



TeamCME

National Network of DOT Medical Examiners

***Accredited Training for the
National Registry of
Certified
Medical Examiners***

Module 8

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Welcome to the TeamCME-accredited training for the National Registry of Certified Medical Examiners. This is Module 8.



In this module we will be discussing the following: Psychological and Mental Disorders, treatments, and medication use.

Psychological (Mental) Disorders 49 CFR 391.41 (b) (9)

A person is physically qualified to drive a commercial vehicle if that person:

“Has no mental, nervous, organic or function disease or psychiatric disorder likely to interfere with his/her ability to driver a commercial motor vehicle safely

Overview:

- Emotional or adjustment problems can contribute to a person’s memory, reasoning, attention, and judgment.
- **Any somatic, or psychosomatic complaints should be thoroughly evaluated.**
- Any disorder, even in the early stages, which may result in incapacitation of the driver may result in disqualification.

A driver can be physically qualified to driver a commercial motor vehicle if they have no mental, nervous, organic, or functional disease, or a psychiatric disorder likely to interfere with their ability to drive a commercial motor vehicle safety. Emotional and adjustment problems can contribute to the driver’s memory, reasoning, attention and judgement. Any psychological disorder, even in the early stages, which may result in incapacitation of the driver, may result in disqualification.

Psychological Disorders

Psychological (Mental) Disorders

- Many drivers have documented “nervous trouble” related to neurotic, personality, emotional or adjustment problems.
- These conditions are responsible for a significant number of accidents.
- The degree to which a driver can cope with the stress and strain of driving a CMV is critical in the decision-making process.

Drivers with psychological disorders are responsible for a significant number of accidents. Many drivers have documented “nerve trouble” or nervous complaints related to neurotic, personality, emotional or adjustment problems. The degree to which a driver can cope with the stress of driving a commercial motor vehicle is critical in the driver’s decision-making process.

Psychological Disorders

History:

Does the driver have:

- Nervous or psychiatric disorder (severe depression)
- Loss or altered consciousness
- Medication use for psychological disorder
- Use alcohol regularly and/or frequently
- Use narcotic or habit-forming drugs

The medical history section asks specific questions regarding psychological disorders. However, the medical examiner should follow up with additional questions such as: Has the driver been treated for depression or anxiety? Does the driver have problems with anger management? Has the driver had an event involving altered consciousness? Does the driver have a medical history of a psychological disorder, and if yes, what medication is being used? Does the medication's effect or a side effect represent a risk to safe driving? MEs should be aware that those with psychological disorders frequently self-medicate through the use or abuse of alcohol, prescription, recreational or illegal drug use.

Psychological Disorders

Questions:

- Have you thought of hurting yourself
 - Thoughts of suicide
 - Attempted suicide, including using a vehicle
 - Do you get into fights, Thoughts of hurting other people
 - Problems concentrating or memory loss
 - Heard voices other people can't hear or weren't really there
 - Seen things that weren't really there
 - Hx of hospitalization for psychiatric disorder
 - Taking medications for nerves
 - Ever used medications for purposes other than prescribed
- Inquire: Work, driving military, legal history

Medical examiners may wish to ask the driver if they are currently having, or have a history of difficulty at work, while in the military, or their private life. Have they had any legal restraints brought against them? Do they get in fights easily, have thoughts of hurting others or themselves? Are they having or have they had any past thoughts of suicide or suicide attempts. Has the driver considered using a vehicle for a suicide attempt or when having road rage? Does the driver have problems concentrating or loss of memory? Does the driver hear voices or see things that others can't see or hear? Has the driver been hospitalized or removed from work due to a psychiatric disorder? Has the driver ever used medications for purposes other than those prescribed?

Psychological Disorders

Examination:

Does the driver display:

- Inappropriate dress
- Suspiciousness
- Evasiveness
- Threatening behavior
- Hostility
- Distractibility
- Dishonesty
- Flat affect or no emotional expression
- Unusual or bizarre ideas
- Auditory or visual hallucinations
- Omission of important information



Simple observation of the driver may be the key to detecting psychological disorders. Many psychological disorders present symptoms that can be observed during the review of the driver's medical history. The medical examiner should be looking for signs of unusual behavior and appearance. Key observations are whether the driver is dressed appropriately and has good hygiene. Do they appear to be depressed, have a flat affect, or display no emotional expressions? Is the driver dishonest, or do they omit important information? Is the driver hostile, or threatening, suspicious, evasive, or easily distracted. Does the driver answer questions appropriately or do they respond with unusual answers, bizarre ideas or appear to have auditory or visual hallucinations?

Psychological Disorders

Examination:

- Enlarged spleen/liver
- Tremor
- Signs of alcoholism or problem drinking
- Drug Abuse

Document discussion with driver for:

- DX, Onset, medications, limitations
- Potential negative medication effects
- Necessary steps to correct the condition ASAP, particularly if more serious illness could result

When conducting the examination, the medical examiner should examine the driver for an enlarged spleen and liver and look for tremor and other signs of alcoholism or drug abuse. Any discussions with the driver regarding their diagnosis onset, medications, and limitations should be recorded as well as any potential negative medication effects the driver is experiencing. Medical examiners should discuss what steps are necessary to correct the driver's psychological disorder as soon as possible, especially if the illness without treatment could become more serious.

Psychological Disorders

There are three categories of risk associated with psychological disorders:

1. The mental disorder, including symptoms, disturbances in performance that may pose hazards for driving.
2. Residual symptoms occurring after time-limited reversible episodes or initial presentation that can interfere with driving.
3. Psychopharmacology, many psychotropic medication compromise performance hazardous to driving.

When evaluating a driver that has a psychological condition the medical examiner considers three categories of risk. The first is the mental disorder itself. What are the symptoms or disturbances to driving performance that may pose a risk to safety? The second is whether there are any residual symptoms that occur after a reversible episode or initial presentation that can interfere with safe driving? And lastly, are the effects or side effects of the treating medication hazardous to safe driving. Many psychotropic medications compromise performance making them a risk to safe driving.

Psychological Disorders

Disqualification is not based solely on DX. The more serious the Dx, the more likely disqualification may occur.

Careful consideration should be given to medication's effects, side effects and interactions.

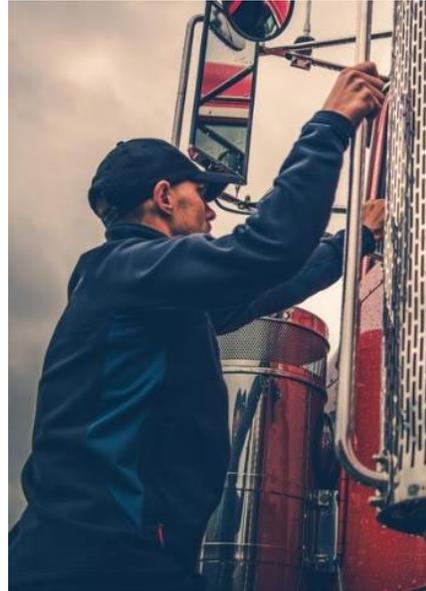
The medical guideline recommendations are based upon the performance/cognitive impairment produced by .040 % blood alcohol concentration.

Drivers that have a psychological disorder are not disqualified from driving based solely on diagnosis although it is true that the more serious the diagnosis, the more likely the driver will be disqualified from driving. Medical examiners should pay careful attention to the medication's effects and side effects, and any negative interactions with other medications being used. The medical guideline recommendations for psychological disorders are based upon the performance or cognitive impairment produced by .040% blood alcohol concentration. This may be of use to the medical examiner on making the determination of whether a driver should be qualified to drive.

Major or Clinical Depression

Must have five or more of the symptoms listed below over a two-week period. At least one of the symptoms must be either a depressed mood or a loss of interest or pleasure.

- **Depressed mood most of the day, nearly every day**
- **Loss of interest or pleasure in most activities**
- Significant weight loss or gain
- Sleeping too much or not being able to sleep nearly every day
- Slowed thinking or movement that others can see
- Fatigue or low energy nearly every day
- Feelings of worthlessness or inappropriate guilt
- Loss of concentration or indecisiveness
- Recurring thoughts of death or suicide



There is more than one category of depression. Major or clinical depression causes a noticeable disruption in daily life, work or social activities. It is not the same as depression that is caused by a loss, such as the death of a loved one or caused by substance abuse or a medical condition such as a thyroid disorder. Major or clinical depression is described as having five or more of the following symptoms over a two-week period. At least one of the symptoms must be either a depressed mood most of the day nearly everyday, or loss of interest or pleasure in most activities. The other symptoms are a significant loss or weight gain, too much sleep or not being able to sleep nearly every day, slowed thinking or physical movement that others can't see, fatigue or low energy nearly everyday, feeling of worthlessness or inappropriate guilt, loss of concentration or indecisiveness, and recurrent thoughts of death or suicide.

Major or Clinical Depression

Most will recover, some relapse within 5 years. Significant number commit suicide with risk greatest within the first few years following onset. May be preceded by stressful event 6 months prior.

Treatment includes: antidepressants, anxiolytics, antipsychotics lithium, and electroconvulsive therapy.

Determination of certification is not based on diagnosis alone. Evaluation for driving should be focused on function and relevant history.

Major or clinical depression may be preceded by a stressful event that occurred six months prior. Most of those with major or clinical depression will recover but some will have relapses within five years. A significant number commit suicide mostly within the first few years following onset. Treatment of major or clinical depression includes antidepressants, lithium, and electroconvulsive therapy. Like most other psychological conditions, the decision for certification of a driver with major or clinical depression is not based upon the diagnosis alone. Medical examiners should make an evaluation that is focused on functional ability and relevant history.

Major or Clinical Depression

Waiting Period:

- **6 months** symptom-free following a *nonpsychotic* major depression *unaccompanied* by suicidal behavior
- **1-year** symptom-free following a severe depressive episode, a suicide attempt, or a manic episode

Certify If:

- Completes waiting period
- Complies with treatment program
- Tolerates treatment without disqualifying side effects (such as sedation, impaired coordination)
- Has medical clearance from a behavioral health specialist including completion of a medication form

For those that have major or clinical depression, there is a six-month symptom-free waiting period following a non-psychotic major depression that is unaccompanied by suicidal behavior. There is a mandatory one-year symptom-free waiting period following a severe depressive episode, a suicide attempt, or a manic episode. Drivers with major or clinical depression can be certified if they complete the appropriate waiting period, are compliant with their treatment program, and tolerate their medication without having any disqualifying side effects such as sedation or impaired coordination. They must have a comprehensive evaluation from a mental health specialist and annual medical exams from their behavioral health specialist. If the driver has a history of a mood disorder, they must have biannual evaluations and clearance from a mental health specialist.

Major or Clinical Depression

Do Not Certify If:

- Active psychosis
- Prominent negative symptoms including:
 - Substantially compromised judgment
 - Attentional difficulties
 - Suicidal behavior or ideation
 - Personality disorder that is repeatedly manifested by overt, inappropriate acts.
 - Treatment side effects interfering with safe driving

Driver must be advised to report any manic or severe major depressive episode within 30 days to employer, ME or health care professional and seek medical intervention

Certification Interval: 1 year

For drivers with major or clinical depression, MEs should not certify those that have an active psychosis or if the driver has prominent symptoms which include substantially compromise judgement, potential difficulties, suicide behavior or ideation, a personality disorder that is repeatedly manifested by overt, inappropriate acts, or if they have treatment side effects that interfere with safe driving. Medical examiners must advise drivers that they must report any manic or severe major depressive episodes within 30 days to their employer, the medical examiner, or their healthcare professional and seek medical intervention. Those that meet the guideline for major or clinical depression can be certified for up to one year.

Psychosis

Definition of Psychotic:

refers to an abnormal condition of the mind and is a generic term for a mental state often described as involving a "loss of contact with reality". People suffering from psychosis are described as "psychotic".

Causes:

- **Alcohol and certain drugs**
- Brain tumors
- Dementia
- Epilepsy
- Manic depression (Bipolar disorder)
- Psychotic depression
- **Schizophrenia**
- Stroke

Symptoms:

- Abnormal displays of emotion
- **Confusion, Depression**
- Suicidal thoughts
- **Delusions**
- **Illusions**
- **hallucinations**

People suffering from psychosis are described as being psychotic. Psychotic is a general term used to describe an abnormal condition of the mind involving a loss of contact with reality. Symptoms of psychotic behavior would be; abnormal displays of emotions, confusion, depression, suicidal thoughts, delusions, Illusions and hallucinations. There can be many causes for psychotic events including alcohol or legal drug use, brain tumors, dementia, epilepsy, bipolar disorder, and schizophrenia.

Adult Attention Deficit Hyperactivity Disorder

Consists of age-inappropriate levels of attention, impulsiveness, & hyperactivity. Symptoms include mood lability, low frustration tolerance, & explosiveness.

Stimulants are often Rx for the treatment of this condition. This is not a disqualifier if for the treatment of ADHD.

Certify If:

- Complies with treatment plan
- Tolerate medication without disqualifying side effects such as sedation or impaired coordination
- Has a comprehensive evaluation from a mental health professional

Certification Interval: 1 year

Drivers that have ADHD or ADD can be certified for up to one year. However, if the medical examiner has concerns regarding the control of the driver's medical condition, the medical examiner could; require a practical or simulated driving test, contact the driver's employer, evaluate the driver's driving record, and/or review the driver's work history. Stimulants are usually used for treatment. Although taking a stimulant for medical conditions other than ADHD or ADD may be disqualifying, when taken to treatment of ADHD or ADD it does not disqualify the driver if the condition is treated effectively, safe and stable. If the driver has recently been prescribed Provigil, the driver should be monitored for at least six weeks before being certified to drive.

Adult Attention Deficit Hyperactivity Disorder

Do Not Certify If:

- Has an Active psychosis
- Prominent negative symptoms including:
 - Substantially compromised judgment
 - Attention difficulties
 - Suicidal behavior or ideation
 - Personality disorder that is repeatedly manifested by overt, inappropriate acts
- Side effects that interfere with safe driving

Drivers that have ADHD or ADD cannot be certified if they have an active psychosis or if they have prominent negative symptoms which may include; substantially compromised judgement, difficulties of attention, suicidal behavior or ideation, a personality disorder that is repeatably manifested by an overt or inappropriate act, or if their treatment has side effects that interfere with safe driving.

Bipolar Mood Disorder

Waiting Period:

- **6-month** symptom-free following a nonpsychotic major depression unaccompanied by suicidal behavior
- **1-year** symptom-free following a severe depressive episode, a suicide attempt or a manic episode

Certify If:

- Completes an appropriate symptom free waiting period
- Complies with treatment program
- Tolerates treatment w/o disqualifying side effects (sedation or impaired coordination)
- Has a comprehensive eval from a mental health professional
- Biennial clearance and evaluation from mental health specialist such as a psychologist or psychiatrist

Drivers that have a bipolar disorder have a six-month symptom-free waiting period following a non-psychotic major depression when unaccompanied by suicide behavior, and a one-year symptom-free waiting period following a severe depressive episode, a suicide attempt or a manic episode. Drivers with bipolar mood disorder can be certified to drive if they complete the appropriate symptom-free waiting period, comply with their treatment program, and tolerate their treatment and medications without disqualifying side effects such as sedation or impaired coordination. They must have a comprehensive evaluation from a mental health professional and biannual clearance and evaluations from a mental health specialist such as a psychologist or psychiatrist.

Bipolar Mood Disorder

Do Not Certify If:

- Has an Active psychosis
- Prominent negative symptoms including:
 - Substantially compromised judgment
 - Attention difficulties
 - Suicidal behavior or ideation
 - Personality disorder that is repeatedly manifested by overt, inappropriate acts
- Side effects that interfere with safe driving

Certification Interval: 1 year

Advise driver to report any manic or severe major depressive episodes within 30 days of onset to employer, ME, or health care professional and seek medical intervention.

Drivers that have bipolar mood disorder who should not be certified are those that have an active psychosis or have prominent negative symptoms that include; substantially compromised judgement, difficulties in attention, suicidal behavior or ideation, or personality disorders that have been manifested repeatably by overt inappropriate acts or have side effects due to their treatment or medication that would interfere with safe driving. Drivers that meet the medical guidelines for bipolar disorder can be certified for up to one year. However, the medical examiner should advise the driver that they must report any manic or severe major depressive episode within 30 days of onset to their employer, medical examiner or healthcare professional and seek medical intervention.

Lithium Therapy

Used for treatment of bipolar and depressive disorders.
There is little evidence that lithium interferes with driving

Do not certify until etiology/treatment shown adequate
effective safe stable

Certify If:

- Asymptomatic
- Lithium levels are maintained in therapeutic range
- No impairment interfering with safe driving

Lithium therapy is used for the treatment of bipolar and depression disorders. There is little evidence that lithium interferes with safe driving. There is no recommended waiting period. However, the driver should not be certified to drive until their medical condition is identified and their treatment is shown to be adequate, affective, safe and stable. Drivers who are taking lithium therapy can be certified if they are asymptomatic. However, lithium levels must be maintained in their therapeutic range and there needs to be no impairment that interferes with safe driving.

Lithium Therapy

Do Not Certify If:

- Disqualifying underlying condition
- Disqualifying symptoms
- Lithium levels not within therapeutic range

ME may obtain additional tests or consult with mental health specialist, such as psychiatrist or psychologist to evaluation:

- dose, plasma concentration and duration of drug therapy
- Severity of underlying mental disorder

Certification Interval: see guideline for mental condition

Some drivers who are taking lithium therapy should not be certified to drive. Those that have disqualifying underlying medical conditions, disqualifying symptoms that are a risk to safe driving, lithium levels that are not within the therapeutic range or is not being monitored should not be certified to drive. Medical examiners can obtain additional testing or consultation with a mental health specialist, psychiatrist or a psychologist to evaluate the dose plasma concentration and the duration of drug therapy, or the severity of the underlying medical mental disorder. Drivers can be certified based upon the certification guidelines for their mental condition.

Antidepressant Therapy

First Generation: (Tricyclics: Elavil, Tofranil) have shown to interfere with safe driving.

2nd Generation: (SSRIs: Prozac, Zoloft, SNRIs: Effexor, and Unicyclic Aminoketones: Wellbutrin)

- fewer side effects, and generally safer but can interfere with driving

Certify If:

- NOT taking a first-generation antidepressant
- Medication has been shown to be adequate/effective, safe, and stable
- Nature/Severity of underlying condition not a risk to safe driving
- Effects or side effects of medication while driving is not a danger to safety of driver or public

Medical examiners are recommended to perform a case-by-case assessment whenever an anti-depressant medication is used. Drivers who have been taking the medication long-term may have tolerance to the sedative effects of the medication. The evaluation must consider the specific medication being used and any pertinent characteristics of the patient. First generation antidepressant medications such as Elavil have shown to interfere with safe driving. However, second-generation antidepressant medications have fewer side effects and are generally considered safer, although they can still interfere with safe driving. Medical examiners should always consider the underlying condition being treated before certifying the driver.

Antidepressant Therapy

Do Not Certify If:

- Uses a first-generation antidepressant
- Effect or side effects of medication a danger to safe driving

Case-by-case additional testing or consult with mental health specialist, psychiatrist or psychologist regarding:

- Dose, plasma concentration and duration of drug therapy
- Severity of the underlying mental disorder

Certification Interval: 1 year

Drivers that meet the requirements while taking an antidepressant medication can be certified for up to one year. Drivers who are taking antidepressant medications have no recommended waiting period. The medical examiner should not certify the driver until the medication has shown to be affective, adequate, safe and the medical condition stable. Drivers taking antidepressant medications can be certified if the nature and severity of the underlining condition being treated is not a risk to safe driving and if the effect or side effects of the medications being used are not a danger to the driver or to public safety.

Electroconvulsive Therapy (ECT)

ECT tx depression causes confusion, disorientation, short-term memory loss, Acute side-effects usually resolve a few months.

Waiting Period:

- 6 month symptom free following ECT

Certify If:

- Completes waiting period
- Has comprehensive evaluation from mental health professional
- Is not undergoing maintenance ECT
- Tolerates treatment without disqualifying side effects (e.g. sedation, impaired coordination)

Do Not Certify If:

- Maintenance ECT
- Treatment side effects interfering with safe driving

Certification Interval: see guideline for underlying condition

The use of Electroconvulsive therapy for the treatment of depression has increased. ECT causes confusion, disorientation and short-term memory loss, but the acute side-effects usually resolved within a few months. There is a mandatory six-month symptom-free waiting period following ECT. Drivers can be certified if they complete the required waiting period and have a comprehensive evaluation from a mental health professional. They must not be undergoing maintenance ECT and they must tolerate treatment without disqualifying side effects such as sedation or impaired coordination. Do not certify a driver who is currently having electroconvulsive therapy or maintenance ECT or if the driver is having side effects that interfere with safe driving. The certification interval for a driver taking electroconvulsive therapy is dependent upon the underlying medical condition being treated.

Anxiolytic Therapy

Treatment of anxiety frequently involves Benzodiazepines which are a form of sedative hypnotics. Barbiturates cause greater impairment.

Certify If:

- Medication has been shown to be adequate/effective, safe, and stable
 - Short-acting (half-life of less than 5 hours)
 - The lowest effective dose
 - Used for a short time (less than 2 weeks)
- Medication is non-sedating
- Medical clearance from treating provider and/or medication form

Drivers frequently present with a history of anxiety and insomnia disorders being treated with Benzodiazepines and sedative hypnotics that impair skills at pharmacological doses. This also applies to non-benzodiazepines and sedative hypnotics although the impairment is generally less profound. Use of barbiturates cause more impairments than benzodiazepines. There is no specific recommended waiting period. The medical examiner should not certify the driver until their medication and medical condition has shown to be treated adequately, is safe, and stable. Drivers taking anxiety and insomnia medications can be certified if they're using a hypnotic medication that has a half life less than 5 hours. The driver must be on the lowest effective dose, meaning the lowest dose that is required to control the condition being treated, and must use the hypnotic medication for only a short time, generally less than two weeks.

Anxiety/Insomnia Anxiolytic Sedative Hypnotic Therapy

Do Not Certify If:

- Uses a sedating anxiolytic
- Has symptoms or side effects that interfere with safe driving

Case-by-case can obtain testing/consult with mental health specialist

Certification Interval: 2 years

(Buspirone)(Buspar) when used to treat anxiety are considered safe for driving.

Drivers who are taking anxiety/ insomnia/ anxiolytic/ sedative hypnotic therapy should not be certified to drive if they are using a sedative anxiolytic or have symptoms that would interfere with safe driving. Medical examiners on a case-by-case basis can obtain testing or consult with a mental health specialist regarding the ability of the driver to drive safely if they meet the other requirements. These drivers can be certified for up to two years. Medications used to treat anxiety are many times disqualifying with the exception of buspirone/buspar, which is usually not disqualifying.

Personality Disorders

Any personality disorder characterized by excessive, aggressive, or impulsive behavior warrants further inquiry for risk assessment to determine if serious enough to interfere with safe driving.

Waiting Period: No recommended time frame

Certify If:

- Complies with treatment program
- Tolerates treatment w/o disqualifying side effects (sedation, impaired coordination)
- Has a comprehensive evaluation from a mental health specialist

Driver who exhibited behavior which is excessively aggressive or impulsive warrant further investigation for risk assessment to determine if the personality disorder is serious enough to interfere with safe driving. There is no recommended waiting period. Drivers can be certified if they comply with their treatment program and are taking medications without disqualifying side effects such as sedation and impaired coordination. These driver must have a comprehensive evaluation from a mental health specialist.

Personality Disorders

Do Not Certify If:

- Active psychosis
- Prominent negative symptoms (substantially compromised judgment, attentional difficulties, suicidal behavior or ideation, or a personality disorder that is repeatedly manifested by overt, inappropriate acts).
- Treatment side effects that interfere with safe driving.

ME may on case-by-case obtain testing/consultation with mental health specialist to assess fitness for duty.

Certification Interval: 1 year

Drivers with a personality disorder cannot be certified to drive if they have an active psychosis, prominent negative symptoms such as substantially compromise judgement, attention difficulties, suicidal behavior or ideation, or a personality disorder that is repeatedly manifested by overt or inappropriate acts, or if they have side effects from the treatment that interferes with safe driving. Medical examiners may on a case-by-case basis obtain a consultation or additional testing from a mental health specialist to assess the driver's fitness for duty. Drivers that meet the guideline for personality disorders can be certified for up to one year.

Schizophrenia and Related Psychotic Disorders

Schizophrenia is the most severe within the spectrum of psychotic disorders. Hearing voices, delusional thought, apathy, reduced emotional expression (Flat Affect), compromised cognition, judgment, attention and risk of suicide.

Related Conditions:

- Schizophreniform disorder
- Brief reactive psychosis
- Schizoaffective disorder
- Delusional disorder

Drivers with chronic schizophrenia should not be qualified to drive. Otherwise determination is not based solely on diagnosis but on an evaluation focused on function and relevant history.

Schizophrenia, when chronic, is the only psychological disorder where the diagnosis alone causes disqualification. Drivers with chronic schizophrenia should not be qualified to drive. Otherwise, the determination of whether a driver is certified for driving is not based solely on the diagnosis but on an evaluation that is focused on function and relevant history. Schizophrenia is the most severe condition within the spectrum of psychotic disorders causing hearing of voices, delusional thoughts, flat affect, compromised cognition, judgement, and attention, and risk of suicide. Related conditions which are not as severe are brief reactive psychosis, schizoaffective disorder, and delusional disorder.

Schizophrenia and Related Psychotic Disorders

Waiting Period:

- **6 months** symptom free if brief reactive psychosis or schizophreniform disorder
- **1 year** symptom free if any other psychotic disorder

Certify If:

- Completes symptom-free waiting period
- Complies with treatment program
- Tolerates treatment without disqualifying side effects (such as sedation, impaired coordination)
- Has a comprehensive evaluation from a mental health specialist
- Biennial evaluation and clearance from a mental health specialist

Drivers with schizophrenia or a related psychotic disorder have a one-year symptom-free waiting period requirement. If the condition is brief reactive psychosis or schizophreniform disorder, there is a 6-month, symptom-free waiting period. For all other psychotic disorders, the waiting period is 1 year. Drivers with psychotic disorders can't be certified to drive unless they complete the symptom-free waiting period associated with their condition, comply with their treatment program, and tolerate their treatment and medications without disqualifying side effects such as sedation or impaired coordination. They must have a comprehensive evaluation from a mental health professional and biannual clearance and evaluation from a mental health specialist.

Schizophrenia and Related Psychotic Disorders

Do Not Certify If:

- Dx of schizophrenia
- Active psychosis
- Prominent negative symptoms including:
 - Substantially compromised judgment
 - Attentional difficulties
 - Suicidal behavior or ideation
 - Personality disorder that is repeatedly manifested by overt, inappropriate acts.

Certification Interval: 1 year

Drivers with schizophrenia and related psychotic disorders that should not be certified are those that have; a diagnosis of chronic schizophrenia, an active psychosis, or prominent negative symptoms which include substantially compromise in judgement, attention difficulties, suicidal behavior or ideation, or a personality disorder that is repeatedly manifested by overt and inappropriate acts. Drivers that meet the medical guidelines for related psychotic disorders and schizophrenia can be certified for up to one year.

Antipsychotic Therapy

Usually include typical and atypical neuroleptics used to treat schizophrenia, psychotic mood disorders and personality disorders. May also be used for nausea, chronic pain. May only partially correct symptoms

Waiting Period: No recommended time frame. Do not certify until medication shown adequate/effective, safe, stable

Certify If:

- Nature/Severity of underlying condition not a risk to driving
- Effects of medication while driving does not endanger driving

Do Not Certify If:

- Disqualifying underlying condition
- Treatment side effects interfere with safe driving

ME on case-by-case basis obtain additional testing or consult with mental specialist such as psychiatrist or psychologist

Certification Interval: 1 year

Antipsychotic therapy, including typical and atypical neuroleptics, maybe used for treating nausea and chronic pain at lower dosages that may not be a risk for safe driving. However, when used to treat schizophrenia, psychotic mood and personality disorders they may only partially correct the driver's symptoms. Drivers who are taking antipsychotic therapy and medications have no recommended waiting period. The medical examiner should not certify them to drive until the medication has shown to be adequate, effective, and their condition is safe and stable. Drivers taking antipsychotic medications can be certified to drive if the nature and severity of the underlining medical condition being treated is not a risk to safe driving and if the effects of the medication does not endanger safe driving. Do not certify drivers taking antipsychotic therapy if they have a disqualifying underlying medical condition or if their medication's side effects interfere with safe driving. Medical examiners should on a case-by-case basis obtain additional testing or consultation with a mental specialist such as a psychiatrist or psychologist to determine driver fitness for duty. Drivers who meet the requirements for their underlying medical condition and for the medical guidance for antipsychotic therapy can be certified for up to one year.

Dissociative Disorders

Dissociative Disorders

(It's been said that Drivers with multiple personalities make good team drivers. Ha.)

No specific guideline.

Dissociative disorders require evaluation by a mental health specialist such as:

- psychogenic fugue (reversible amnesia for personal identity)
- amnesia and depersonalization (relate to themselves in the 3rd person)

Consider side effects of treatment medications

Although there is no specific guideline for drivers that have a disassociation disorder, these drivers may require an evaluation by a mental health specialist for conditions such as a psychogenic fugue (which is a reversible amnesia) or amnesia and depersonalization where the driver relates to themselves in the third person. Medical examiners should consider any side effects of medications for treatment of dissociative disorder.

Psychiatric Medication Review

Benzodiazepine: Tx anxiety may be disqualifying except
(Buspirone)(Buspar)

Antidepressants: 1st generation shown to interfere with safe driving. 2nd generation (**SSRIs, SNRIs**) usually qualifying (with a few exceptions) but still require a case-by-case evaluation.

Neuroleptics (Anti psychotics): **Extreme caution required for all!**
Usually the conditions will disqualify.

Hypnotics: Only short acting compounds with half life of 5 hours and only when the lowest effective dose is prescribed. Can only be used for 2 weeks (Ambien).

Stimulants: May be used for the treatment of ADHD.

The four following slides are a review of classes of medications used in treatment of psychological conditions. Specific medications appearing in red and bolded print are more likely to appear on the certification test. Benzodiazepines are used to treat anxiety and they may be disqualifying. The medical examiner should perform a case-by-case evaluation of the specific medication and the specific driver in determining certification for driving. Remember that drivers who take a medication for a long period of time may develop resistance to the sedative effects of the medication. Drivers with anxiety may be qualified to drive if they are taking buspirone or Buspar (which is generally recognized as being safe to drive). First generation antidepressants have shown to interfere with safe driving. Medical examiners should conduct a case-by-case evaluation for the specific medication and driver. Second-generation antidepressants are usually qualifying including SSRI or SNRIs as well as a few others, but there is a requirement that the medical examiner perform a case-by-case evaluation for the specific medication and driver. Extreme caution is recommended for qualifying any driver who is taking a neuroleptic. If a driver is taking a hypnotic the driver should be only be using a compound that has a half-life of five hours or less, should be on the lowest dose to effectively treat the underlying medical condition and should use the medication for a short period of time such as two weeks. Ambien is an example of a hypnotic. In the case of stimulants, they maybe used for the treatment for ADD or ADHD.

Psychiatric Medications

Benzodiazepines – Alprazolam (**Xanax**), Bromazepam (Lexotan), Chlordiazepoxide (Librium), (**Clonazepam (Klonopin)**), Diazepam (**Valium**), Estazolam (Prosom), **Lorazepam (Ativan)**, Oxazepam (Serax), Triazolam (**Halcion**).

Benzo-Like: Buspirone – Ansial, Anxiron, **Buspar**, Buspinol, Spitomin, Sorbon.

There is a long list of benzodiazepines. Those that are more commonly found in practice are highlighted, such as Clonopin, Xanax, Valium. Buspirone has many different names such as buspar.

Psychiatric Medication Review

Anti Depressants

- **SSRIs:** **Celexa** (Citalopram), Lexapro (escitalopram oxalate), **Paxil** (paroxetine), **Prozac** (fluoxetine), **Zoloft** (sertraline).
- **SNRIs:** **Cymbalta** (Duloxetine), **Effexor** (venlafaxine), Pristiq (desvenlafaxine).
- **MAOIs:** Nardil (phenelzine), Parnate (tranylcypromine).
- **Tricyclics:** Adapin (doxepin), Anafranil (clomipramine), **Elavil** (**amitriptyline**, tryptozol), Norpramin (desipramine), Pertofane, Desipramine (desipramine), Tofranil (imipramine), Vivactil (Protriptyline).

Driver's taking Wellbutrin (Bupropion) a unicyclic anti depressant, may be qualified.

Drivers taking Elavil (amitriptyline), preferably 25mg only at night, may be qualified.

SSRIs are the most common seen in practice. They include Celexa, Prozac and Zoloft. SNRIs are also generally considered safe for driving. They include Cymbalta and Effexor. Regarding Tricyclic antidepressants, Elavil (Amitriptyline) comes up frequently in practice. Drivers taking this medication may be qualified to drive if only taking 25 mg at night. Drivers who are taking Wellbutrin (which is a unicyclic antidepressant) may also be qualified to drive. There should always be a case-by-case evaluation of the specific medication and the specific driver.

Psychiatric Medication Review

Neuroleptics –

Abilify (Aripiprazole), Droperidol, Thorazine (Chlorpromazine), Clozaril (Clozapine), Prolizin (Fluphenazine), **Haldol** (Haloperidol), **Seroquel** (Quetiapine), Zeprexa (Olanzapine) and many others.

- Combinations anti psychotic and anti depressant – Symbyaz (Prozac and Zyprexa).

Hypnotics –

Welldorm (Chloral betaine), Nytol (Medinex, Diphenhydramine), Sominex (Phenergan, Q-Mazine, Promethazine), Sonata (Zaleplon), **Ambien** (Stilnoct, Zolpidem).

Stimulants –

Focalin (dexamethylphenidate HCl), Dexedrine (Dextrostat), Concerta (methylphenidate), **Ritalin, Adderall**.

Consideration should be given to short acting medications where the driver would need to take their medication more than once per day (Ritalin).

When performing an exam on drivers that take Abilify, Haldol, Seroquel or any other neuroleptics, the Medical examiner has been advised to use extreme caution prior to certifying one of these drivers. If the driver is using a hypnotic such as Ambien, the medication should be a short acting compound with a half-life of no more than five hours. The driver must be taking the lowest effective dose to treat the underlying condition and they can only take that medication for a short period of time such as two weeks. For drivers that are taking Ritalin or Adderall, the driver can be considered to drive if taking the medication for treatment of ADHD or ADD.

Self Check

Stem:

- According to medical guidelines, what are three areas of risk when a driver has a mental disorder?

Key:

- The symptoms of the disorder itself.
- Residual or recurrent symptoms after time-limited, reversible episodes or initial presentation
- The side effects of the meds taken for the disorder.

This is a FMCSA self check slide. What are the three areas of risk a medical examiner should consider when a driver has a mental disorder. The answer is: the symptoms of the disorder itself, any residual or recurrent symptoms that may occur after a time-limited or reversible episode or the initial presentation of the condition, and the side effects of medications taken to control the disorder.

Self Check

Stem:

- Give examples of questions an ME may ask to assist in determining certification of a driver with a history of a psychological disorder.

Key:

- Have you been hospitalized?
- Have you ever thought of hurting yourself?
- Have you ever thought of committing suicide?
- Have you ever thought of suicide by crashing your vehicle?
- Do you fight often?
- Have you thought of hurting or killing others?
- Do you have problems concentrating or remembering things?
- Do you hear voices that others do not hear?
- Do you see things that others do not see?
- Do you take meds for a nervous disorder?

This is an FMCSA self check slide. Give examples of questions a medical examiner might ask to assist in determining the certification status of a driver who has a history of a psychological disorder. The answer is: Has the driver been hospitalized? Ever thought of hurting themselves or of committing suicide? Has the driver ever considered committing suicide by crashing the vehicle that they drive? Do they get in fights often? Do they have thoughts of hurting or killing others? Does the driver have difficulty concentrating or remembering things? Do they hear voices or see things that others do not hear or see, and do they take a medication for a nervous disorder? Lastly, does the driver abuse alcohol or drugs?

Self Check

Stem:

- When examining a driver with a mental disorder, what behaviors do you look for?

Key:

- Any suspicious, evasive, threatening, or hostile behavior.
- Signs of being distracted.
- Signs of **flat affect** or lack of emotional response.
- Displays of unusual or bizarre ideas, auditory or visual hallucinations, dishonesty, or a tendency to omit important information.

Another FMCSA self check slide. When examining a driver with a mental disorder, what behaviors should the ME look for? The answer is; any suspicious, evasive, threatening, or hostile behavior, signs of being distracted, signs of a flat affect of lack of emotional response, displays of unusual or bizarre ideas, auditory or visual hallucinations, dishonesty, or a tendency to omit important information.

Self Check

Stem:

- A driver is taking **amitriptyline** for depression, should he be certified?

Key:

- According to guidelines, drivers taking this should not be certified. However, in some cases small dosages are Rx. **ME in consultation with the Tx provider may choose to certify the driver if they have no side effects and they have clearance to drive from the provider.**

This is an FMCSA self check slide that has been modified due to recent changes in guidance. The question is: A driver is taking amitriptyline (same as Elavil) for depression. Can they be certified? The FMCSA answer shown above is according to the medical guideline that drivers taking amitriptyline should not be certified to drive. However, in some cases small dosages are prescribed. The medical examiner may, in consultation with the treating provider, choose to certify the driver if they have no side affects that affect safe driving and they have clearance to drive from the prescribing provider. This is in addition to the information previously given regarding amitriptyline, where a driver can be certified to drive if taking only 25mg taken at night or while off driving duty.

Self Check

Stem

- A driver has a history of depression and is taking an SSRI for treatment, but still appears depressed during the examination. What would the ME do to adequately assess the driver?

Key

- The driver should be examined by an appropriate mental health professional. The driver must have a complete symptom free waiting period and have an effective, well tolerated Tx plan, with no side effects that would impair their ability to drive a CMV.

Another FMCSA self check slide. A driver has a history of depression is taking an SSRI for treatment but still appears depressed during the examination. What would the medical examiner do to adequately assess the driver? The driver should be examined by an appropriate mental health professional. The driver must complete a symptom-free waiting period and have an effective, well tolerated treatment plan with no side effects that would impair their ability to drive a commercial motor vehicle. Whenever a driver exhibits a possible mental or psychological condition the driver should have an examination by a mental health professional. In this case, the driver had a history of depression and still appeared to be depressed during the examination which prompted the evaluation. An added note is that drivers with a psychological condition must have clearance from their mental health specialist to be certified to drive.

Self Check

Stem

- Give examples of driver symptoms and findings that may lead a ME to not certify the driver.

Key

- Emotion/adjustment problems; Functional disorders; Physical fatigue, headache, impaired coordination; Disorders of periodic incapacitation.

Another FMCSA self check slide. Give examples of a driver symptoms and findings that may lead the medical examiner not to certify a driver. Answers would be; emotional or adjustment problems, functional disorders, fatigue, headache, impaired coordination or disorders that have periodic incapacitation.

Quiz (Not a FMCSA Question)

Which of the following medications do not require routine blood or plasma monitoring?

Theophylline

Warfarin (Coumadin)

Dabigatran

Lithium

Answer: Dabigatran

This is a TeamCME quiz question slide. Which of the following medications do not require routine blood or plasma monitoring? The answer is Dabigatran. Theophylline, Warfarin (Coumadin), and Lithium require drivers to maintain a therapeutic level of the medication and complete recommended monitoring requirements.

TeamCME Quiz Question

Which of the following require drug monitoring and what is the test used to identify the drug?

Theophylline: Tests: THEO (random), THEP (peak), THET (trough) (trough)

Warfarin (Coumadin): Test: INR (International Ratio)

Dabigatran: Tests: Dabigatran, Serum/Plasma

Lithium: Test: Serum Lithium Measurement/Level

All require monitoring except Dabigatran

This slide is a continuation of the previous TeamCME quiz slide, but it lists the actual name of the test that is required for monitoring each of the drugs that must have monthly monitoring.

Medication Use History Questions

Are you currently taking medications (prescription, over-the-counter, herbal remedies, diet supplements)?:

- Is the driver compliant with medication instructions?
- Experiencing effects or side effects such as:
 - Dizziness or light headedness, Hypotension
 - Sedation, Depressed Mood
 - Cognitive deficit
 - Decreased Reflex response
 - Unsteadiness



In regard to drivers using medications. Medical examiners should consider, are they taking any other kind of prescription medication, over the counter medication, are they taking them regularly or daily and what vitamins or herbs or supplements are they taking. They should ask the driver if they are compliant with the medication's instruction and are they experiencing any side effects that could be a risk to safe driving such as light headedness, dizziness, sedation, depressed mood, cognitive abilities or reflex response issues and any unsteadiness or loss of coordination.

Medication Counseling

Review of Medications :

- Effectiveness- therapeutic range Effects- Side Effects
- Synergistic effect
- Interactions with other drugs, food, supplements
- Reactions to a new medication
- Reaction to a single late or missed dose
- Reaction from discontinued use
- Advise driver where to find and how to read warning labels
- Carry extra medication so that doses are not missed
- Method for refilling medications when away from home
- Educate driver on proper storage, exposure to heat, light, cold, moisture

Medical examiners should consider not only the side effects but the general effects of the medications being used by the drivers. Are there synergistic affects or interactions with other drugs, foods, and supplements. Are there adverse reactions to beginning a new medication and what is the result of a late or missed dose or discontinued use. Medical examiners should advise the driver where to find and how to read warning labels and carry extra medications, so the doses are not missed. Drivers should have a method for refilling medications while they are away from home. Medical examiners should educate drivers on the proper storage, exposer to heat, light, cold and moisture while the drug is within a cab or when the driver is away from home.

Prescription and OTC Medication Use

Irregular meals, sleep deprivation, poor sleep quality, irregular or extended work hours can alter the effects of medication and contribute to missed or irregular dosing. OTC medications are not necessarily safe

Drivers cannot take a controlled substance or prescription medication WITHOUT A PRESCRIPTION from a licensed practitioner.

Drivers cannot take an amphetamine, a narcotic, or any other habit-forming drug WITHOUT A PRESCRIPTION AND CLEARANCE from the prescribing physician who is familiar with the duties or driving and the driver's health history.

Medical Examiners review prescriptions, over the counter medication use, and vitamins and supplement use. Drivers are exposed to many of the issues that affect or alter the effects of medication such as missed or irregular dosing, sleep deprivation, and irregular or extended work hours. Medical Examiners should consider that not all over the counter medications are necessarily safe for driving. Drivers cannot take a controlled or prescription medication without a prescription from a licensed practitioner. Also, drivers cannot take an amphetamine, a narcotic or any other habit-forming drug, without a prescription and clearance from the prescribing physician who is familiar with the duties of driving and the driver's health history

Prescription, Herbal, OTC Medication Use

Schedule 1 Drugs are **ALWAYS** disqualifying:

Including:

1. Marijuana, (includes legal recreational & medical use)
2. Peyote (includes religious use)

All Other Medications:

Acceptable Use:

1. MEs should consider medical guidance where provided by FMCSA for specific medication classifications or specific medications, and/or their effects and side effects on a **Case by Case Basis**.

Use of any schedule 1 drug is always disqualifying which includes use of any product that contains THC as found in marijuana or any other schedule 1 drug such as peyote even when used for religious purposes. Even if legalized for medicinal or recreational use, Marijuana use is always disqualifying. Due to the possibility of a CBD product causing a positive drug test for marijuana even when the product label states no THC is contained and given the popular opinion that CBD products do not contain THC, Medical Examiners should strongly advise drivers to avoid use of CBD products until the product has been proven not to contain THC. If the driver is currently taking the product, the driver could consider obtaining their own non-Dot drug test to see if it shows a positive result. If a driver is using a CBD product which causes a positive marijuana DOT drug test, it will be treated as though the driver is using marijuana and require the driver to be evaluated by a DOT accredited substance abuse profession and complete a treatment program if recommended. For all other medications, MEs can refer to FMCSA medication guidance for specific medications or classes of medications. This should be done on a case-by-case basis.

Medication Use Determination

- 1. Case by Case Review to Include the following:**
 - **Drug Classification**
 - **Relative Dose**
 - **Medication’s Half Life**
 - **Timing of Administration**
 - **Length of time driver has been taking the medication**
 - **Adverse Side Effects and General Effects?**
 - **Is driver is experiencing any side effects?**
 - **Clearance from Prescribing provider required?**

- 2. When in doubt, request a “clearance” letter**

For all medications that are not an absolute disqualifier medical examiners make a case-by-case determination of whether the medication represents a risk to driving. A case-by-case review should include the FMCSA guidance for the specific medication or class of medication being used, as well as the relative dose taken by the driver compared to the maximum dose allowed. If a driver is only taking the medication overnight or when not driving, the half-life might be a consideration. The longer a driver has been on a medication, generally speaking, the fewer side effects they experience. A review of the side effects and the general affect the medication has for effective treatment of the medical condition should be considered. For any medication that has documented side effects that would affect safe driving, it might be advisable to obtain a signed statement from the driver that they are not experiencing any of those side effects when they drive. And lastly, if in doubt, it would always be a good idea to get clearance from the prescribing provider. For many medications such as amphetamines, narcotics, and drugs with a high risk of abuse, a clearance letter from the prescribing provider is required.

FMCSA's Answer Regarding Medication Use

Medical Examiner's Question:

Is Clonazepam a disqualifying medication? Can a driver be certified while taking Clonazepam if accompanied by the prescribing doctor's note that the condition (anxiety) is controlled, and the driver does not take the medication before driving?

FMCSA Answer:

Unless being used to treat seizures, FMCSA does not specifically identify benzodiazepines as absolute disqualifiers. The 2009 Medical Expert Panel rendered an opinion that benzodiazepine use should be disqualifying, however the FMCSA has not adopted this to mean that this class of medication is an absolute disqualifier.

As we move closer to discussing medical guidance for specific medical conditions, we will also be reviewing FMCSA guidance for classifications or specific medications. This is an example of an actual FMCSA response to a medical examiner who was inquiring regarding a specific medication:

Is Clonazepam a disqualifying medication? Can a driver be certified while taking Clonazepam if accompanied by the prescribing doctor's note that the condition, in this case, anxiety, is controlled and the driver does not take the medication before driving?

Here is the actual FMCSA Answer:

Unless being used to treat seizures, FMCSA does not specifically identify benzodiazepines as absolute disqualifiers. The 2009 Medical Expert Panel rendered an opinion that benzodiazepine use should be disqualifying, however the FMCSA has not adopted this opinion as formal guidance.

FMCSA's Answer to Medication Use

FMCSA Answer Continued:

The agency relies on the ME, in collaboration with the prescribing practitioner to determine whether use of a certain medication may impact a driver's ability to safely operate a CMV.

392.3 does not permit a driver to drive "while the driver's ability or alertness is so impaired, or so likely to become impaired, through fatigue, illness, or any other cause, so to make it unsafe..."

Continuing answer from FMCSA.. The agency relies on the Medical Examiner, in collaboration with the prescribing practitioner to determine whether use of a certain medication may impact a driver's ability to safely operate a Commercial Motor Vehicle. Section 392.3 does not permit a driver to drive "while the driver's ability or alertness is so impaired, or so likely to become impaired, through fatigue, illness, or any other cause, so to make it unsafe...."

FMCSA's Answer to Medication Use

FMCSA Answer Continued:

While most medications are not specified in the FMCSA regulations, MEs may disqualify driver who take medications or combinations of medications and substances that may impair or interfere with safe driving practices.

All medications should be assessed to determine the potential risk of adverse side effects or any intended medication effect which includes but is not limited to: dizziness, drowsiness, and sleepiness, and the direct impact that these potential side effects have on a CMV driving and operation safety.

Few specific medications are mentioned in the FMCSA regulations; however, a few specific medications and classes of medications have current or past guidance. Medical Examiners should evaluate medication use that may impair or interfere with safe driving. Medical Examiners should not only consider adverse side effects and drug interactions, but also the intended effect of medications being taken. Effects and side effects that may impact safe driving include but are not limited to dizziness, drowsiness, and sleepiness.

Medication Use Determinations

FMCSA Past Medication “Concern” Guidance

Federal Schedule 1

Marijuana (THC)

Chantix

Narcotics, Amphetamines, or any drug with a concern for abuse

Anti-Seizure (requires the Seizure exemption in order to drive)

Benzodiazepines (not including Buspar)

1st Gen Anti-Depressants

Elavil (amitriptyline) 25 mg at PM

Antipsychotic

Neuroleptic (extreme caution)

Hypnotics (allowed: ½ life of 5 hrs. lowest dose for 2 weeks)

Barbiturates

Stimulants (usually ok for ADHD)

Past FMCSA medication guidance has been issued for the following medications and medication classes. Because past guidance was based on a concern for safe driving, Medical Examiners should exercise caution when these medications are being used. All Federal Schedule 1 drugs are absolute disqualifiers without exception including use of peyote for religious reasons. The only absolute disqualifying prescription medication is Marijuana. Otherwise, all other prescription medications or combinations of medications should be evaluated on a case-by-case basis. Because Chantix used to be an absolute disqualifying medication, Medical Examiners may wish to use the MCSA 5895 CMV Driver Medication Form for prescribing providers as an optional tool to use in determining if a driver is safe to drive. Medical Examiners must obtain prescribing provider clearance for Narcotics, Amphetamines, or any drug with a concern for abuse. Some medications can be disqualifying when taken for treatment of certain medical conditions. Anti-Seizure medication cannot be taken to treat a seizure disorder. Many benzodiazepines, 1st generation anti-depressants, antipsychotic, neuroleptic and hypnotics affect safe driving. Although not listed, anticoagulant medications should not be used for driver who has had a stroke. When used to treat ADD or ADHD, stimulants may be acceptable.

TeamCME Bullet-Proof Medication Use Determinations

#1: Clearance from the Prescribing Provider

1. Always required for narcotics, amphetamines, or any other medication with a high risk of abuse.
2. ME to consider clearance for any medication in a class where FMCSA guidance is that the medication is a risk to safe driving.
3. ME to consider clearance on any other medication with published side effects that could be a risk.

If clearance is not obtained, disqualify the driver.

If Clearance is obtained, continue to Step #2

FYI

The TeamCME “Bulletproof Your Medication Use Decision” incorporates past FMCSA recommendations with added protective procedures. The first step to bullet-proofing is to obtain prescribing provider clearance. Clearance from the prescribing provider is always required for narcotics, amphetamines, or any medication with a high risk of abuse. Although this works in most cases, there are limited instances where the prescribing provider will not provide, for one reason or another, medication clearance. When clearance is required but not obtained, the Medical Examiner has few choices outside of disqualifying the driver. If clearance is obtained the Medical Examiner should continue to step 2.

TeamCME Bulletproof Your Case by Case Determination

If medication use clearance is required, and the Prescribing Provider will not provide medication clearance. The ME may consider the following:

1. Have the driver change to a different provider.
2. Is a change of medication appropriate?



Medication Change Caution:

1. The driver's medical condition may become uncontrolled.
2. ME should not "interfere" with the driver's treatment.

FYI

When clearance is required, and the prescribing provider will not provide it, there are few options. The Medical Examiner may ask the prescribing provider if another medication would be available and appropriate. The Medical Examiner would want to make certain they are not interfering with the driver's medical treatment. If a change of medication occurs, Medical Examiners should consider whether the new medication will effectively treat the medical condition and may decide to issue a medical certificate for a limited time or delay issuing a medical certificate until it is determined that the new medication is effective.

TeamCME Bullet-Proof Medication Use Determinations

Clearance Letter from the Prescribing Provider

1. **Medical condition:**
 - Is the medical condition:
 - Treatment effective
 - Condition/symptoms stable, safe to drive a CMV
 - Is the driver compliant?

2. **Driver is safe to drive a CME taking the medication as prescribed.**

If clearance is required but not obtained, disqualify the driver. Otherwise continue to Step #2

FYI

MCSA 5795 **OMV Control Number: 23-06-0064**
Expiration Date: 04/30/2023

United States Department of Transportation
Federal Motor Carrier Safety Administration

391.41 CMV DRIVER MEDICATION FORM

A Federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Project unless the collection of information displays a control number (OMB Control Number) for this information collection. In 2024-0664. Public reporting burden for this collection of information is estimated to average 45 minutes per response, including the time for reviewing instructions, gathering the data needed, reviewing and completing the collection of information, and reviewing the collection of information for voluntary send comments regarding the burden estimate or any other aspect of the collection of information, including suggestions for reducing the burden for information collection. Contact Office of Management and Enterprise Services, Paperwork Reduction Project (2024-0664), 1215 Jefferson Avenue, SE, Washington, DC 20003.

Responsibilities, work schedules, physical and emotional demands, and lifestyles among commercial drivers vary by the type of driving that they do. Some of the main types of drivers include the following: turn-around or short-haul drivers (return to their home base each evening); long-haul drivers (drive 9-11 hours and then have at least a 10-hour off-duty period); straight-through (haul from country to driver); and team drivers (alternate the driving by alternating their 5-hour driving periods and 5-hour rest periods). The following factors may be involved in a driver's performance of duties: abrupt schedule changes and rotating work schedules, which may result in irregular sleep patterns and a driver beginning a trip in a fatigued condition; long hours; extended time away from family and friends, which may result in lack of social support; tight pickup and delivery schedules, with irregularity in work, rest, and eating patterns; adverse road, weather and traffic conditions, which may cause delays and lead to hurriedly loading or unloading cargo in order to compensate for the lost time; and environmental conditions such as excessive vibrations, noise, and extremes in temperature. Transporting passengers or hazardous materials may add to the demands on the commercial driver. There may be duties in addition to the driving task for which a driver is responsible and needs to be fit. Some of these responsibilities are: coupling and uncoupling trailers from the tractor; loading and unloading trailers (sometimes a driver may lift a heavy load or unload as much as 50,000 lbs. of freight after sitting for a long period of time without any stretching periods); respecting the operating conditions of tractor and trailer(s) before, during and after delivery of cargo; lifting, installing, and removing heavy air chocks, and, lifting heavy restraints to cover open up trailers. The driver must maintain alertness, the ability to hand and stop; the ability to maintain a coaching position to inspect the underside of the vehicle; frequent entering and exiting of the cab; and the ability to climb ladders on the tractor and/or trailer(s). In addition, a driver must have the perceptual skills to monitor a sometimes complex driving situation, the judgment skills to make quick decisions, when necessary, and the manipulative skills to control an oncoming wheel, shift gears using a manual transmission, and maneuver a vehicle in crowded areas.

CERTIFIED MEDICAL EXAMINER'S REQUEST FOR INFORMATION

Driver Name: _____ Date of Birth: _____

The above patient/driver is being evaluated to determine whether he/she meets the medical standards of the Federal Motor Carrier Safety Administration (FMCSA) to operate a commercial motor vehicle (CMV) in interstate commerce. During the medical evaluation, it was determined that this individual is taking medication(s) that may impact his/her ability to safely operate a CMV. As the certified medical examiner (CME), I request that you review the explanation as noted below, complete this form, and return it to me at the mailing address, email address, or fax number specified below. The final determination as to whether the individual listed in this form is physically qualified to drive a CMV will be made by the certified ME.

21 CFR 391.41(d)(3) Physical Qualifications for Drivers. A person is physically qualified to drive a CMV if that person ... (1)(E)(i) Does not use any drug or substance identified in 21 CFR 390.111 Schedule I, an amphetamine, a narcotic, or other habit-forming drug; (ii) Does not use any non-Schedule I drug or substance that is identified in the other Schedules in 21 part 390 except when the use is prescribed by a licensed medical practitioner, as defined in § 392.107, who is familiar with the driver's medical history and has advised the driver that the substance will not adversely affect the driver's ability to safely operate a CMV.

Printed Name of Certified Medical Examiner: _____ Date: _____
Street Address: _____ City, State, Zip Code: _____
Email Address: _____ Fax Number: _____
Signature of Certified Medical Examiner: _____

Use of this form by the certified medical examiner is voluntary. This document contains sensitive information and is for official use only. Improper handling of this information could negatively affect individuals. Handle and secure the information appropriately to prevent unauthorized disclosure by keeping the document under the control of authorized persons. Properly dispose of this document when no longer required to be maintained by regulatory requirements.

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Medical Examiners can write their own medication clearance letter, or they may use the optional FMCSA form MCSA 5795. The objective is to ensure that the driver's medical condition is effectively treated and their medical condition and/or symptoms are stable and safe for driving a commercial vehicle taking the medication as prescribed. If medication clearance is required, and efforts to obtain clearance fail, the driver should be disqualified. If clearance is not required, the decision to disqualify or qualify the driver should not be determined until Step 3 is completed.

TeamCME Bullet-Proof Medication Use Determinations

#2: Driver's Signed Statement Regarding Effects/Side Effects

Obtain signed statement from the driver listing the medications, effects and side effects that could be a risk for driving a CMV.

Driver Statement:

"I am taking the listed medications as prescribed and am not experiencing the following effects or side effects, or any other side effect that would be a risk to safety while operating a commercial motor vehicle or while on duty:"

If driver will not sign, consider disqualifying the driver after completing step 3.

FYI

Step 2 is to obtain a signed statement from the driver regarding any effects or side effects they are experiencing. The document should contain a list of the medications and their intended effects and side effects. It should also include a statement that the driver is compliant with taking the medications as prescribed. If the driver will not sign the document, the Medical Examiner may consider disqualifying the driver, however the final decision must wait until the completion of Step 3.

TeamCME Bullet-Proof Medication Use Determinations

Step 3: Case by Case ME Review:

CME Considerations:

- Drug Classification and FMCSA guideline
- Half Life:
 - Short acting, long acting
- Relative Dose:
 - Is the driver taking the maximum daily allowed
- Timing of administration
 - taken at night or during driving time
- Length of time taking this medication
 - Initial use (concern not to drive until effects/side effects known)
 - longer time frame may allow accommodation to side effects
- Adverse, intended, or side effect
- Symptoms of missed doses or discontinued use

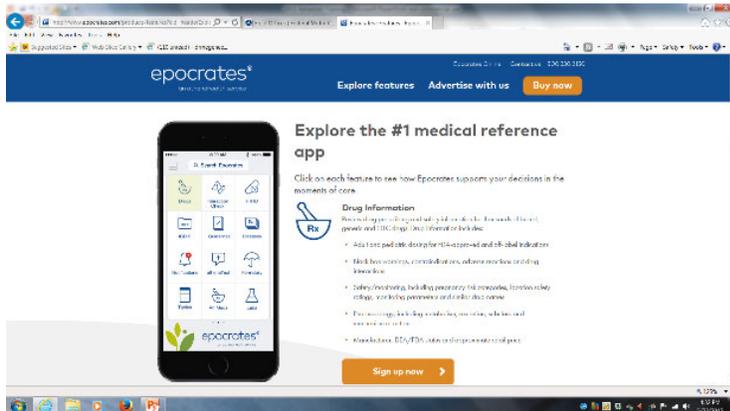
FYI

For medications that are a concern for safe driving that are not an absolute disqualifier, or where clearance was required but not obtained, Medical Examiners are to make a case by case determination of whether the driver's medication use represents a risk to safe driving. The case by case review should include: the FMCSA guidance for the medication being use, the dose and administration prescribed relative to the maximum dose allowed and administration timing. If a driver is taking the medication overnight or when not driving, Medical Examiners can look to the medication's half-life to consider if the driver is unaffected by the medication when driving. Medical Examiners should consider how long the driver has been taking the medication as drivers can accommodate to medication effects and side effects over time. If the medication has only been added recently, the full effect and side effects may not yet be present. Medical examiners should also consider what the results are for missed doses or discontinued use The Medical Examiner lists and reviews the side effects and general effect of the medication. Medical Examiners have the responsibility and accountability of making the final decision of driving status. With the exception of absolute disqualifying medications, and those that required clearance where none was given, the Medical Examiner has discretion in making the driving status determination.

Medication Resource

Epocrates:

- Free!
- Drug Class
- Half Life
- Maximum daily dose)
- Effects, Side Effects
- Adverse Reactions
- Safety/monitoring



Having a medication resource is essential when performing the CDL physical exam. Epocrates is just one example of a resource that's free. You can review a driver's medication for relative dose, adverse reactions, pharmacology, administration, drug class, and half-life. This information is needed when determining whether a driver taking certain medications can be certified to drive.

FMCSA Medical Review Board

Schedule II Drugs and CMV Driver Safety-Executive Summary

Conclusions: Schedule II controlled drugs are designed to interfere with neurochemical pathways in the brain leads to the expectation that these drugs may influence individuals' ability to perform complex tasks, such as driving. **This expectation, combined with the wealth of incontrovertible evidence showing that individuals who abuse psychotropic drugs have a significantly increased risk for a motor vehicle crash, may lead to the hypothesis that individuals who take Schedule II controlled drugs for legitimate medical purpose will be at increased risk for a motor vehicle crash.**

Findings of this Evidence Report:

The findings of the assessment, which is based on indirect measures of driving ability, suggest that use of a Schedule II **opioids or depressants may indeed pose a threat to road traffic safety when a driver begins to use them.**

Evidence from several studies that administered the drugs to opioids- or depressant-naïve healthy individuals, though not providing strong evidence, has shown that simulated driving ability and high-level cognitive and psychomotor function are adversely affected by these drugs.

The Federal Drug Schedule ranks medications relative to their risk of addiction and abuse. Schedule 1 have the most risk. Opioid abuse and use while driving has been a much-discussed topic and Medical Examiners are certain to run across this issue. A FMCSA Medical Review Board found that because many Schedule II drugs interfere with pathways in the brain, they may affect the driver's ability to drive safely.

MRB Schedule II Drugs and CMV Driver Safety-Findings

Studies of the effects of Schedule II stimulants do not provide evidence that the licit use of these drugs is likely to impair driver safety.

However, evidence from several low-quality studies of chronic Schedule II opioids users who use the drugs for the treatment of chronic pain suggest that after a week or two of administration of the opioids at stable therapeutic doses, the adverse effects of the drugs diminish to the point that cognitive and psychomotor performance of licit long-term opioid users is indistinguishable from drivers who do not use the drugs.

Whether the findings of these studies can legitimately be interpreted as providing evidence that long-term users of stable, therapeutic doses of a Schedule II opioid are at not greater risk for a crash than comparable individuals who are not using the drugs, is not clear at this time. Schedule II Opioids: Morphine, Fentanyl, Meperidine

The findings of this evidence report cannot be viewed as definitive.

Because several low-quality studies suggests that after one to two weeks of use, the cognitive and psychomotor performance of opioid users are indistinguishable from drivers who do not use the drug, whether use of a schedule II opioid causes a greater risk of a crash is not clear at this time. Studies of Schedule II stimulants do not show these drugs are likely to impair driver safety. Given that opioids are narcotics, the Medical Examiner must have prescribing provider clearance to consider whether the driver is qualified to drive.



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