Medical conditions such as diabetes reduce driving safety and may contribute to the increase in the number of accidents (1). Most Western countries have specific restrictions on commercial drivers’ licenses for drivers with diabetes, which is a condition that may impair the ability to drive. However, most Middle Eastern countries, even the most developed ones, have no restrictions on driving for people with diabetes. This issue has not been addressed adequately in our region and Saudi Arabia still lacks any health/professional organizations or public agencies that focus on this issue. Healthcare professionals are the best source of information on drivers’ diabetes management. However, few studies have been conducted to assess healthcare providers’ awareness and knowledge about diabetes and driving. These studies reported suboptimal healthcare providers’ knowledge regarding diabetes and driving, and none of them have been done locally (2).

The aim was to assess the healthcare providers’ knowledge and awareness of recommendations for drivers with insulin-treated diabetes in Saudi Arabia.

A cross-sectional study was conducted among healthcare providers working at several tertiary hospitals in Riyadh, Saudi Arabia between April and December 2016 using a self-administered questionnaire.

A total of 285 healthcare providers completed the survey. Most (70.2%) were aware of the recommendations for safe driving in drivers with insulin-treated diabetes, and 44.9% had a patient who had experienced driving mishaps resulting from diabetes. However, the need to check blood glucose levels before driving was underestimated by almost one-third (30.2%) of the healthcare providers, and 39.3% underestimated the importance of not driving after effective treatment of mild to moderate hypoglycemia.

Only one-quarter (24.6%) were able to identify the correct level of blood glucose at which it is safe to drive, and 28.4% were able to identify the recommended time to check blood glucose levels before driving. Awareness of the recommendations for safe driving among healthcare providers was associated with higher average knowledge score (P < 0.001). There was also a significant difference in the average knowledge score between the levels of medical specialty (P = 0.002) and the healthcare provider’s job title (P < 0.001).

While most healthcare providers identified the importance of evaluating their patients for their ability to drive, we found some important knowledge deficits. Professional intervention to improve the healthcare providers’ awareness and knowledge regarding diabetes and driving is essential to fill this knowledge gap, and this will lead to an improvement in the reporting of high risk drivers with insulin-treated diabetes to prevent future driving mishaps.

References