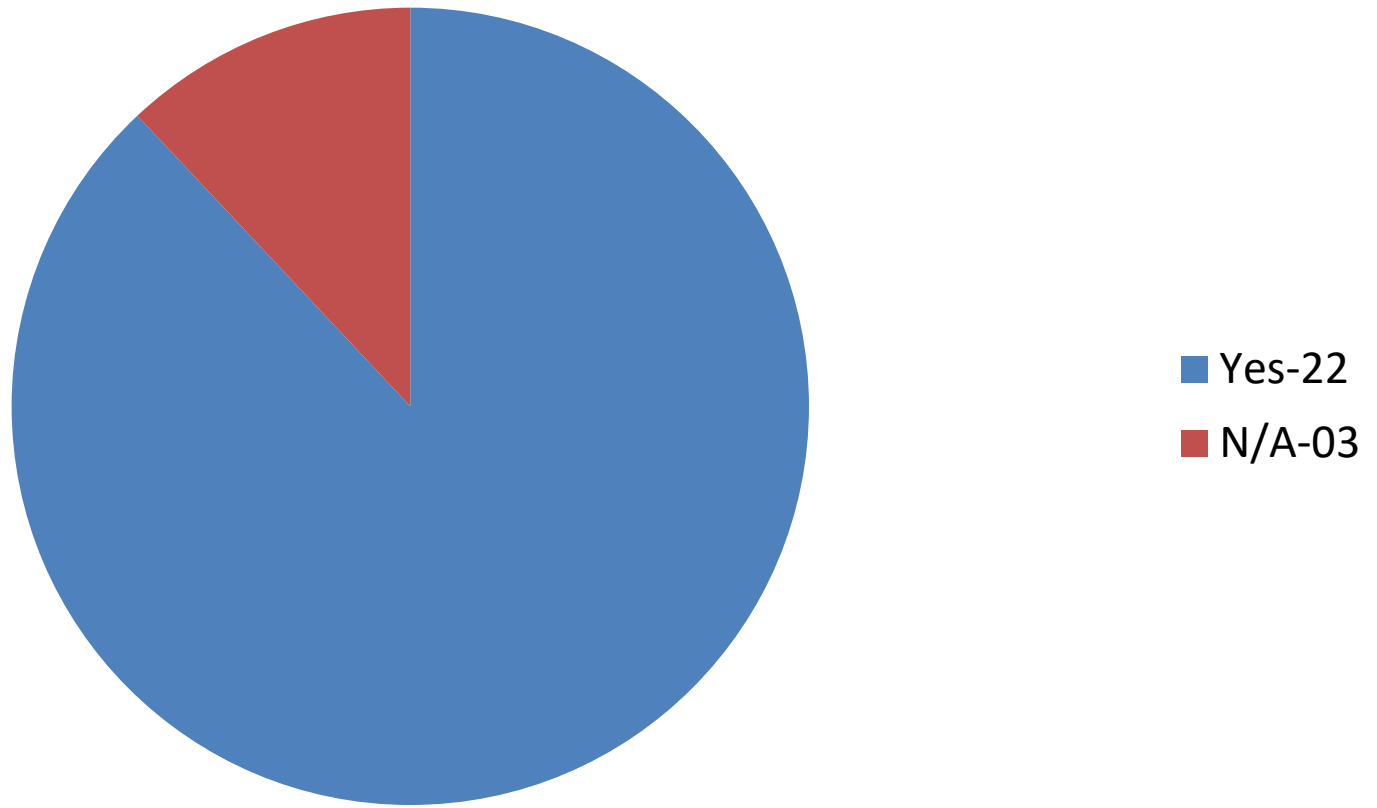
Informed DVLA

Those who informed DVLA



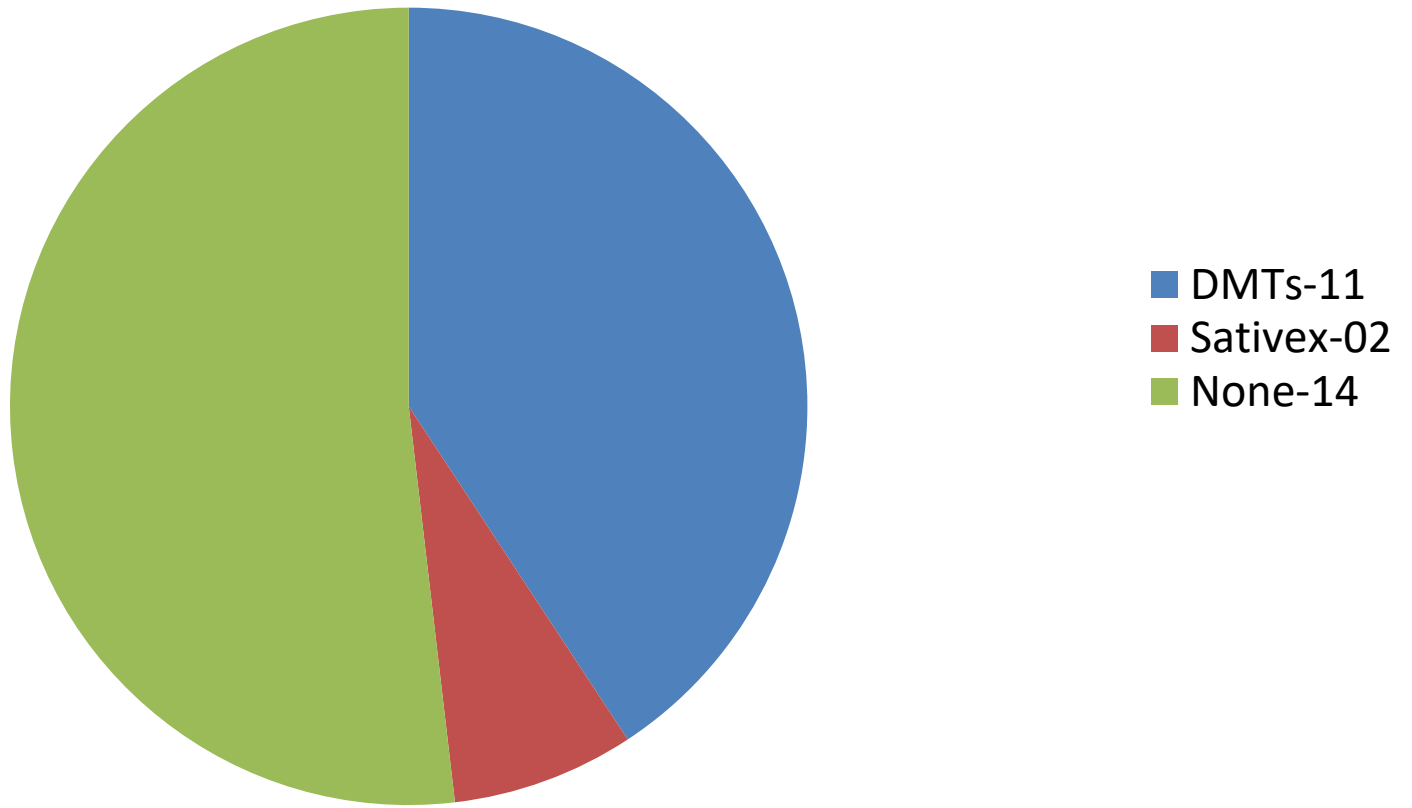
Informed Insurance

Those who informed Insurance



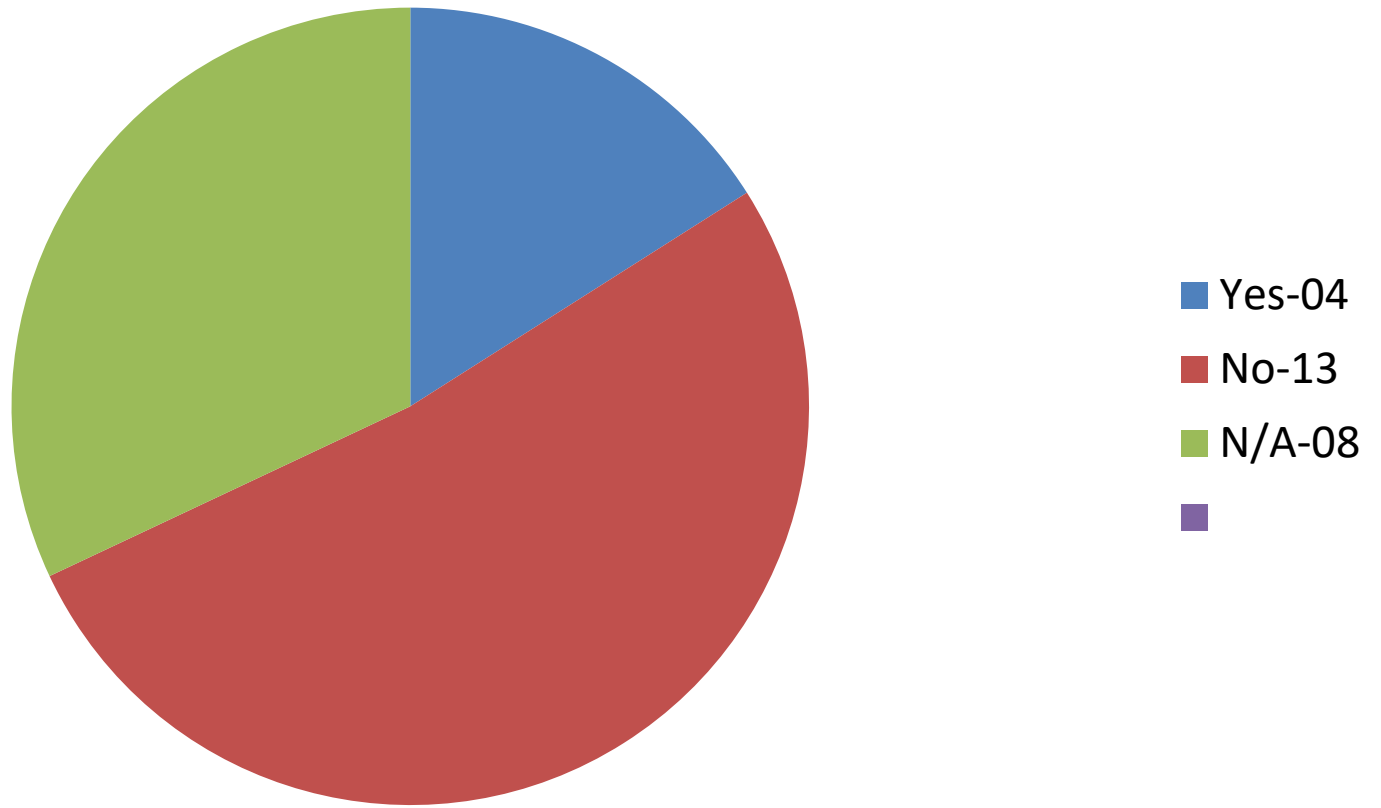
Medication

Medication



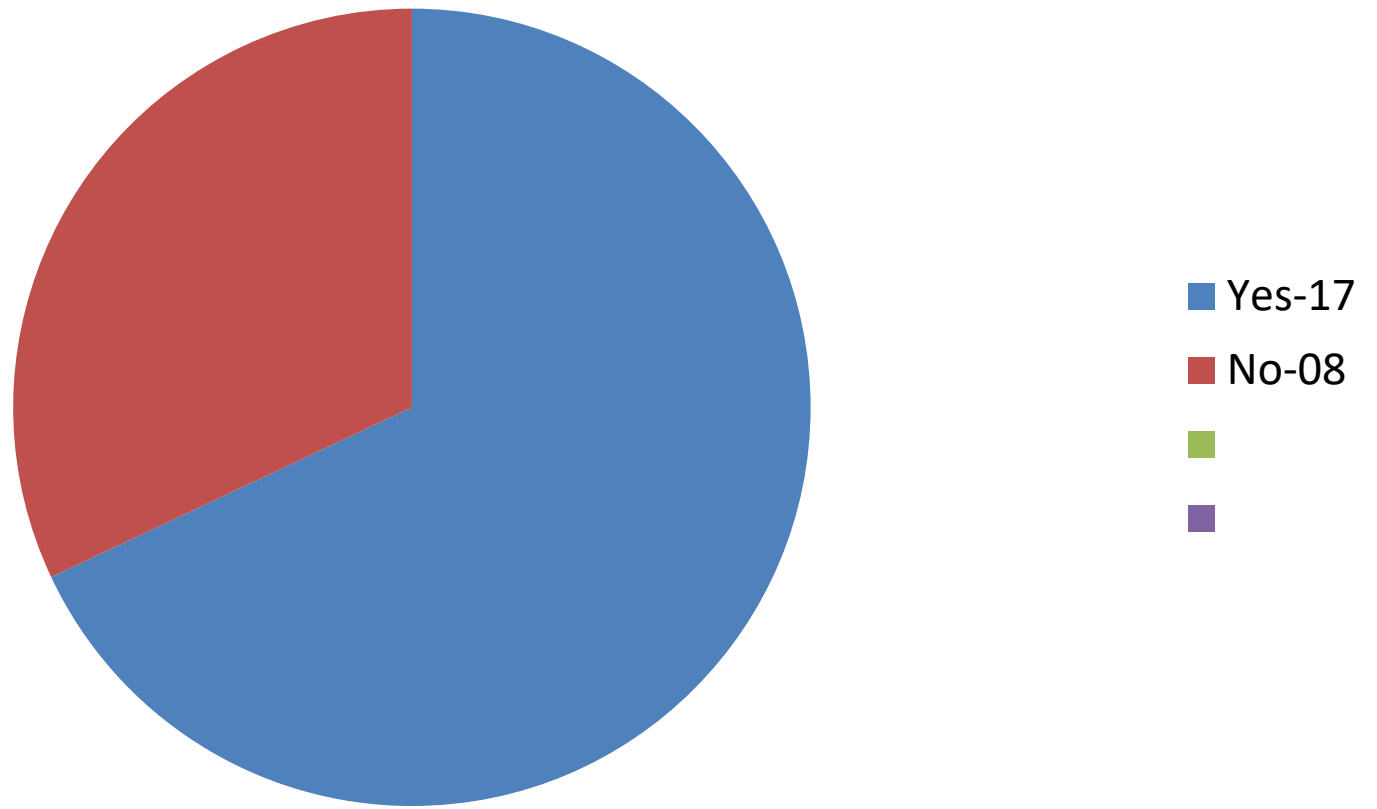
Adapted vehicles

Sales



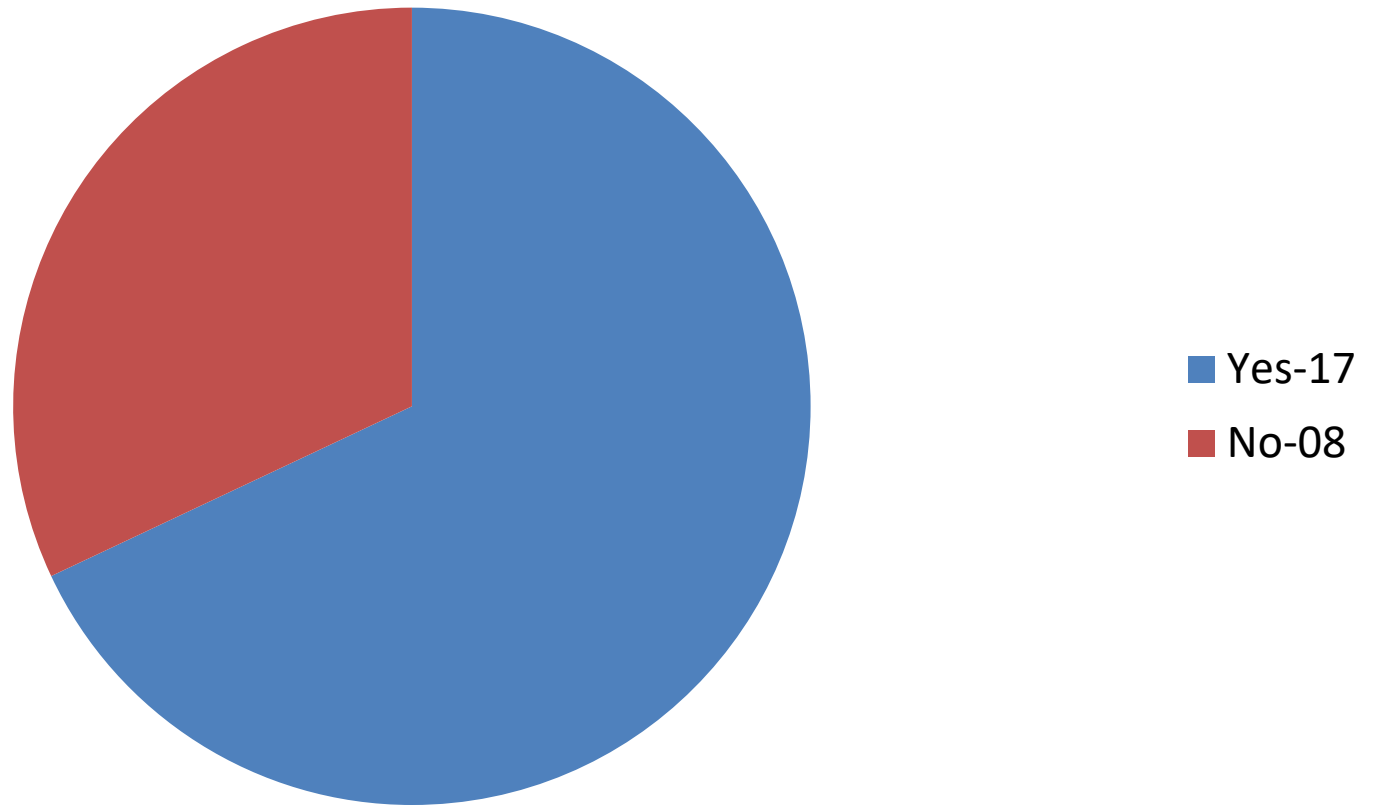
Blue Badge

Blue Badge



Notes confirming information

Notes Confirming



Conclusion

- While most people were adherent to driving regulations
- There is need to improve documentation for medico-legal purposes
- Also the relapses need to be clarified and if disabling need to be informed to DVLA
- A checklist stamp for specialist clinics to ensure documentation and adherence to guidelines is being arranged.
- This will be used in each clinic visit as a check list for clinicians.
- A re-audit is planned