




# Evaluation of driver's license health reports prepared at Kartal Dr.Lütfi Kırdar City Hospital Educational Family Health Centers

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## ABSTRACT

**Objective:** The aim of this study is to determine the characteristics of the people who are given a driver's health report and to reveal the problems that may be encountered in the reporting processes and the points to be considered.

**Material and method:** Driver health reports prepared in Kartal Dr. Lütfi Kırdar City Hospital Education FHCs in the years 2020-2022 were reviewed retrospectively. The sociodemographic and health characteristics of 300 people who were given a driver's health report were determined. Data were analyzed with SPSS 17 (Statistical Package for the Social Sciences-IBM) program.

**Results:** 55% (n=165) of the participants were female and 45% (n=135) were male. The mean age is 35.9±12.2 years. 66.7% (n=200) of the participants are university graduates. 18.0% (n=54) of the participants had a limitation. There was no significant difference between the disability status and gender, year of application and education level. While 49.3% (n=148) of the participants applied for a license for the first time, 50.7% (n=152) applied for renewal. 18.0% (n=54) of the participants had an additional disease; 3.3% (n=10) had diabetes and 5.0% (n=15) had hypertension. 13.0% (n=39) of the participants had an additional disease other than diabetes and hypertension.

**Conclusion:** Additional diseases, drug use status and limitations of the participants applying for a driver's license health report should be screened, the driver's health reports should be prepared in accordance with the regulation, and they should be referred to an additional branch or higher level health institutions when necessary.

**Keywords:** driver license health report, family medicine, family health center

## INTRODUCTION

It is obligated for driver candidates and the ones who want to renew their driving licenses to verify with a doctor's report that the health conditions are suitable for driving and traffic in Türkiye. In this study it was aimed to determine the characteristics and related factors of people who had driver's licence health report (DLHR) in E-FHCs (Educational-Family Health Centers) affiliated to Kartal Dr.Lütfi Kırdar City Hospital.

## METHOD

In this cross-sectional, descriptive study the DLHRs which were prepared for the drivers aged 18 and over, between 2020 and 2022 at Health Sciences University E-FHCs of Kartal Dr. LütfiKırdar City Hospital were retrospectively scanned. Some participants were invited face to face and some of them were called by phone. Age, gender, application date, education status, first time to apply for a driver's license or for renewal, whether there is a restriction code, co-morbidities, chronic drug use, referral status, disability status, regular health service utilization from E-FHCs, smoking status were recorded of the 300 people who accept to be participant in the data collection form prepared by the researchers.

The data obtained were analyzed with the SPSS 17.0 package program (Statistical Package for the Social Sciences - IBM®). Frequency, percentage, mean, median, minimum, maximum value and standard deviation were used as descriptive statistics. The assumption of normal distribution of all variables was evaluated with the Shapiro-Wilk test, and Student's t test, ANOVA test, and Pearson correlation analysis were used for continuous variables with normal distribution. Chi-Square test was used in the evaluation of categorical variables. P values of <0,05 were accepted as statistically significant for all analyses. Ethics committee approval was obtained from the local clinical research ethics committee before starting the study (date: 22/06/2021, number: 2021/514/204/15)

## RESULTS

45% (n=135) of the participants were male and 55% (n=165) were female, with a mean age of  $35.9 \pm 12.2$  years. Considering the age categories, 54.7% (n=164) of the participants were between the ages of 18-34, 42.3% (n=127) were between the ages of 35-64, and 3% (n=9) were 65 years and older.

It was determined that 6.7% of the participants were primary school graduates, 5.7% were secondary school graduates, 21% were high school graduates and 66.7% were university graduates. It was observed that 11.9% of the male participants were primary school graduates, 8.1% were secondary school graduates, 28.9% were high school graduates and 51.1% were university graduates. It was determined that 2.4% of the female participants were primary school graduates, 3.6% were secondary school graduates, 14.5% were high school graduates, and 79.4% were university graduates.

There was a significant difference between age groups in terms of the gender of the participants. 45.2% (n=61) of the male participants were in the 18-34 age range, 50.4% (n=68) were in the 35-64 age range, and 4.4% (n=6) were in the 65 and over age range. 62.4% (n=103) of the female participants were in the 18-34 age range, 35.8% (n=59) were in the 35-64 age range, 1.8% (n=3) were 65 years and older (p=0.009). When the relationship between gender and educational status was examined, there was a significant difference between male and female participants (p=0.000). It was observed that 78.8% (n=130) of the male participants did not smoke, and 53.0% (n=71) of the female participants did not smoke. A statistically significant difference was found between the gender of the participants and their smoking status (p=0.000) (Table 1).

Table 1: General characteristics of participants

		Man % (n)	Woman % (n)	Total % (n)	P
Age		37.8±13.5	34.3±10.9	35.9±12.2	0.016
	18-34 years	45.2(n=61)	62.4(n=103)	54.7(n=164)	0,009
	35-64 years	50.4(n=68)	35.8(n=59)	42.3(n=127)	
	≥65 years	4.4(n=6)	1.8(n=3)	3.0(n=9)	
Education	Primary school	11.9(n=16)	2.4(n=4)	6.7(n=20)	0,000
	Middle school	8.1(n=11)	3.6(n=6)	5.6(n=17)	
	High school	28.9(n=39)	14.4(n=24)	21(n=63)	
	University	51.1(n=69)	79.6(n=131)	66.7(n=200)	
Smoking status	Yes	21.2(n=35)	47.0(n=63)	32.8(n=98)	0.000
	No	78.8(n=130)	53.0(n=71)	67.2(n=201)	

When the application years of the participants are examined, 28% (n=84) applied for DLHR in 2020, 42.7% (n=128) in 2021 and 29.3% (n=88) in 2022. While 21.5% (n=29) of male participants applied in 2020, 33.4% (n=55) of female participants applied for DLHR in 2020. There was a significant difference between the application years of male and female participants (p:0.012) (Table 2).

Table 2: Years of application by gender of applicants

		Man % (n)	Woman % (n)	Total % (n)	P
Years	2020	21.5(n=29)	33.4(n=55)	28(n=84)	0,012
	2021	41.5(n=56)	43.6(n=72)	42.7(n=128)	
	2022	37(n=50)	23(n=38)	29.3(n=88)	

When the relationship between the year of application for DLHR and the level of education was examined, a significant difference was found. While 79.8% (n=67) of those who applied for DLHR in 2020 were university graduates, this rate decreased to 74.2% (n=95) in 2021 and to 43.2% (n=38) in 2022. DLHR Applications being on the other education levels increased (p=0.000) (Table 3).

Table 3: Distribution of DLHR applicants of education levels

		2020 % (n)	2021 % (n)	2022 % (n)
Education level	Primary school	0.0 (0)	7.8 (10)	11.4 (10)
	Middle school	1.2 (1)	3.2 (4)	13.6 (12)
	High school	19 (16)	14.8 (19)	31.8 (28)
	University	79.8 (67)	74.2 (95)	43.2 (38)

While 49.3% (n=148) of the participants applied for DLHR for the first time, 50.7% (n=152) applied for renewal. While the mean age of the participants who applied for DLHR for the first time was 28.1±6.8 years, the average age of those who applied for renewal was 43.5±11.6 years. While 32.4% (n=48) of those who applied for DLHR for the first time were male, 67.6% (n=100) were female. (p=0.000). While applications to receive DLHR for the first time decreased over the years, renewal applications increased significantly (p=0.000), there was no significant difference between the type of DLHR application and education level (p=0.304) (Table 4).

Table 4: Relationships between DLHR application type and general features

		First application % (n)	Renewal % (n)	P
Age		28.1 ± 6.8	43.5 ± 11.6	0,000
Gender	Woman	67.6 (100)	42.8 (65)	0,000
	Man	32.4 (48)	57.2 (87)	
Year	2020	37.1 (55)	19.1 (29)	0,000
	2021	45.3 (67)	40.1 (61)	
	2022	17.6 (26)	40.8 (62)	
Education level	Primary school	4.7 (7)	8.6 (13)	0,304
	Middle school	4.1 (6)	7.2 (11)	
	High school	23.0 (34)	19.1 (29)	
	University	68.2 (101)	65.1 (99)	

18.0% (n=54) of the participants had a limitation. Considering the limitations, it was seen that 98.1% (n=53) used glasses and/or contact lenses due to refractive error, and 1.9% (n=1) had an orthopedic limitation. There was no significant difference between the presence of limitation and gender, year of application and education level. While 59.3% (n=32) of the participants with limitations were female, 40.7% (n=22) were male. While 54.1% (n=133) of the participants without limitations were female, 45.9% (n=113) were male. It was seen that 29.6% (n=16) of the participants with limitations applied for DLHR in 2020, 46.3% (n=25) in 2021, and 24.1% (n=13) in 2022. Of the participants without limitations, 27.6% (n=68) applied for DLHR in 2020, 41.9% (n=103) in 2021, and 30.5% (n=75) in 2022.

While 5.6%(n=3) of the participants with limitations were primary school graduates, 5.6% (n=3) were secondary school graduates, 18.5% (n=10) high school graduates, 70.4% (n=38) university graduates. While 6.9% (n=17) of the participants without limitations were primary school graduates, 5.7% (n=14) were secondary school graduates, 21.5% (n=53) were high school graduates, and 65.9% (n=162) were university graduates (Table 5).

Table 5: Relationships between referral status of applicants for DLHR and other variables

		Referred % (n)	Non-referred % (n)	P
Age		32.5 ± 10.9	36.4 ± 12.3	0,052
Gender	Woman	77.5 (31)	51.5 (134)	0,002
	Man	22.5 (9)	48.5 (126)	
Year	2020	47.5 (19)	25.0 (65)	0,000
	2021	47.5 (19)	41.9 (109)	
	2022	5 (2)	33.1 (86)	
Education	Primary school	2.5 (1)	7.3 (19)	0,417
	Middle school	5.0 (2)	5.8 (15)	
	High school	15.0 (6)	21.9 (57)	
	University	77.5 (31)	65.0(169)	
Chronic diseases	Yes	22.5 (9)	17.3 (45)	0,506
	No	77.5 (31)	82.7 (215)	
Limitations	Yes	10.0 (4)	19.2 (50)	0,189
	No	90.0 (36)	80.8 (210)	
Application	Renewal	22.5 (9)	55.0 (143)	0,000
	First time	77.5 (31)	45.0 (117)	

18.0% (n=54) of the participants had at least one additional disease. 3.3% (n=10) had diabetes and 5.0% (n=15) had hypertension. 13% (n=39) of the participants had an additional disease other than diabetes and hypertension. 8.8% (n=13) of the first-time applicants for DLHR and 27.0% (n=41) of the applicants for renewal had additional disease (p=0.000). While there was a limitation in 17.6% (n=26) of those applying for DLHR for the first time, this rate was 18.4% (n=28) in those applying for renewal (p=0.881).

14.3% (n=43) of the participants had a history of medical drug use. While 23.3% (n=10) of those with a history of medical drug use applied for DLHR for the first time, 76.7% (n=33) applied for renewal examination (p=0.000).

13.3% (n=40) of the participants were referred to a higher institution. A statistically significant difference was shown between referral status and gender, year of application, and first-time and renewal application. While 77.5% (n=31) of the referred participants were female, 22.5% (n=9) were male. Of the non-referred participants, 51.5% (n=134) were female, while 48.5% (n=126) were male. While 47.5% (n=19) of the referred participants applied for DLHR in 2020, 47.5% (n=19) applied in 2021 and 5% (n=2) in 2022. While 25% (n=65) of the non-referred participants applied for DLHR in 2020, 41.9% (n=109) applied in 2021 and 33.1% (n=86) in 2022. Of the referred participants, 2.5% (n=1) were primary school graduates, 5% (n=2) were secondary school graduates, 15% (n=6) were high school graduates, and 77.5% (n=31) were university graduates. On the other hand, 7.3% (n=19) of the participants who were not referred were primary school graduates, 5.8% (n=15) were secondary school graduates, 21.9% (n=57) were high school graduates, and 65% (n=169) were university graduates.

While 22.5% (n=9) of the referred participants had an additional disease, 77.5% (n=31) did not have any additional disease. On the other hand, 17.3% (n=45) of the participants who were not referred had an additional disease, and 82.7% (n=215) did not have any additional disease. 10% (n=4) of the referred participants had limitations, 90% (n=36) had no limitations. While 19.2% (n=50) of the non-referred participants had limitations, 80.8% (n=210) had no limitations. While 22.5% (n=9) of the referred participants applied for renewal, 77.5% (n=31) applied for the first time. While 55% (n=143) of the non-referred participants applied for license renewal, 45% (n=117) applied for DLHR for the first time

59.0% (n=177) of the participants had used E-FHC at least once before applying for DLHR. While 56.5% (n=100) of the participants using E-FHC were female, 43.5% (n=77) were male.

While 52.8% (n=65) of the participants who did not use E-FHC were female, 47.2% (n=58) were male. While 32.2% (n=57) of the participants using E-FHC applied in 2020, 36.2% (n=64) applied in 2021 and 31.6% (n=6) in 2022. While 22% (n=27) of the participants who did not use E-FHC applied in 2020, 52% (n=64) applied in 2021 and 26% (n=32) in 2022. While 7.3% (n=13) of the participants using E-FHC were primary school graduates, 6.8% (n=12) were secondary school graduates, 20.9% (n=37) were high school graduates, 65% (n=115) were a university graduate. While 5.7% (n=7) of the participants who did not use E-FHC were primary school graduates, 4.1% (n=5) were secondary school graduates, 21.1% (n=26) high school graduates, and 69.1% (n=85) university graduates. While 18.6% (n=33) of the participants who used E-FHC had an additional disease, 81.4% (n=144) did not have any additional disease. While 17.1% (n=21) of the participants who did not use ASM had an additional disease, 82.9% (n=102) did not have any additional disease. 17.5% (n=31) Of the participants using E-FHC, had limitations, 82.5% (n=146) had no limitation status. 18.7% (n=23) Of the participants who did not use E-FHC, had limitations, 81.3% (n=100) had no limitations. While 49.7% (n=88) of the participants with E-FHC use applied for license renewal, 50.3% (n=89) applied for the first time. While 52% (n=64) of the participants who did not use E-FHC applied for renewal, 48% (n=59) applied for the first time. While 13.6% (n=24) of the participants with E-FHC use were referred, 86.4% (n=153) were not referred. While 13% (n=16) of the participants who did not use E-FHC were referred, 87% (n=107) were not referred.

While there was a significant difference between E-FHC use and the year of admission, there was no significant difference in terms of other variables.



## DISCUSSION

In our study, it was aimed to determine the points that the family physicians should pay attention when issuing DLHR by evaluating the medical and socio-demographic characteristics of the driver/driver candidates in order to prevent or minimize traffic accidents related to the medical conditions of drivers, which are among the leading causes of death.

It was determined that a high percentage of female participants were university graduates, which is thought to mean that as the level of education in women increases, the rate of driving increases. Although it is seen that the participants mostly apply for DLHR in 2021, it is seen that there is a high demand for DLHR in the first 6 months of 2022. We think that this is due to the fact that Turkey will switch to new types of driver's licenses in 2023. It is seen that the application rate of university graduates has decreased over the years. It can be concluded that over the years, people with a low level of education have applied for a driver's license report at a high rate. We think that these applications caused by who wants to get a new type of driver's license.

It was determined that the participants who applied for a driver's license for the first time were women with a high percentage and those who applied for renewal were mostly men. It was observed that the highest rate of participants with limitations was in 2021. It was found that those with a history of medical drug use applied for renewal at a high rate, and those who applied for their driver's license for the first time had a low rate of medical drug use. It can be thought that this situation is due to the older age of the applicants for renewal.

In a study conducted by Sümer, the personal health declaration forms and examination results of 3215 people who applied to the family medicine outpatient clinic to obtain a drivers's health report were compared. When the forms were examined, 2172 people (67.6%) declared that did not have any disease, while 1043 people (32.3%) declared that they had at least one health problem. As a result of the examinations, normal examination findings were found in 1907 people (59.3%), and at least one abnormal examination finding was found in 1308 people (40.7%). The most common health problems were visual impairment in 832 people (25.9%), joint

disorders in 269 people (8.4%), cardiovascular disease in 171 people (5.3%), nervous system disease in 118 people (4.9%) and Diabetes mellitus in 113 people (3.5%) respectively (2). In our study, 18.0% (n=54) of the participants had a health problem; 3.3% (n=10) had diabetes and 5.0% (n=15) had hypertension. 13% (n=39) of the participants had an additional disease other than diabetes and hypertension. 14.3% (n=43) of the participants had a history of medical drug use. Considering the limitations of the participants, it was observed that 98.1% (n=53) wore glasses for visual impairments and 1.9% (n=1) had orthopedic limitations. Visual impairment is the most common problem in drivers and driver candidates. This is the common result with this study and our study. Similar results were found for visual impairment in both study.

Traffic accidents are one of the the most important reasons of injury In Türkiye, its frequency increases and causes mortality and morbidity. After traffic accidents the severity of the injury will occur in people affects morbidity and therefore disability rates (3). The rate of traffic accidents due to medical reasons is unknown. As a result of a study conducted in Canada and the USA, it is shown that less than 5% of commercial vehicle accidents are due to cardiovascular diseases. According to studies conducted in Europe, it has been reported that approximately 0.1% of traffic accidents are due to medical reasons, and 10-25% of this is due to cardiac conditions (4). According to accident statistics, vehicle users have the biggest error rate with a rate of 95%. The main error factors related to the user; speed, alcohol and substance exposure, insomnia and fatigue, and no use of seat belts, child car seats and helmets. Relevant legislation has been advanced in Türkiye, but is not being followed properly (5).

In a study conducted by Delice in 2012, a significant relationship was found between the rate of female drivers and the number of traffic accidents per driver. It has ben determined that as the rate of female drivers in the provinces

increases, the total number of accidents per driver increases (6). In a study conducted by Balkan Bilgin, the effects of personality traits and attitudes on risky behaviors in traffic were examined. In the study, it was found that personality traits have direct or indirect effects on risky driving. It has been observed that drivers who score high on the evaluated personality traits of anxiety, aggression, and impulsivity have a higher rate of risky driving (7).

Some studies have investigated the risks of old age in terms of driving and accidents. The possible risks of advanced age have been revealed and it has been seen that it causes traffic accidents to a considerable extent. In order to renew the driver's license of an elderly driver, that person must undergo a detailed medical and psychological examination for eligibility to drive. People over the age of 65 should be evaluated with intermittent examinations in terms of health problems that will affect their driving characteristics, and the necessary regulations for the renewal of their licenses should be included in the legislation (8). In a study conducted by Ivers et al., it was stated that the risk of having an accident increases after the age of 80, the frequency of fatal accidents increases, and they are more judged for causing an accident (9). Doctors examining elderly patients should question whether their patients drive and manage possible risks by making detailed assessments. It is important to tell patients about the possibility of the patient's current diseases and the drugs they are using to create a risky situation in driving. In case of a problem, it is necessary to discuss possible solutions with the patient (10).

In the study conducted by Aran et al., it was stated the elderly drivers safe driving skills problems have been identified, such as signal markers, use of the rear view mirror, regulation of vehicle operational parts according to the individual. These deficiencies in skills are thought to affect individual vehicle compliance and safe driving (11). In the study conducted by Diker et al., socioeconomic level, education level and quality of life were found to be directly related to worsening cognitive abilities. As the ratio of the geriatric population to the general population increases, the importance of preserving cognitive capacity also increases (12). In the study

conducted by Bernardelli et al., the importance of gender, education and age with a lesser extent was associated with predicting cognitive function in the oldest elderly population, so the importance of cognitive reserve and successful aging was emphasized when evaluating the elderly population who can still drive (13). In the study conducted by Horikawa et al., a clear relationship between cognitive function tests, cognitive function performance, driver conditions and behaviors was not demonstrated, and it was emphasized that a more reliable system should be developed (14).

In the study conducted by Jovanovi et al., cardiovascular diseases were detected frequently in drivers, and people with diseases such as arterial hypertension, coronary artery disease, rhythm disorders, thromboangiitis obliterans cause traffic accidents more than healthy ones. These results again remind the importance of better health controls and periodic examination (15).

In the study conducted by Erim et al. , the effects of psychiatric drugs on the ability to drive were examined, and it was emphasized that pedestrians and drivers should be considered when prescribing drugs in the clinic, and that the driving skills of those who use psychiatric drugs periodically should be evaluated (16). In the study conducted by Cushman et al., it was emphasized that psychiatric patients did not cause a higher rate of single-vehicle accidents, did not violate the rules, and did not exceed the speed limits (17).

In the study conducted by Pek and Pınarç1, it is recommended that other substances that can be used by people other than alcohol should be examined in blood and urine tests in traffic accidents, and it is believed that the deterrence of the use of these substances will increase (18). In the study conducted by Aktas et al., it was stated that As in many studies with drivers in the literature, the most common use other than alcohol substance is marijuana (19). In the study conducted by Pascali et al., the use of cocaine and cannabinoids was determined the

most as psychotropic substances, it was emphasized that benzodiazepines were the most prescribed drugs, and the status of these drugs in terms of driving risk was evaluated and it was noted that this situation was not included in the legislation (20).

In a study conducted by Özdilek and Uç, it was stated in a study that a single physician's opinion was not sufficient in terms of driver's ability in parkinson's disease, it was stated that motor, visual and cognitive functions were important, and it was emphasized that patients could be evaluated by a driving rehabilitation specialist (21). In the study conducted by Papageorgiou et al., it was emphasized that a personalized approach should be applied by neurology and neuropsychology branches when making a decision about driving competency in Alzheimer's disease (22). In the study conducted by Topçuoğlu, the current situation of epilepsy patients in terms of driver's license in many countries was examined. It was stated that epileptics could not obtain a driver's license in many countries, including Turkey, and it was emphasized that this situation should be stated in the epileptic patient's certificate who applied for a driver's license (23). In the study conducted by Taylor et al. it wasn't suggested that taking antiepileptic drugs in any way increases the risks of any form of accident in a population of drivers with a history of epilepsy (24).

In the study conducted by Firat, it was emphasized that the driver's license was temporarily withdrawn in diseases such as narcolepsy, which affect the consciousness state, and it was stated that decision to obtain a permanent driver's license could be made in those with chronic conditions and the response to some treatment is low (25). In the study conducted by Fattouch et al., a large number of epilepsy patients were examined with ambulatory EEG, and it was stated that this evaluation could be used in driver report applications (26). In the study conducted by Kurt et al., since approximately half of those over the age of 50 developed senile cataract the importance of performing periodic ophthalmological examinations in this age group was emphasized (27).

In the study conducted by Gislason et al. , it was emphasized that while single-vehicle accidents were detected more frequently in young people and men,

they occurred in cases of alcoholism and falling a sleep (28). In a study conducted by Findley et al., it was emphasized in the study that individuals with obstructive sleep apnea syndrome cause too many preventable accidents due to falling asleep while driving (29). In the study conducted by Waller et al. , it was determined that alcohol, contrary to what is known, does not protect against injury in collisions and increases the risk of injury (30).

In the study conducted by Prasad et al. , among disabled drivers who returned to driving, those who used unusual practices instead of familiar ones found lower success and higher accident rates (31). In the study conducted by Sümer, it was pointed out that social norms should be formed for traffic safety culture which could be provided by education and transportation policies strengthened with effective control and intervention practices (32).

In the study conducted by Honkasalo et al. , it was stated that two-thirds of diabetics who use insulin, who occasionally show signs of hypoglycemia, have a driver's license, and it was added that this situation is incompatible with the legislation (33). In the study conducted by Brož et al., it was stated that patients using insulin or using a combination of insulin and OAD did not report serious hypoglycemia to the physician due to the high rate of fear of revocation of license, and it was emphasized that this situation led to insufficient information of the physician and thus inadequate treatment of the patient (34).

In a study conducted by Martin and Estevez, it was suggested that drivers can be divided into two profiles as those with high practical intelligence and fewer errors, high motor and cognitive performance, and those with more errors, low practical intelligence and low motor and cognitive performance. According to the study, the number and type of accidents during their first years of driving are related to the cognitive profiles of drivers assessed before they obtained their driving license (35).

In the study conducted by Hansotia and Broste, it was stated that the risk of traffic accidents is



higher for diabetics and epileptics than unaffected individuals, the risk increase was found to be less than in previous studies, and it was not large enough to require more restrictions (36).

In our study, it was determined that the participants who were referred to the upper branch were women with a high rate. The reason for this is thought that female participants applying for a medical report for driver's license may have a higher rate of additional diseases and thus a higher referral indication. While a low rate of restriction was observed among those who were referred, a higher rate and number of restrictions were observed among those who were not referred, and it is thought that the reason for this is related to this situation is stated in the driver's license health report without being referred by the physician in those who are found to be limited.

In our study, it was revealed that the number of people with additional disease among those who use ASM is relatively higher than the number of people with additional disease among those who do not use ASM. From this point of view, it can be thought that the participants with ASM use have repeated ASM applications due to chronic disease.

In our study, it was observed that the high rate of people applying for DLHR was between the ages of 18-34 and a high rate of university graduates. The rate of limitation was 18% in those who applied for DLHR, 18% had an additional disease, and nearly 15% had a history of medical drug use. These results draw attention to the health problems that may be encountered while preparing DLHR.

Since the study was single-centered and was conducted in a certain period, the results are limited to the characteristics of the region and the period, and cannot be reflected in general. It is possible to obtain more meaningful results with studies to be carried out in other centers, and it would be beneficial to deepen the anamnesis and to carry out more comprehensive studies that take into account the existing diseases in those who apply for DLHR.

## CONCLUSION

Family Physicians should carefully evaluate the comorbidities and limitations of individuals when issuing DLHR. While some people applying for DLHR may prefer not to mention their additional diseases, others do not know about their current disease. The health problems declared in the Personal Health Declaration forms of the people applying for DLHR should be evaluated in detail, but the examinations should not be limited to these, a detailed anamnesis should be taken, the past medical records of the applicant should be examined, a detailed physical

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