

Short Communication

Professional Truck Drivers with Metabolic and Sleep Disorders Report Psychiatric Symptoms and Limited Access to Medical Care

Garbarino S¹, Lanteri P², Guglielmi O¹ and Sannita WG^{*}

¹Department of Neuroscience, Rehabilitation, Ophthalmology, Genetics and Maternal/Child Sciences (DINOGENI), University of Genova, Italy

²Department of Medical and Surgery Neuroscience, Neurology Center, Rehabilitation – Continuity of Care, Institute G. Gaslini, Italy

***Corresponding author:** Walter G Sannita, Department of Neuroscience, Ophthalmology, Genetics, Mother and Child Health, University of Genova, Genova, Italy

Received: April 30, 2019; **Accepted:** June 19, 2019;

Published: June 26, 2019

Short Communication

The manuscript has not been published previously in any form, is not under consideration for publication in any other journal, and if accepted will not be published elsewhere in the same form in English or other languages. All authors have equally participated in the study and in the manuscript preparation and have approved the final text. To the best of our knowledge there is no conflict of interest to be disclosed.

Professional truck driving favors unhealthy lifestyles and medical disorders. Illicit drugs, immoderate alcohol (with insomnia associated in 36-72%), abused/misused therapeutic drugs, wrong diet, disordered or inadequate sleeping are common. The risks of chronic diseases (e.g. metabolic syndrome, T2 diabetes, cardiovascular or psychiatric disorders) are higher than in other occupational conditions, including night- or shift-workers. The impact appears severe: US male truck drivers have shorter life expectation (55.7 and 63.0 yrs. for non-unionized and unionized drivers, respectively) than the general population (75.1 yrs.) [1-3].

Sleep, psychiatric and metabolic disorders are often co-morbid and individually or in combination increase the risks of road accidents. Sleep disorders or inadequate sleeping (reported by 20.0-28.6% of truckers) can interfere with the circadian rhythms that are essential to adaptation and efficient action and therefore result in excessive daytime drowsiness. A correlation between psychiatric symptoms and disordered sleep is documented and the latter is frequently associated to obesity or overweight - a risk factor for comorbidity as critical as diabetes or hypertension observed in over 50% of truckers. The estimated crash rate is almost double for overweight truckers; sleep disorders result in a 2-to-8 time higher risk of accident [4], that further increases (55%) among obese drivers [5].

Registered professional truckers number 3.5 to 18 million in

Table I: Major barriers to a proper access to medical care as reported by professional truckers [6].

unpredictable working schedule	23.4 %
lack of health insurance	16.1 %
inadequate servicing by the Department of Transportation	10.1 %
"neither trusting nor liking doctors" or "not believing in medicine"	5.1 %
inaccessibility to health care	4.1 %
ill-defined inability to afford medical care despite health insurance	4.4%
multiple housing locations	3.8 %
not knowing where to go	3.5 %
language problems	0.6 %
unavailable physicians	0.3 %

countries like USA, EU, Brazil, India or China, with an estimated increase above 4.5%/yr. in eastern Europe. Government, industry and healthcare providers act to keep the automotive transport sector profitable and competitive while taking care of the public safety and drivers' health. Control nevertheless appears insufficient, and truckers remain by profession vulnerable to a variety of health risks, of which they often appear to be unaware. For instance, their overall mental health was self-rated as poor or very poor only in 1.3% of cases, in contrast with the reported incidence of psychiatric symptoms in percentages varying from 1.8% to 47.2%. Truckers are also underserved by the health organizations according to population studies. At variance with a 10.8% reportedly needing no medical help, the majority complained of not receiving adequate medical attention (Table I) and only 8.4% had medication for mental health problems prescribed by a physician (antidepressants in 7.8%) [6].

Some concern about having their professional driving certification withdrawn is conceivable; nevertheless, truck drivers appear in general to overestimate their health condition and underestimate their health problems. Dedicated educational projects are needed to disseminate awareness of the problem. A pragmatic large-scale action is mandatory to counterbalance the truckers' professional health risks, prevent unhealthy lifestyles, improve road safety, and control medical costs.

References

1. Apostolopoulos Y, Sönmez S, Shattell MM. Worksite-induced morbidities among truck drivers in the United States. *AAOHN Journal: Official Journal of the American Association of Occupational Health Nurses.* 2010; 58: 285–296.
2. Thiese MS, Hanowski RJ, Moffitt G. A retrospective analysis of cardiometabolic health in a large cohort of truck drivers compared to the American working population. *Am J Ind Med.* 2018; 61: 103-110.
3. Garbarino S, Guglielmi O, Sannita WG, Magnavita N, Lanteri P. Sleep and Mental Health in Truck Drivers: Descriptive Review of the Current Evidence

- and Proposal of Strategies for Primary Prevention. *Int J Environ Res Public Health.* 2018; 15: e1852.
4. Garbarino S, Durando P, Guglielmi O. Sleep apnea, sleep debt and daytime sleepiness are independently associated with road accidents. A cross-sectional study on truck drivers. *PLoS One.* 2016; 11: e0166262.
5. Anderson JE, Govada M, Steffen TK. Obesity is associated with the future risk of heavy truck crashes among newly recruited commercial drivers. *Accid Anal Prev.* 2012; 49: 378-384.
6. Shattell M, Apostolopoulos Y, Collins C, Sönmez S, Fehrenbacher C. Trucking organization and mental health disorders of truck drivers. *Issues Ment Health Nurs.* 2012; 33: 436-444.