

MINUTES OF THE SECRETARY OF STATE'S HONORARY MEDICAL ADVISORY PANEL ON DRIVING AND PSYCHIATRIC DISORDERS HELD ON 10TH MAY, 2004

Present:	Professor D G Cunningham Owens	Acting Chairman
	Dr P B C Fenwick Dr P Divall Dr D Olajide	
Lay Member	Miss P Steel	
Ex-Officio	Dr M McCarthy Dr T Carter Dr N L Read	Observer, Northern Ireland, Occupational Health Services Chief Medical Adviser, DfT Research Manager, DfT
	Dr P Prasad Dr G L Wetherall	MA, DVLA Panel Secretary, MA, DVLA

1. Apologies for Absence

- 1.1 Apologies were received from Professor M Lader, Professor P Howlin, Mrs J Gall, Dr H G Major and the Policy Department of DVLA.

2. Minutes of the Last Meeting held on 24th November 2003

- 2.1 With the amendment of line six, paragraph (b), Item 11 to "...until the renewal at 45 years of age.", the Minutes were accepted as a true account of proceedings held on the 24th November 2003.

3. Matters Arising

(a) **Feedback from Case Discussion.**

- The Panel was informed of the outcome of the individual case discussed on the 24th November 2003.
- (b) The procedures for publication of the Minutes on the DVLA website were clarified for the Panel.
- (c) Dr Read informed the Panel that so far there has been no progress in establishing research links with any specific constabularies.
- (d) Dr Carter confirmed that the questionnaire concerning dementia had been forwarded to him and will arrange for it to be circulated to Panel members. There followed general discussion concerning the limitations of both practical assessments and the use of questionnaires for assessing fitness to drive.

4. Feedback from the Chairman's Meeting held on 12th February 2004.

- 4.1 Dr Carter informed the Panel that the Deputy Head of the Road Safety Division had given a presentation of the Department's Road Safety Strategy and how medical aspects of fitness to drive fitted in with this. Other points discussed included STATS 19 and the reporting of medical factors in road accidents. It was thought that the scene of accident data is probably not going to be a key source of information.
- 4.2 There was presentation on the Drivers Medical Group's Casework Statistics and attention drawn to the high level review of medical licensing. Problems at the publishers of the fitness to drive book were also outlined.

The Chairman enquired about the suggestion to link the At A Glance Guide to the British National Formulary.

- 4.3 Dr Carter said there is not a lot of interest in this at present. The Department have, in recent years, had discussions with the then Medicines Control Agency concerning medication and driving.
Dr Carter said the target readership of the Fitness to Drive Book is Health Professionals and it is seen as a
- 4.4. successor to the Medical Commission on Accident Prevention's publication, "Medical Aspects of Fitness to Drive" without any duplication of the "At A Glance Guide".

5. Continuing the Review of the Psychiatry Section "At A Glance Guide".

- 5.1 The Panel discussed the draft amendment to the wording of the psychotic disorder section for Group 2 driving. Clinicians are not clear what is required in order to allow Group 2 licensing. It was pointed out that the wording reflects the need for engagement with services to allow up-to-date information, the expertise required for assessment, insight and compliance. There was discussion about the use of the term, "well". It was agreed that with clarification in the text, this terminology would be acceptable. The question was posed whether Depot medication should be debarring and it was thought that the formulation of the medication should not be debarring in itself. If compliance is an issue, this will be apparent from other factors. The discussion then moved to the appropriate period of stability and whether three years was too long or too short. However, although acknowledging any specified time as arbitrary in nature, the Panel agreed that due to the risks and responsibilities associated with Group 2 driving, normally at least a three year period of stability was required. The discussion touched again on Depot medication and initial side effects after administration. However, it was felt that medication should not be specified per se as it is adherence to the treatment plan and lack of side effects in individual cases that are more important.
- 5.2. The following wording was agreed : -,
"Driving must cease pending the outcome of medical enquiry. It is normally a requirement that the person should be well and stable for 3 years (i.e. to have experienced a good level of functional recovery with insight into their illness and to be fully adherent to the agreed treatment plan, including engagement with the medical services) before driving can be resumed. In line with good practice, attempts should be made to achieve the minimum effective anti-psychotic dose; tolerability should be optimal and not associated with any deficits (e.g. in alertness, concentration and motor performance) that might impair driving ability. Where, in patients with established illness, the history suggests a likelihood of relapse, the risk should be appraised as low (either in the treated or untreated state). DVLA will normally require an expert report (usually from a consultant psychiatrist) that specifically addresses the relevant issues above, before the issue of Group 2 entitlement can be considered."
- 5.3 The discussion concerning Learning Disability was postponed until the next meeting.

6. From the Journals.

- 6.1 The Panel considered one letter published recently in the Psychiatric Bulletin and the following three Papers
- 6.2 Testing for Benzodiazepine Inebriation – relationship between Benzodiazepine concentration and simple clinical tests for impairment in a sample of drugged drivers, Bramness et al, Eur J Clin Pharmacol (2003) 59: 593-601.
- 6.3 Use of Lithium and the Risk of Injurious Motor Vehicle Crash in Elderly Adults: Case- Control Study Nested within a Cohort, Etminan et al, BMJ Vol 328 6th March 2004, 558-559.
- 6.4 Substance Misuse in Psychiatric In-patients: Comparison of A Screening Questionnaire Survey with Case Notes, Barnaby et al, BMJ Vol 327 4th October 2003 783-784.
- 6.5 The authors of the letter pointed out that the At A Glance Guide does not use diagnoses which correspond to ICD or DSM - IV. However, the Chairman said that "At A Glance" is a hybrid document of interest to both doctors and patients and there is a great strength in its current usage of general terms. Surprise was expressed at the figures quoted in the letter and it was suggested that questions concerning the driving standards should be included in the membership examination. It was also suggested that an information sheet could be provided by Psychiatrists. A Panel Member said that the Royal College website has information for patients and relatives about driving and dementia and the Faculty of Old Age Psychiatry run medical workshops. Dr Carter said that in similar circumstances, Panel Chairmen or DVLA have written a reply to such letters. It was suggested that a short article could be prepared for the Bulletin to coincide with the update of "At A Glance" in August.
- 6.6 The Paper concerning Benzodiazepine Inebriation was noted. Dr Read said that the scientific side to the study appeared weak but provided further evidence for the enforcement side.
- 6.7 The Paper concerning Lithium was thought to be interesting but did not give a lot of statistical analysis. The

literature going back as far as the 70's has noted motor and cognitive effects associated with Lithium. It was pointed out that the Paper does not identify a cause and effect relationship but purely an association. However, it may be with the passage of time that there will need to be specific mention of Lithium in the guideline.

6.8 The Panel noted the Paper concerning the potential inadequacy of substance misuse histories.

6.9 The Panel thought that it would be helpful to have "From the Journals" as a regular Agenda item.

6.10 Dr Carter drew the Panel's attention to the Monash University Review of, "The Influence of Chronic Illness on Crash Involvement in Motor Vehicle Drivers". This was commissioned by the Swedish National Road Administration and is a good systematic review of the specific types of medical conditions. It is available on the website at: <http://www.general.monash.edu.au/MUARC/rptsum/muarc213.pdf>

7. Research Update.

7.1. Dr Read said the study on the attitudes of health professionals to giving advice on fitness to drive has been awarded to Warwick University. The multi-disciplinary study is due to start on the 1st June and will run for 2 ½ possibly 3 years. The questions they will address will include; what are the knowledge barriers, who is giving the advice, how do they get their information, what organisational barriers are there, and what training do people have. Two contracts awarded recently concerned literature reviews addressing the risk of seizures, awarded to Warwick University, and the risk of acute vascular events, awarded to Swansea University. They both start at the end of this month. The Panel will be kept informed.

The cognitive impairment project has required a rethink of the research questions and design. There will be

7.2 further discussion of this project on the morning of the 27th October 2004 before the Neurology Panel meeting. Dr Read asked members of the Psychiatric Panel to attend if possible.

Another project being undertaken is looking at the "Alcolock". This device prevents a vehicle being driven

7.3 unless the driver is able to provide an initial breath sample significantly lower than the legal limit and then continue to provide intermittent samples during the period of driving. There are also proposed projects relevant to the Vision, Drug and Alcohol and Cardiac Panels.

Dr Read distributed a Discussion Paper to the Panel members concerning the limitations on procuring the Department for Transport (DfT) Research and how to move forward. The Panel was asked to forward their

7.4 comments after considering the document which will also be sent to all Panel members. Feed back will be given at the next round of Panel meetings. Dr Read also mentioned that, due to the short notice, the Research Meeting day held earlier in the year was attended by only a small number of Panel members but was generally successful. One of the proposals in the Discussion Paper is for an annual research meeting.

In response to a question concerning ongoing research in sleep and driving, Dr Read said on the Enforcement side there is already a lot of research in sleep related accidents and on the medical side, there was the

7.5 workshop the report of which is now published on the DfT website. There are two UK teams embarking on research into sleep apnoea and Group 2 driving. There is also work ongoing in the area of devices to detect not only sleepiness but also any form of driver impairment.

Dr Carter said the pharmaceutical companies and sleep physicians are also lobbying but from the Transport

7.6 point of view it is very important to retain perspective as all the evidence shows that the vast majority of sleep related accidents involve young fit males in the early hours of the morning.

8. Cases.

8.1 The Panel discussed three individual cases.

9. Any Other Business

(a) Letter re Dementia and Driving

9.1 The Panel considered the letter from the Consultant Neurologist concerning dementia and driving and acknowledged the concerns. They agreed that the assessment of dementia and fitness to drive does pose particular difficulties. Dr Read said there is a lot of work on cognitive impairment in driving. A literature review done in the United States looked at many studies. However, the available data lacks specificity in individual cases. The Panel asked if the literature reference to which the Consultant referred in his letter could be obtained.

9.2 Dr Carter commented that when dealing with episodic events such as fits and heart attacks, it is normal to use population studies and stratify risk. However, when considering something observable such as impaired performance in an individual, it appears that a different form of supporting evidence, based where possible on individual assessment may be expected.

(b) Draft Proposals for the Third EC Directive

9.3 The Panel was informed that the proposals to reduce the weight limit for C1 vehicles from 7.5 tonnes to 6

tonnes and have reciprocity between C1 and D1 entitlements have been dropped.

10. Date and Time of Next Meeting

10.1 The next meeting is due to be held on the 22nd November 2004. The Panel arranged the Spring meeting 2005 to be held on the 9th May 2005.

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