

## Heart patients running the red light on traffic restrictions

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More than half of patients with acute coronary syndrome (ACS) don't get any counselling on their ability to drive after angioplasty - and this could be putting lives in danger, Dr. Ravi Bajaj told the 2009 Canadian Cardiovascular Congress, co-hosted by the Heart and Stroke Foundation and the Canadian Cardiovascular Society.

"If a patient is discharged from hospital following a cardiac event there is always a risk of another serious cardiac event or complication within a short period of time," says Dr. Bajaj. "That is why patients are advised not to operate a motor vehicle during the time when risks of an event are high. Should they continue to drive, it poses a risk to the patient and others on the road.

"This has very important public health implications."

ACS is a constellation of cardiac symptoms, including angina or [chest pain](#), and reduced [blood flow](#) to the heart. One treatment can be [angioplasty](#), a non-surgical procedure to open up [blood vessels](#) in the heart that have been narrowed by plaque build-up. Over 45,000 angioplasties are performed in Canada every year.

In his study, Dr. Bajaj found that 57 per cent of patients who were released from hospital after having the procedure did not receive any counselling about driving before discharge. The remaining 43 per cent had varying advice from their doctors, which was mostly inconsistent with the 2003 guidelines released by the Canadian Cardiovascular

Society (CCS).

"The CCS has published guidelines on driving restrictions following various [cardiac events](#), but are they being followed by doctors?" asks Dr. Bajaj. "Depending on a patient's condition, driving restrictions after hospitalization range from 48 hours to a month. Yet we found that less than half of cardiac patients received any instructions about driving at all."

Of the 43 per cent of the patients who reported having a discussion with their doctor about driving after [hospital](#) discharge, driving restrictions were prescribed for 48 hours in 40 per cent of participants, one week for 15 per cent, and one month for 35 per cent.

"It's important for patients and doctors to discuss all aspects of their medical procedures, including any driving implications," says Heart and Stroke Foundation spokesperson Dr. Beth Abramson. "Patients need to know that we are not giving the red light to driving. It's a yellow light precaution; not only for the safety of the patient but for all Canadians on the road. The majority of patients are advised not to drive for a short two day period.'

Dr Bajaj says there is a deficit of studies looking at why patients get such differing advice. "Physicians may be concerned that if they do take away a patient's ability to drive, then the patient gets the idea that the doctor isn't acting in their best interest and later the patient may withhold information so their driving privileges won't be revoked. As well, withdrawing and reinstating a license can be a quite cumbersome administrative task for both doctor and patient."

He advises greater attention and focus to improve education about patient safety and physical well being after a heart disease diagnosis.

"The CCS has made great efforts to publish guidelines that are readily available to ensure patients and doctors take their respective duties seriously," he says. "The fears and doubts that patients may have need to be mitigated by physicians by explaining to patients that it is in their best interest not to drive because of health safety issues."

His next step is to expand the study to look at whether patients receive the right counselling and if they follow it or not.

Source: Heart and Stroke Foundation of Canada

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