

MINUTES OF THE SECRETARY OF STATE'S HONORARY MEDICAL ADVISORY PANEL ON DRIVING AND DISORDERS OF THE NERVOUS SYSTEM HELD ON 17TH APRIL 2002

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| Present: | Professor D W Chadwick | Chairman |
| | Dr J M Bamford | |
| | Dr A Johnson | |
| | Professor A D Mendelow | |
| | Dr M Brada | |
| | Dr A Zeman | |
| | Professor I R Whittle | |
| | Professor G Cruickshank | |
| | Dr L Nashef | |
| | Mrs M Cooper | |
| | Mrs J Wightman | |
| | Professor A Nicholson | |
| | Dr T Carter | Chief Medical Adviser |
| | Dr H Major | MA/DVLA |
| | Ms S Martin | DPG/DVLA |
| | Dr G L Wetherall | MA/DVLA, Panel Secretary |

1 Apologies for Absence

- 1.1 Apologies were received from Professor D T Wade, Professor R Kenny, Professor S D Shorvon, Mr R S C Kerr, Dr J C Durston and Ms S Lloyd.

2 Minutes of the last meeting held on 7th November 2001

- 2.1 With the amendment of paragraph 1.2 to "Dr Bamford had agreed to act as Chairman in the absence of Professor Chadwick and welcomed members to the meeting, especially the two new lay members who were attending their first meeting.", the minutes were accepted as a true account.

3 Matters arising

3.1 Eclamptic Seizures

A collaborative study was outlined between the obstetrics and neurology departments in Leeds. It is hoped that the study will result in a robust definition of eclamptic seizures which will allow clear advice for driving.

3.2 Publication of Loss of Consciousness Guidelines

It was explained that the paper submitted to the BMJ concerning the loss of consciousness guidelines had been rejected. The Panel will persevere with attempts to publish the guidelines. Ideally, the publication will need to be read by both primary care and hospital doctors. Surprise was expressed that the BMJ would not publish the guidelines as it was planning a special issue related to road injuries. Names of other suitable publications were suggested.

3.3 Withdrawal of Prophylactic Anticonvulsants and Group 2 Driving

The Panel discussed this matter further particularly the situation when prophylactic anticonvulsants are prescribed but no history of seizures. The Panel agreed that the research and their own experience of patients discontinuing drugs which may act as anticonvulsants (Carbamazepine being taken for Trigeminal neuralgia) did not support there being a risk of seizures. It was agreed that Group 2 driving did not need to cease whilst anticonvulsant medication was being discontinued if the driver had no history of seizures and the driver could satisfy the standards of fitness in other respects. It was also agreed that in those cases where a driver may be able to satisfy the Group 2 standards despite suffering a seizure but was taking anticonvulsant medication and

not suffering from epilepsy, the Panel would need to consider these cases individually.

3.4 **Cavernous Haemangioma**

The Panel discussed the information concerning the case of a Group 2 driver with a cavernous haemangioma which was presented at the meeting in November 2001.

3.5 **G.D.C. Coils**

As the ISAT trial is due to report later in the year, the Panel agreed to leave this matter in abeyance.

3.6 **Terms of Reference**

3.6. It was pointed out to the Panel that the draft Terms of Reference had been amended. The word “informed” had
1 been inserted into the second paragraph.

3.6. In relation to the Terms of Reference the discussion moved on to conflicts of interest particularly when
2 discussing medical cases. The view was expressed that if the Panel member had been responsible for the
medical care of an individual under discussion, the Panel member should not take part in the discussion other
than if it was felt that any decision was against public safety. Unlike a written report, any comments would not
be directly attributable to the Panel member. The Chairman thought that a more equitable decision could be
made if it was possible to ask questions of the Panel member with the personal knowledge in order to clarify
points and any extra information provided could be minuted. The lay members thought it was important to make
the best informed decision possible. The Secretary to the Panel clarified what information applicants and licence
holders had access to. After further discussion, the Panel agreed there should be a declaration of interest and the
Panel member with an interest should take no part in the decision nor routinely provide information. If
information is provided, this should be minuted.

3.6. With regard to the unnamed case considered at the last meeting, the opinion was that the condition was not
3 epilepsy but a continuous movement disorder with no episodic features and therefore was not relevant to the
epilepsy regulations.

4 **Research Update**

4.1 Professor Nicholson outlined the current state of the research programme. The paper on the role of risk analysis
and fitness to drive has been published and the Department of Transport have commissioned the second stage of
this work, the sensitivity analysis. A review of recent literature has also been published and more recently, a
review of current literature on functional correlates of visual field defects had been commissioned. A
mathematician and a visual scientist/ophthalmologist are reviewing the methodology of approximately seven
papers on the functional correlates of the visual field defects.

4.2 Of the experimental studies, the study into the nature of hypoglycaemia in type 2 diabetes is now in progress.
The study of functional correlates of peripheral field defects is also underway. Presentations will be given at the
respective Panel meetings in the next few weeks.

4.3 Driving and cognitive impairment study has been approved in two stages. The Steering Group meets on the 29th
May 2002 and a list of participants was provided to the Panel.

4.4 The excessive daytime sleepiness project has been approved and will be in the form of a workshop which will
provide guidance on medical assessment. This will be held in July 2002 and a list of participants was again
provided. Each participant has agreed to produce a position paper and a final report will be produced at the end
of the workshop. Finally, the project looking at the functional correlates of central scotomata has been approved
and it is hoped to invite tenders in Summer 2002.

4.5 The Chairman asked if it was possible to have a formal search strategy to provide a database of literature
relevant to fitness to drive. DVLA will look into this.

4.6 Dr Carter pointed out that there was also a research project funded by the DTLR Mobility Unit rather than as
part of the DTLR medical aspects of fitness to drive programme, which was looking at driving fitness
assessment after stroke.

- 4.7 A Panel member requested an update on the STATS 19 form. The panel were advised that the matter is currently in the consultation process and a decision is expected towards the end of the year.

5 Group 2 Driving and the Risk of Cerebral Secondaries from Melanoma And other Malignancies – Feasibility of Using CAA Guidelines

- 5.1 The discussion was opened with an outline of the principles and assumptions used in formulating the Civil Aviation Authority (CAA) guidelines. The guidelines were accepted as a satisfactory way to look at risk. The view was expressed that the guidelines should be used as a model to develop guidelines specific to Group 2 driving. Some factors such as the principle of a safety pilot restriction were not relevant to driving. The comment was made that it would be helpful if the information concerning risk was laid out in a tabular form rather than nomograms. There followed a general discussion concerning the risk of metastases in the brain. It was emphasised that the proposal was to use the guidelines for Group 2 driving only.
- 5.2 A Panel member agreed to discuss with the aviation medicine specialists, how the guidelines might be developed to suit Group 2 driving.

6 Risk of Epilepsy following Head Injury

- 6.1 A trial to look at the risk of post traumatic epilepsy in patients who have sustained a head injury but required no surgical intervention was outlined. The trial would also identify risk factors for epilepsy. The preliminary results of the CRASH trial show that 19% of the moderate head injury group suffered seizures. It was pointed out that Annegers study had not been referenced and contusions were classified in the severe head injury group in that study.
- 6.2 It was mentioned that there was another trial awaiting final Ethics Committee approval which will look at intracranial pressure monitoring and the risk of seizures.
- 6.3 The Panel acknowledged that there was a need for research into these areas as current data largely predates the use of CT scanning and intracranial pressure monitors.

7 Sudden and Disabling Giddiness and Group 2 Driving

- 7.1 The Panel considered the letter from the Consultant ENT Surgeon following an approach by a Panel member. The view was expressed that often firm diagnoses are not made for episodes of dizziness. After further discussion, the Panel advised that the 12 month period off Group 2 driving should only apply to those Group 2 drivers who have suffered true sudden and disabling giddiness and have demonstrated a liability to recurrence. Where there is doubt about the diagnosis and liability to recurrence, consultant opinion should be sought.

8 Sleep Apnoea and Group 2 Driving

- 8.1 At the last meeting, a Panel member agreed to discuss with a specialist in sleep apnoea, the principle of issuing licences longer than a duration of one year to Group 2 drivers with controlled sleep apnoea. The advice from the specialist was read out to the Panel and did not support licensing for longer periods. The Panel agreed that the current advice should remain unchanged and it would be premature to alter any advice in the light of the imminent workshop on excessive daytime sleepiness.

9 Group 2 Driving and Residual Disability following Stroke

- 9.1 The current guidelines require Group 2 drivers to make a full recovery following stroke. The Panel were asked whether Group 2 driving could be considered if residual disability could be overcome by adaptations. The Panel were emphatic that residual disability following stroke could not be considered analogous to the loss of limb function which is a result of amputation or other peripheral problem. Concern was expressed that major strokes are often associated with cognitive deficits such as visiospatial problems and these are more likely if there is residual disability. It was acknowledged that practical assessment in Group 2 vehicles could not be arranged at Assessment Centres. The question was posed as to whether provisional disability assessment licences could be used. The Panel were of the opinion that following a stroke, significant residual disability should preclude Group 2 licensing. However, the Panel could envisage drivers with minor degrees of impairment being eligible, subject to extensive evaluation.
- 9.2 The Panel agreed that the anonymous illustrative case would be ineligible for Group 2 driving due to the residual deficit and it was also commented that a CT scan would be insufficient to exclude the presence of a source of further bleeding.

10 Letter from Dr Brown

- 10.1 The Panel agreed that if a seizure occurred immediately at the time of stimulation, it could be treated as provoked and were content with the advice given already. The Panel Secretary will write to confirm.

11 Cases

- 11.1 A total of 5 individual cases were considered.

12 Any Other Business

12.1 Code of Practice

The relevant points of the Code of Practice were pointed out to the Panel including particularly the advice concerning the conflict of interest. It was mentioned that the Scientific Advisory Committee had been impressed by the current functioning of the Advisory Panel system.

12.2 Advice on Ropinirole

Recent advice from the European Agency for Evaluation of Medicinal Products concerning Ropinirole was brought to the attention of the Panel. The European advice concerning the drug and driving met that already given by the Panel. The Panel were concerned how the new advice was being disseminated so that both patients and doctors are informed. The Panel appreciated the new information and the Secretary will feed this back to the Medicines Control Agency.

13 Date and Time of Next Meeting

- 13.1 The next meeting of the Secretary of State's Honorary Medical Advisory Panel for Driving and Disorders of the Nervous System will be held at 1.30 pm on the 30th October 2002.

IMPORTANT: THESE ADVISORY NOTES REPRESENT THE BALANCED JUDGEMENT OF THE SECRETARY OF STATE'S HONORARY MEDICAL ADVISORY PANEL AS A WHOLE. IF THEY ARE QUOTED THEY SHOULD BE REPRODUCED AS SUCH NOT AS THE VIEWS OF INDIVIDUAL PANEL MEMBERS.