

Driving and your health - Think about it!



Tool Box Talk No.2 Facilitator's Notes

Sleep Disorders and Driving

A. OVERVIEW

This briefing covers important information about sleep disorders including:

- how they affect driving; and
- how they can be managed.

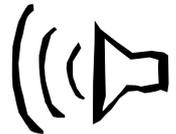
It is designed to complement the *Fatigue and Driving* Tool Box Talk to help drivers understand these related issues.

B. DURATION

10 - 20 minutes

C. KEY MESSAGES

1. Sleep disorders can cause excess daytime sleepiness and increase the risk of road crashes. The effect of sleep disorders is similar to having a blood alcohol level over 0.05.
2. Around 1 in 4 men over the age of 30 have some form of a sleep disorder. Falling asleep during the day can be a sign that you have sleep disorder.
3. Sleep disorders can be treated so that you may continue driving.
4. You can reduce your risk of developing a sleep disorder by addressing lifestyle factors - losing weight is particularly important.
5. Be aware of and manage other factors that may cause sleepiness - fatigue, poor sleep habits, alcohol and other drugs.
6. Do not drive if you are sleepy - take a power nap (10-45 min).
7. Information about sleep disorders is available from your local doctor who can refer you to a sleep specialist.



D. HANDOUTS AND RESOURCES

- FACT SHEET – *Sleep Disorders and Driving*.
- Information Supplement: *Obstructive Sleep Apnoea* (from the Lung Foundation of Australia).
- Power Point presentation.
- Other resources – brochures and posters may be resourced through the health organisations listed on the NTC website (Useful Contacts section).





1. What are sleep disorders?

As the name suggests, sleep disorders are health problems relating to sleep. This is different from being tired or suffering from fatigue due to poor sleeping habits or busy work schedules. However the results in terms of road safety are similar.

There are many different types of sleep disorders including *insomnia* (difficulty falling/staying asleep), *sleep apnoea* (choking or difficulty breathing during sleep) and *narcolepsy* (falling asleep suddenly at inappropriate times).

Obstructive sleep apnoea is a common disorder - **around one in four men over the age of 30 have some degree of sleep apnoea**. It is caused by repetitive choking and/or narrowing in the breathing passages during sleep.

Obstructive sleep apnoea is more common in overweight, middle-aged men who snore. Physical characteristics such as large tonsils or blocked nose also contribute to the condition.

Sleep apnoea not only affects sleep, it also increases your risk of developing other serious conditions such as high blood pressure, heart attack, heart failure and stroke. For more information see the Information Supplement, *Obstructive Sleep Apnoea* (www.ntc.gov.au) or contact the Australian Lung Foundation on 1800 654 301.

2. How do sleep disorders affect driving?

Sleepiness due to any reason is a major cause of road crashes.

Sleep apnoea, for example, has been shown to increase road crashes by **five to seven fold**. The effect on driving is similar to that seen with blood alcohol levels over 0.05. And for drivers that are very sleepy, that is they demonstrate “high risk factors,” (see below), their **risk of having a crash increases fifteen fold**.

3. Can you still drive with a sleep disorder?

Sleep disorders can be effectively treated so in most cases a **conditional licence** can be issued.

This will mean you can continue to drive provided that you have the prescribed treatment, that you see your doctor as required and that daytime sleepiness is no longer a problem. It may be that the doctor recommends you don't drive initially while your condition is being investigated and while effective treatment is started.

4. How do you know if you have a sleep disorder?

Often a person with a sleep disorder is not aware of the problem, and it is bed partners who may notice that the person chokes, gasps, gurgles or struggles to breathe, and is restless during the night.

Other signs that you may have a sleep disorder include:

- broken and unrefreshing sleep;
- morning headaches;
- tendency to doze or fall asleep inappropriately eg whilst driving;
- feeling tired despite adequate time in bed;
- reduced sexual activity;





- heartburn at night;
- poor memory and concentration;
- having more than 5 to 15 interruptions an hour when trying to sleep; or
- snoring.

Symptoms that point to you being at “**High Risk**” of having an accident because of a sleep disorder include:

- severe daytime sleepiness;
- frequently drowsy or frequently falling asleep whilst driving;
- more than one motor vehicle accident caused by inattention or sleepiness;
- feeling that you are a danger on the roads; or
- more than 50 interruptions an hour when trying to sleep.

If you have any of these symptoms or experiences it is important to talk to your doctor. The doctor may ask you to complete a questionnaire about your sleeping behaviour and sleepiness during the day. They may also refer you to a sleep specialist.

5. What other factors contribute to daytime sleepiness?

Increased sleepiness during the daytime may be due to factors other than sleep disorders, for example:

- not getting enough sleep;
- poor quality sleep due to a poor sleeping environment, e.g. noise or too much light;
- irregular sleeping and waking habits, e.g. due to irregular or extended working hours;
- use and misuse of drugs such as speed or tranquilisers, alcohol and other drugs - these affect sleep patterns and disrupt the body’s natural rhythm;
- mental health problems such as depression, anxiety or stress; and
- other health conditions such as low blood count (anaemia) or diabetes.

These factors can also increase the risk and severity of sleep disorders. They will need to be addressed in order to prevent sleep disorders and to ensure successful management.

6. Do lifestyle factors affect sleep disorders?

Lifestyle factors do contribute to sleep disorders so **there is a lot you can do to reduce your risk**. Attention to these factors is also important if you already have a disorder.

- Lose excess weight** - this is probably the most important step you can take towards prevention (see Toolbox Talk 6, *Making Healthy Food Choices* and Toolbox Talk 7, *Being Active Everyday* for more information).
- Where possible, **have a regular sleep pattern**, e.g. go to bed and get up at the same time each day.
- Quit (heavy) smoking** – smoking irritates the nasal lining and affects breathing.
- Look after your mental health** – learn how to relax and develop strategies to cope with stress (see Toolbox Talk 9, *Mental Fitness* for more information).
- Avoid taking drugs, particularly speed and tranquilisers** as they significantly affect sleep patterns and disrupt the body’s natural rhythm (see information supplement, *The Effects of Drugs* for more information).
- Avoid alcohol, especially in the evening** – alcohol affects the muscles in the throat, which can contribute to frequent sleep interruptions.



7. How are sleep disorders treated and managed?

Sleep disorders can be successfully treated so that you can continue driving and so that your long-term health is protected. The type of treatment depends on the type of disorder and the severity. In the case of sleep apnoea (the most common sleep disorder), treatment often includes:

- **Weight loss** - this is important - even a small loss of weight can lead to improvement in symptoms. A loss of around 5 to 10 kilograms is often enough to dramatically reduce the severity of the disorder.
- **Use of special equipment** to assist breathing during sleep (for more information see the Information Supplement *Obstructive Sleep Apnoea*).
- **Medication** to reduce nasal stuffiness.
- **Surgery** may also be an option to reduce obstructions in the nose and throat area.

In addition, the lifestyle factors mentioned previously will need to be addressed, including:

- avoiding alcohol before going to bed;
- avoiding sleeping tablets and tranquilisers; and
- giving up smoking.

Effectiveness of the treatment will also depend on the changes you make to your driving patterns, including:

- avoiding driving at times when you are normally asleep;
- allowing adequate time for sleep (7-8 hours most nights);
- avoiding driving after having missed a large part of your normal sleep; and
- avoiding driving if sleepy (take a nap when you feel sleepy).

If you have a sleep disorder, it is essential that you see your treating doctor as required.

8. For more information

Contact:

- Your local doctor about a referral to a sleep specialist.
- The Lung Foundation about information on sleep disorders – they have a range of fact sheets and booklets 1800 654 301.
- Refer to the Information Supplement, *Obstructive Sleep Apnoea* (www.ntc.gov.au).

For more information see www.ntc.gov.au

Looking after your health is like looking after your vehicle - regular care and maintenance pays off in the long run

The Driving and Your Health Campaign is supported by:

