



DRIVING AND THE HEART -

2 - Vocational Driving Licences

Large Goods and Passenger Carrying Vehicles (LGV/PCV)

Doctors and their patients should be aware of the stricter standards applied by DVLA to cardiovascular disorders which may disqualify LGV and PCV drivers. Doctors should also be aware that as from January 1998 the guidelines for new vocational licences apply to all those drivers' vehicles exceeding 3.5 metric tonnes, or with 8 or more seats (excluding the driver). Drivers of taxicabs are not usually subject to DVLA guidelines. Vocational drivers with heart disease must be subject to regular review; for example those with coronary heart disease require an exercise testing at least every three years.

The following conditions set out in capitals and heavy type will disallow, either permanently or temporarily, entitlement to drive these vehicles. (Re-) licensing for these disorders will be permitted according to the criteria set out below.

In general, drivers with cardiovascular disorders should have been seen by a cardiologist to whom referral should be considered prior to (re-) licensing.

It is the doctor's responsibility to advise the patient that he/she should not drive and it is the patient's duty to contact the DVLA. If the patient continues to drive despite this advice, the doctor is legally obliged to inform the DVLA who should contact the patient requesting the return of their licence.

CORONARY HEART DISEASE **ANGINA PECTORIS, MYOCARDIAL INFARCTION, CORONARY ARTERY BYPASS GRAFTING, CORONARY ANGIOPLASTY, OR AN EPISODE OF UNSTABLE ANGINA.**

If however the driver has been rendered asymptomatic, (re-) licensing may be permitted after at least six weeks, provided that the result of exercise testing is satisfactory, i.e the driver can safely complete three stages of the standard Bruce protocol, without anti-anginal medication for 48 hours, and remains free from symptoms and signs of cardiovascular dysfunction such as, angina pectoris, syncope, hypertension, ventricular tachycardia, symptoms of peripheral vascular disease which limit the investigation, and / or electrocardiographic ST segment shift which accredited medical opinion interprets as being indicative of myocardial ischaemia (usually equal to or greater than 2mm horizontal or down-sloping). Coronary angiography is not required but if undertaken for other reasons and showing significant unrelieved proximal coronary arterial stenoses or substantial impairment of left ventricular function, then (re-) licensing will not be permitted.

DISEASE OF OTHER ARTERIES **CONFIRMED PERIPHERAL VASCULAR DISEASE**

Any associated coronary heart disease must be identified and evaluated.

AORTIC ANEURYSM including MARFAN SYNDROME (AORTIC DIAMETER GREATER THAN 5 CMS), AORTIC DISSECTION

(Re-) licensing will normally be permitted following satisfactory surgical repair of the aneurysm but any associated coronary heart disease must be identified and evaluated (see above)

HYPERTENSION **HYPERTENSION WITH B.P CONSISTENTLY 180/100 OR MORE, OR DRUG INDUCED SYMPTOMS WHICH COULD AFFECT DRIVING CAPABILITY.**

Driving may restart when hypertension is controlled.

HEART FAILURE **INCLUDING ESTABLISHED CARDIOMYOPATHY AND HEART/HEART LUNG TRANSPLANTATION.**

Needs specialist evaluation and is subject to evaluation of left ventricular function, potential arrhythmia, and in some cases, exercise testing.

SYNCOPE
Recommended refusal or revocation for this and other causes of unexplained syncope until specialist evaluation has been undertaken and the results of appropriate investigations (e.g. ambulatory electrocardiography, tilt testing) are satisfactory. (Re-) licensing may be permitted after 3 months.

HEART VALVE DISEASE (including SURGERY) **ANY PERSISTING SYMPTOMS.**

If asymptomatic may be (re-) licensed. After cerebral embolism may be (re-) licensed after 12 months subject to specialist assessment to determine licensing fitness.

CONGENITAL HEART DISEASE **ANY COMPLEX OR SEVERE DISORDER**

Minor disorders and those which have been successfully corrected may be (re-) licensed subject to specialist evaluation.

CARDIAC ARRHYTHMIA **ANY SIGNIFICANT DISTURBANCE OF CARDIAC RHYTHM (I.E. SINO ATRIAL DISEASE, SIGNIFICANT CONDUCTION DEFECT, ATRIAL FLUTTER OR FIBRILLATION, NARROW OR BROAD COMPLEX TACHYCARDIA) WHICH HAS CAUSED, OR IS LIKELY TO CAUSE DISABLING SYMPTOMS.**

(Re-) licensing may be permitted when the arrhythmia is controlled for at least 3 months subject to evaluation of ventricular function and in some cases exercise testing.

PACEMAKER IMPLANT **SUCCESSFUL CATHETER ABLATION**

May be (re-) licensed after 6 weeks subject to specialist evaluation.

ATRIAL DEFIBRILLATOR/ PATIENT/PHYSICIAN ACTIVATED

May be (re-) licensed provided the arrhythmia section is met and there is no other disqualifying condition.

ICD IMPLANT

Permanent disqualification.

More detailed guidance may be obtained from the publication "At a Glance Guide to Current Medical Standards of Fitness to Drive" and the website www.dvla.gov.uk. Any doctor requiring a copy should apply to Drivers Medical Unit, DVLA, Longview Road, Morriston, Swansea SA99 1TU. Tel. (01792) 783686.