Psychiatric illness and driving: Irish psychiatrists' documentation practices

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Abstract

Objective: Psychiatric illness and the use of psychotropic medication are recognised as factors that may impair driving ability. Clinicians in the UK have a legal duty to advise patients on the effects of illness and prescribed medication on driving ability. Although clinicians in Ireland have no equivalent legal obligations, good medical practice suggests that doctors should be aware of whether patients are active drivers, and issue appropriate advice, supported by adequate documentation in clinical notes.

Method: The initial phase of the study analysed 44 outpatient records and 48 discharge records to ascertain the level of documentation regarding driving status, and advice given to patients regarding the effect of illness or medication on driving ability. The second phase involved distribution of an anonymous questionnaire to 18 psychiatrists employed in the acute psychiatric unit setting.

Results: Although there was minimal documentation regarding the potential effect of illness on driving ability, more than 50% of case notes revealed documented advice to patients regarding side-effects of medication and driving ability. Over 50% of case notes contained advice about medication compliance, but none contained cautionary advice about operating machinery. All psychiatrists admitted not being aware of the driving status of every patient they reviewed. Over 50% admitted to advising patients of the effect of illness or medication on driving ability, but fewer reported documenting this advice on every occasion. All psychiatrists reported that they would benefit from training in this area.

Conclusion: This study suggests that there is under-documentation of advice given to patients regarding the effect of their symptoms or medication on driving ability. Clinicians need to improve their awareness of patients' driving status, in addition to receiving training on what their responsibilities are in this regard.

Key words: Automobile driving; Mental disorders; Psychiatry.

Introduction

The ability to drive safely requires each motorist to be adept at information processing, in addition to possessing satisfactory attention, concentration, memory, visuospatial functioning, impulse control, hazard perception and problem-solving abilities.[1] Deficits in these abilities are not restricted to those individuals with a formally diagnosed psychiatric illness, and importantly may occur in members of the population with no psychiatric diagnosis at all. Furthermore, different individuals with the same psychiatric diagnosis may experience different symptom profiles and thus constitute different levels of risk as regards their driving ability.

Nonetheless, there is some evidence to state that some psychiatric disorders convey a greater risk than others, namely dementia, hypomania and mania, with dangerousness particularly increased during the acute phases of the latter.[2,3] The presence of psychiatric disorder has also been implicated as a risk factor for driver suicide, although the true incidence of driver suicide remains difficult to clarify.[4]

Statistics recently published by the Road Safety Authority (RSA) revealed that there were 336 fatalities on Irish Roads in 2007, with drivers representing the largest category of fatalities (41%).[5] This report described the RSA's priorities for 2008, including a focus on the area of 'drug-driving' as a cause of road fatalities. The issue of drug-driving is pertinent for psychiatrists, given that we prescribe psychotropic substances which may put our patients into the category of 'drug-drivers'. The most recent edition of the *Irish Rules of the Road* makes no distinction between prescription and non-prescription drugs, and states that it is 'illegal to drive while under the influence of certain drugs', although the term 'certain drugs' is not further defined.[6] It is well established that the use of certain psychotropic drugs adversely affects driving performance, particularly with the usage of hypnotics, anti-histamines and tricyclic antidepressants,[7] thus patients who are prescribed these medications should be cautioned in this regard.

The Driver and Vehicle Licensing Agency (DVLA) in the UK stipulates that licence-holders have a legal responsibility to inform the DVLA if they have a medical condition that may affect safe driving, with failure to do so constituting an offence.[8] These guidelines state that for acute psychotic disorders of any kind, car or motorcycle driving must cease during the acute illness and re-licensing may only be considered subject to several conditions, including satisfactory medication compliance, a three month period of stability, absence of side-effects that may impair driving ability, and a favourable specialist report. Similar conditions are stipulated for patients experiencing acute mania or hypomania and chronic schizophrenia. In the case of dementia, the DVLA acknowledges that the variation in progression and symptom profiles need to be taken into account, and recommends that in early cases, a licence may be issued on an annual basis.[8] The DVLA additionally stipulates that doctors must advise their patients

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on the effects that their illness and prescribed medication may have on their fitness to drive, with the General Medical Council in the UK stating that doctors have an absolute duty to inform the DVLA if a patient either lacks the capacity to understand advice regarding their lack of fitness to drive, or drives contrary to that advice.[9] The Royal College of Psychiatrists has provided some guidelines to its members, but these are predominantly focused on UK legislation.[10]

In the Irish context, the guidelines and responsibilities of licence-holders and members of the medical profession are not as clearly defined. Appendix 1 of the *Irish Rules of the Road*[6] provides a list of diseases and disabilities where a medical report is required when applying for a driving licence, but no clarification is provided for individuals who already hold a licence and subsequently develop a disease or disability within the 10-year duration of the driving licence. From a psychiatric perspective, the list includes alcoholism, any illness which requires the regular use of psychotropic substances, severe mental retardation, psychosis, psychoneurosis and personality disorders, however the *Irish Rules of the Road* do not specify the temporary revocation of licences for individuals during acute phases of illness, unlike the DVLA guidelines. Furthermore, the *Irish Rules of the Road* do not provide detailed guidelines relating to the responsibilities of clinicians in this matter, thus relying on members of the medical community to exercise principles of good medical practice, which include thorough assessment, issuing appropriate advice to patients and documenting this advice clearly in the clinical notes.

In light of the lack of clarity surrounding the issue of psychiatric illness and driving in Ireland, this study aimed to investigate the amount of documentation relating to 'fitness to drive' in two sets of case-notes (outpatient attendees and patients being discharged from inpatient care) in the Department of Psychiatry, University College Hospital Galway, and to anonymously survey psychiatrists of all grades in the acute hospital setting regarding their awareness of the *Irish Rules of the Road*, driving status of their patients, and documentation practices.

Method

The first stage of the study involved the examination of two groups of case notes. The first group consisted of all the patients who had attended the outpatient clinics of all consultants over the course of one week. The week was randomly chosen and the corresponding outpatient appointment list provided by the medical records department generated 63 charts, of which 44 were available for review. The second group consisted of all the patients who had been discharged from the acute inpatient unit over the course of a month. The month was randomly chosen and the corresponding discharge list provided by the medical records department generated 64 charts, of which 48 were available for review. All charts were examined in order to ascertain age, gender, ICD-10 diagnosis, and list of prescribed medication at the time of review.

The charts relating to outpatient appointments were analysed to ascertain whether there was any reference to driving status within the last one year, in light of the fact that clinicians may not document this at every consultation with the patient. These charts were examined further to determine whether, at any time in the last year, there was any documented advice about the effect of illness on driving ability, advice about the importance of compliance with medication, documentation regarding side-effects of medication that may affect driving ability, and cautionary advice for psychotropically-medicated patients when driving or operating machinery.

The charts relating to discharged patients were examined with particular focus on the documentation contained in the discharge note, given that patients in this group may be experiencing more symptoms than those seen at outpatients, and may require different advice regarding driving. This note was examined to ascertain whether there was any reference to driving status, any documented advice about the effect of illness on driving ability, advice about the importance of compliance with medication, documentation regarding side-effects of medication that may affect driving ability, and cautionary advice for psychotropically-medicated patients when driving or operating machinery.

The second stage of the study involved the distribution of an anonymous postal questionnaire to 18 psychiatrists of all grades employed in the acute inpatient unit and day hospital setting, in order to ascertain the level of awareness that clinicians had about the driving status of every patient under their care, their awareness of the new *Irish Rules of the Road*, whether they ever referred to the DVLA guidelines, their practices surrounding giving patients advice about psychiatric illness, psychotropic medication and driving safety, and subsequent documentation of this in case notes. Psychiatrists were also asked whether they felt they would benefit from further training in this area.

Results

Review of outpatient case notes

The mean age of the 44 patients in the outpatient sample was 44.1 years (sd 14.1), and 25 of the sample were female. The most common ICD-10 diagnosis in this sample was recurrent depressive disorder (34% of the sample), followed by schizophrenia (18%), bipolar disorder (14%) and schizoaffective disorder (9%). The remaining 25% of the sample consisted of patients with borderline personality disorder, alcohol dependence syndrome, generalised anxiety disorder, anorexia nervosa and obsessive-compulsive disorder. At the time of chart review, the numbers of patients on different classes of psychotropic medications are as outlined in *Table 1*.

There was no evidence in the charts of any documented discussion regarding the potential effect of a patient's illness on their driving ability although 25 charts (57% of sample) contained documented advice regarding the importance of compliance with prescribed medication. Whilst some charts did contain a documented discussion pertaining to the presence of side-effects that may affect patients' driving ability (15 charts, 34% of sample), there was no evidence in any of the outpatient charts of documented cautionary advice regarding medication usage and operation of machinery or driving.

Review of discharge notes

The mean age of the 48 patients at the time of discharge was 36.6 years (sd 11.6) and 25 of the sample were male. The most common ICD-10 diagnosis at the time of discharge

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was recurrent depressive disorder (54% of the sample), followed by schizophrenia (17%), bipolar mania (13%), borderline personality disorder (13%) and schizoaffective disorder (3%). At the time of discharge, the numbers of patients on different classes of psychotropic medications are as outlined in *Table 2*.

There was documented evidence of a discussion regarding the potential effect of a patient's illness on their driving ability in one chart (2% of sample) at the time of discharge, although 26 charts (54% of sample) contained documented advice regarding the importance of compliance with prescribed medication on discharge. Whilst some charts did contain a documented discussion pertaining to the presence of side-effects that may affect patients' driving ability (21 charts, 44% of sample), there was no evidence in any of the discharge notes of documented cautionary advice regarding medication usage and operation of machinery or driving.

Table 1: Numbers of patients on different classes of psychotropics in outpatient sample

Class of psychotropic	Number of patients (% of sample)
Antipsychotic	26 (59)
Antidepressant	26 (59)
Antiepileptic	5 (11)
Benzodiazepine/hypnotic	7 (16)
Lithium	8 (18)
Anticholinergic	1 (2)

Table 2: Numbers of patients on different classes of psychotropics at time of discharge

Class of psychotropic	Number of patients (% of sample)
Antipsychotic	33 (69)
Antidepressant	28 (59)
Antiepileptic	2 (4)
Benzodiazepine/hypnotic	4 (8)
Lithium	6 (13)
Anticholinergic	2 (4)

Survey of psychiatrists

Questionnaires were posted to 18 psychiatrists in the acute psychiatric unit, of whom 11 returned completed questionnaires, a response rate of 61%. Of the responders, three were consultants, one senior registrar and the remainder were non-consultant hospital doctors. All doctors surveyed reported that they were not aware of the driving status of every patient they reviewed. However, seven doctors in the sample (64% of sample) were aware of the medical conditions referred to in the *Irish Rules of the Road*, with two doctors reporting that they referred to the UK DVLA guidelines for further information in this area. Seven doctors (64% of sample) reported advising their patients on the potential impact of their psychiatric condition on driving ability but only three doctors (27% of sample) reported to documenting this advice on every occasion. Regarding the topic of advising patients about the potential effect of their medication on driving ability, 10 doctors (91% of sample) described giving such advice, but only three doctors (27% of sample) described documenting this advice on every occasion. Finally, all doctors in the sample stated that they feel they would benefit from more training in the area of psychiatric illness, psychotropic medication use and driving safety.

Discussion

The first stage of this study examined documentation practices in the case notes of outpatient attendees and recently discharged patients, in order to address several questions. Firstly, documented evidence of a discussion with patients regarding the effect of illness on driving ability was minimal, occurring in 0% of outpatient notes and 2% of discharge notes. However, there was a greater degree of documented evidence of a discussion with patients regarding the side-effects of medication and driving ability, occurring in 34% of outpatient notes and 44% of discharge notes. Whilst a substantial proportion of clinicians documented their discussions with patients regarding proper compliance with medication (57% of outpatient notes and 54% of discharge notes), there was a significant absence of documented cautionary advice to patients regarding their operation of machinery or driving (0% in both groups of case notes).

It would appear from these findings that clinicians place a greater emphasis on the medication-related aspects of patients' driving abilities (side-effects and importance of adequate compliance) with a lesser emphasis on the effect of the illness itself on driving ability or on the provision of cautionary advice to patients on operation of machinery. Although these findings are suggested by the documentation studied, it is important to note that the degree of discussion actually occurring during the consultation may not be reflected adequately and comprehensively in the case notes, often due to time constraints or interruptions during the documentation process.

Furthermore, this study did not analyse whether diagnosis or type of medication being prescribed influenced the discussion of driving ability. This would be a useful association to examine given that some medications have more sedative effects and therefore require further discussion with patients in the context of driving safety. Additionally, these findings are based upon a relatively small sample size of charts, although a period of one year was used to ascertain the level of documentation in the outpatient sample.

The second phase of the study involved ascertaining the level of awareness amongst clinicians regarding the driving status of their patients and documentation practices relating to this. Of the 11 psychiatrists of varying grades who returned completed questionnaires, all admitted that they were unaware of the driving status of every patient they reviewed.

Although this finding pertains to a very small sample, a much larger scale Canadian postal questionnaire reported that only 18% of psychiatrists were always aware of whether their patients were active drivers,[11] thus suggesting that ascertainment of patients' driving status does not represent a priority when assessing patients.

Although seven of the clinicians reported being aware of the medical conditions outlined in the *Irish Rules of the Road*,

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two clinicians admitted to referring to the DVLA guidelines for further information, despite the latter guidelines having no legislative significance in Ireland, suggesting that doctors are seeking further information which is not currently available in the Irish road safety literature. Whilst seven clinicians reported their practice of advising patients on the potential impact of their psychiatric illness on driving ability, three doctors admitted to documenting this advice on every occasion. A larger proportion of clinicians reported advising patients about the effect of their medication on driving ability, but a much smaller proportion admitted to documenting this advice on every occasion.

A similar analysis of case notes in the UK found that the level of documented advice given to patients concerning driving was quite small, with analysis of 45 charts yielding such advice in only four cases.[12] Giving advice to patients and documenting the advice accurately in the notes is of paramount importance, as it would appear that legal precedent in the UK will establish medical negligence when doctors fail to provide such advice or have documentary evidence as proof of advice given.[13]

All of the clinicians surveyed reported that they would benefit from receiving more training in this area, which is not surprising, given the relatively small amount of information contained in the *Rules of the Road*.

Conclusion

The findings of this study suggest that there is underdocumentation of advice given to patients regarding the effect of their symptoms or medication on driving ability, and that clinicians need to improve their awareness of the driving status of their patients. Clinicians would benefit from training on what their responsibilities are in this regard. In comparison with the DVLA guidelines, the *Irish Rules of the Road* offer clinicians little support in giving specific advice to their patients, a situation which must be remedied if the best interests of patients and good standards of medical practice are to be maintained.

Declaration of interest: None.

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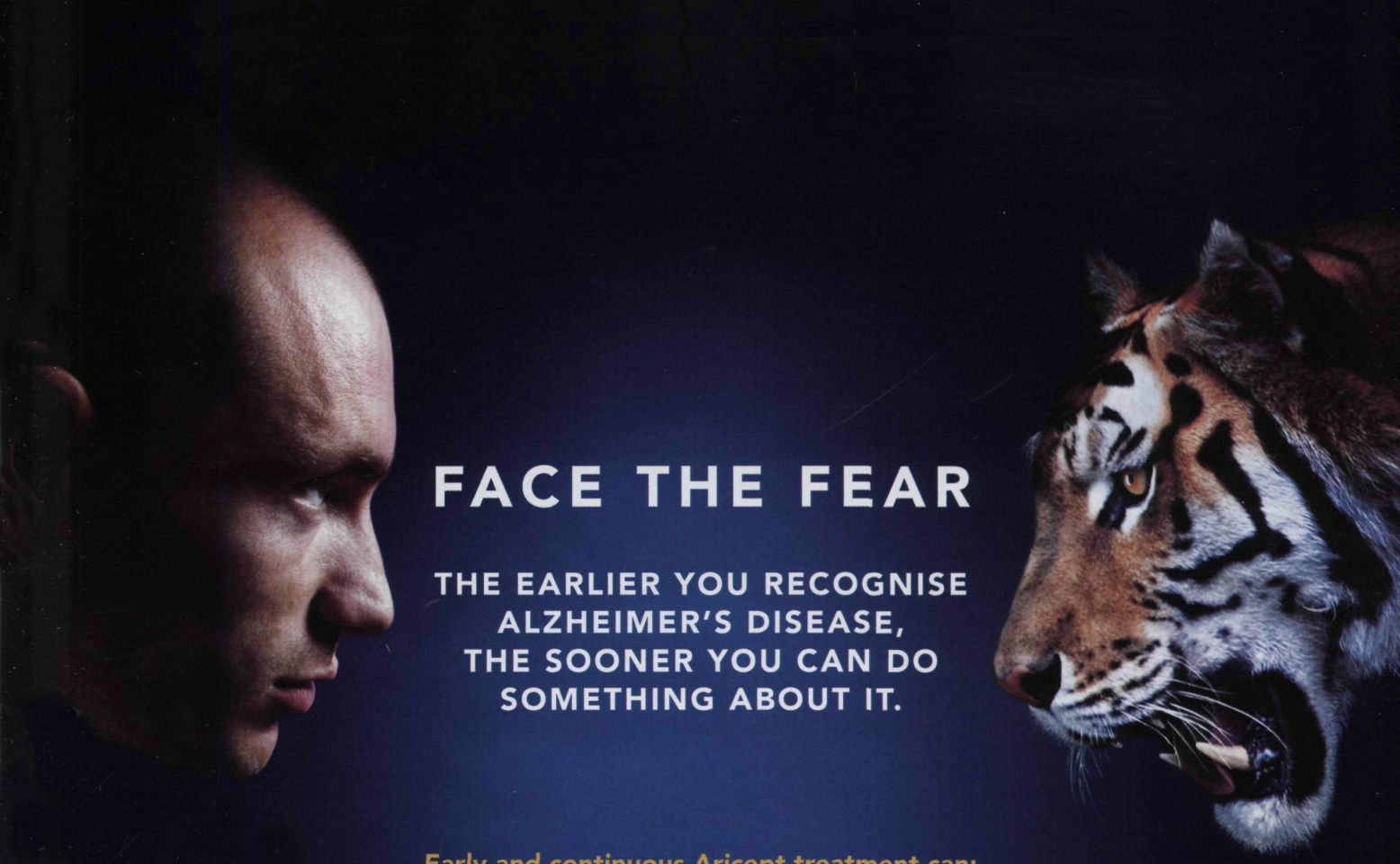

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