

**Quality Improvement Project  
Psychotropic Medications and Driving  
Dr Sunitha Muniyappal, ST7 (GA&OA) Dr Lucy Allender, Speciality Doctor, Dr Sarah Ruxton, CT2**

**Aim:**

To evaluate current practice in community mental health setting with regards to documentation of driving status and advice given at the initiation or dosage change of psychotropic medications against Section 4 of the Road Traffic Act 1988.

**Background to project:**

It has been estimated that up to 10% of people killed or injured in road traffic accidents (RTAs) are taking psychotropic medication. Patients with personality disorders and alcoholism have the highest rates of motoring offences and are more likely to be involved in accidents. Section 4 of Road Traffic Act 1988 does not differentiate between illicit and prescribed drugs. Any person driving or attempting to drive on a public highway or other public place while unfit due to any drug is liable for prosecution. According to DVLA the duty of the prescriber is to make sure that patient understands that their condition and medications prescribed for that may impair their ability to drive. If they are incapable of understanding, notify DVLA immediately

**Method: Audit Sample: 36 patients**

- Patients who had a documented Gate Keeping Assessment (GKA) and subsequent referral for a medical review were included in the study between the months of June 2018 – May 2019.
- All patients who had been started on or received a dose increase of the following medication classes were included in the audit: antidepressant (SSRI, SNRI and TCA), antipsychotic or a benzodiazepine.
- Patients who had received no medication changes were excluded.
- Within the sample, patients who were over the age of 65 would fall into a different service provision, were excluded from the study.

**Data Collection:**

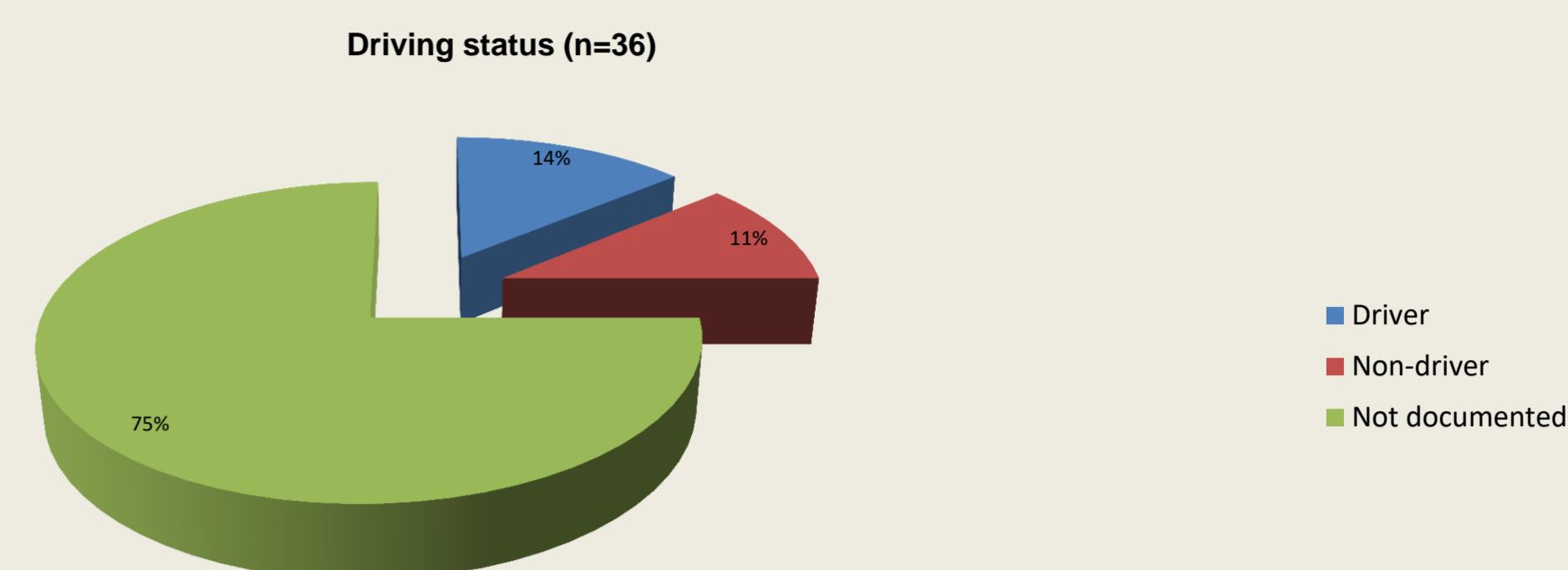
Informatics team extrapolated the patients from PARIS (electronic patient record system) who had a GKA and subsequent referral to medic. Letters of the medic assessments following the GKA were reviewed for documentation of driving status, driving advice and medication changes by the project team and collected data was inputted on an excel spreadsheet from

**Data Analysis :**

Quantitative data were analysed by Clinical Effectiveness Team using Microsoft Excel

**Results / Outcomes:**

We looked at 36 patients who were open to the South East and South West community Mental Health Team at the time of data collection, which was in June 2019. Driving status was documented in 25% (9 out of 36) of the cases. 5 out of 9 (55%) patients where documentation of driving status was undertaken were drivers. Only in one case there was documentation about driving advice provided by the medical practitioners (3% of cases or 1/36). As per the objectives, our current practice fell short of the suggested DVLA standards of advising every patient of their responsibility to inform the DVLA of any psychiatric medication which may impair driving ability or of any increase of this. We have successfully evaluated our current practice by auditing these medication changes and also auditing which of our patients are current drivers



**Conclusions:**

In our audit, there was a poor compliance with the standards among assessing clinicians, but the most worrying finding in the results was the absence of any records whether patient was a driver. It was indeed far from following good practice guidelines. Whether driving for leisure, commuting to work, or driving for professional purposes, implications can be serious if mental illness is of a nature or severity to affect patients' ability to drive. It is the responsibility of the clinician seeing the patient to give appropriate advice to patients and document this in the patient record. Audit has also highlighted need for further improvement in assessing and documenting alcohol history

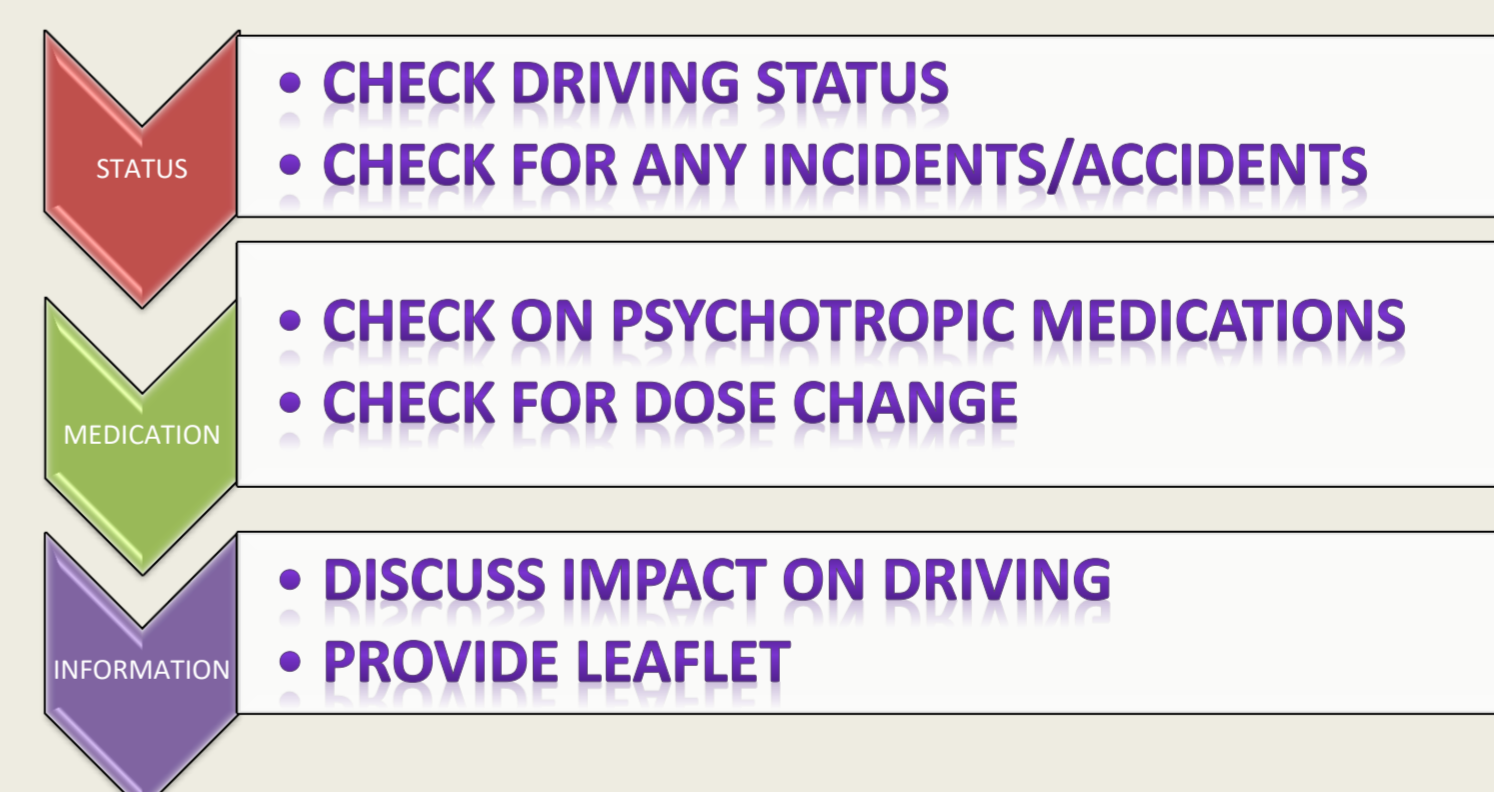
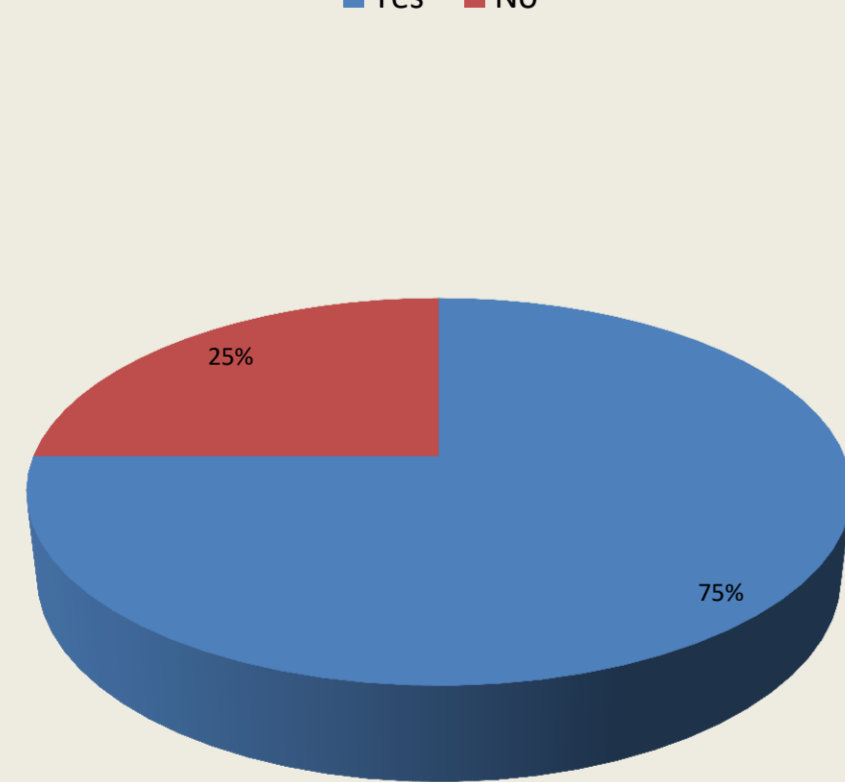
**Recommendations:**

- To raise awareness of clinicians about importance of assessing and documenting driving status of a person who has been referred to Community Mental Health Team.
- Improve documentation of alcohol history and medication list.
- Improve knowledge about effect of psychotropic medications on driving with regular awareness training for staff members.
- Improve service users' knowledge about driving and psychotropic medications.

**Action Plans:**

- To add driving status to the GATE assessment proforma and standard letter.
- Design a poster to prompt clinicians to discuss driving status and impact of psychotropic medications on driving and put it in consultation rooms
- Provide leaflets about driving and psychotropic medications which are available on the internet (mind.org.uk) to patients in clinic sessions

Alcohol history documented (n=36)



1. Road Traffic Act; 1988; 29 April, 2019. Available from: <http://www.legislation.gov.uk/ukpga/1988/52>
2. General Medical Council – Good Practice Guidance: Confidentiality: Reporting Concerns about Patients to the DVLA or the DVA; 29 April, 2019. Available from: [http://www.gmc-uk.org/Confidentiality\\_reporting\\_concerns.pdf\\_55976735.pdf](http://www.gmc-uk.org/Confidentiality_reporting_concerns.pdf_55976735.pdf)
3. DVLA's Current Medical Guidelines for Professionals-Psychiatric Appendix; 29 April, 2019. Available from: <https://www.gov.uk/current-medical-guidelines-dvla-guidance-for-professionals-psychiatric-chapter-appendix>.
4. Metzner JL et al. Impairment in driving and psychiatric illness. J Neuropsychiatry Clin Neurosci 1993; 5:211–220
5. The Maudsley Prescribing Guidelines in Psychiatry 13th edition

