

Commercial Drivers

CHEST (2006) Vol. 130 p 902 – 905 **Sleep Apnoea and Commercial Motor Vehicle Operators**

Sleep disturbance is known to affect safety performance in drivers. Some forms of sleep disturbance are innate and should lead to reassessment of suitability to hold a commercial vehicle license.

The following decision table has been recommended in the USA.



Screening Recommendation for Commercial Drivers With Possible or Probable Sleep Apnea

Medically Qualified to Drive Commercial Vehicles if Driver Meets Either of the Following	In-Service Evaluation (ISE) Recommended if Driver Falls Into Any One of the Following Five Major Categories (also minimum certification)	Out-of-Service Immediate Evaluation Recommended if Driver Meets Any One of the Following Factors
<ol style="list-style-type: none"> 1. No positive findings or any of the numbered in-service evaluation factors 2. Diagnosis of OSA with CPAP compliance documented 	<ol style="list-style-type: none"> 1. Sleep history suggestive of OSA (snoring, excessive daytime sleepiness, witnessed apneas) 2. Two or more of the following: <ol style="list-style-type: none"> a) BMI ≥ 35 kg/m² b) Neck circumference greater than 17 inches in men, 16 inches in women; c) Hypertension (new, uncontrolled, or unable to control with less than 2 medications) 3. ESS ≥ 10 4. Previously diagnosed sleep disorder; compliance claimed, but no recent medical visits/compliance data available for immediate review (must be reviewed within 3-month period); if found not to be compliant, should be removed from service (includes surgical treatment) 5. AHI ≥ 5 but < 20 in a prior sleep study or polysomnogram and no excessive daytime somnolence (ESS < 11), no motor vehicle accidents, no hypertension requiring 2 or more agents to control 	<ol style="list-style-type: none"> 1. Observed unexplained excessive daytime sleepiness (sleeping in workstation or meeting room) or confirmed excessive sleepiness 2. Motor vehicle accident (run off road, at-fault, rear-end collision) likely related to sleep disturbance, unless evaluated for sleep disorder in the interim 3. ESS ≥ 15 or FOSQ < 18 4. Previously diagnosed sleep disorder: <ol style="list-style-type: none"> a) Noncompliant (CPAP treatment not tolerated); a) No recent follow up (within recommended time frame); f) Any surgical approach with no objective follow up. 5. AHI ≥ 20

AHI indicates apnea-hypopnea index; BMI, body mass index; CPAP, continuous positive airway pressure; ESS, Epworth Sleepiness Scale; FOSQ, Functional Outcomes of Sleep Questionnaire; OSA, obstructive sleep apnea.

Comment

Well managed obstructive sleep apnoea should not be a bar to holding a license. The guidance provides an incentive to drivers to engage with medical help (which has been shown to be very effective in these cases) and demonstrate compliance with prescription.

The *Journal of Occupational and Environmental Medicine* continues the guidance with recommendations for treatment options [(2006) Vol.48#9 Supp S1-S3]:

Recommendation Regarding the Evaluation for Fitness-for-Duty for Commercial Drivers With Possible or Probable Sleep Apnea

Category	Recommendation
Diagnosis	<ol style="list-style-type: none"> 1. Diagnosis should be determined by a physician and confirmed by polysomnography, preferably in an accredited sleep laboratory or by a certified sleep specialist 2. A full-night study should be done unless a split-night study is indicated (severe OSA identified after at least 2 hours of sleep)
Treatment	<ol style="list-style-type: none"> 1. First-line treatment for CMV drivers with OSA should be delivered by positive airway pressure (CPAP, Bilevel PAP) 2. All CMV drivers on PAP <i>must</i> use a machine that is able to measure time on pressure 3. A minimum acceptable average use of CPAP is 4 hours within a 24-hour period, but drivers should be advised that longer treatment would be more beneficial 4. Treatment should be started as soon as possible but within 2 weeks of the sleep study 5. Follow up by a sleep specialist should be done after 2-4 weeks of treatment
Return to work after treatment Treatment with PAP	<ol style="list-style-type: none"> 1. After approximately 1 week of treatment, contact between the patient and personnel from the durable medical equipment supplier, treating provider, or sleep specialist 2. AHI ≤ 5 documented with CPAP at initial titration (full night or split night) or after surgery or with use of oral appliance; AHI ≤ 10 depending on clinical findings 3. Query driver about mask fit and compliance and remind to bring card (if used) or machine to next session 4. At a minimum of 2 weeks after initiating therapy, but within 4 weeks, the driver should be reevaluated by the sleep specialist and compliance and blood pressure assessed 5. If driver is compliant and blood pressure is improving (must meet FMCSA criteria), the driver can return to work but should be certified for no longer than 3 months
Return to work after treatment Treatment with oral appliances	<ol style="list-style-type: none"> 1. Oral appliances should only be used as a primary therapy if AHI < 30 2. Before returning to service, must have follow-up sleep study demonstrating AHI ideally < 5, but ≤ 10 while wearing oral appliance 3. All reported symptoms of sleepiness must be resolved and blood pressure must be controlled or improving (must meet FMCSA criteria)
Return to work after treatment Treatment with surgery or weight loss	<p>Follow-up sleep study—AHI ideally < 5 but ≤ 10 required to document efficacy</p>

AHI indicates apnea-hypopnea index; CPAP, continuous positive airway pressure; FMCSA, Federal Motor Carrier Safety Administration; PAP, positive airway pressure; OSA, obstructive sleep apnea; CMV, commercial motor vehicle.