

MINUTES OF THE SECRETARY OF STATE'S HONORARY MEDICAL ADVISORY PANEL ON DRIVING AND DISORDERS OF THE NERVOUS SYSTEM HELD ON 27TH OCTOBER 2004.

Present: Professor C P Warlow **Chairman**

Dr A Johnson
Professor D T Wade
Mr R S C Kerr
Dr A Zeman
Professor G Cruickshank
Dr L Nashef
Professor C J Mathias
Dr P E M Smith
Mrs J Wightman

Ex-Officio

Dr D Mills	DVLNI
Dr N L Read	Research Manager, DfT
Dr T Carter	Chief Medical Adviser DfT
Dr H G Major	Senior Medical Adviser, DVLA
Mr D Bastin	DPG, DVLA
Mr T Ford	DPG, DVLA
Dr G L Wetherall	Medical Adviser, DVLA (Panel Secretary)
Dr S Rees	Medical Adviser, DVLA

1. Apologies for Absence

- 1.1 Apologies for absence were received from Professor M Brada, Professor I R Whittle, Professor A D Mendelow and Mrs M Cooper.
- 1.2. The meeting opened with introductions for the new Panel members.

2. Minutes of the Last Meeting held on 24 March 2004

- 2.1 The Minutes were accepted as a true account of the proceedings.

3. Matters Arising from the Minutes

(a) Predictive Value of EEGs and the Risk of Developing Seizures in Asymptomatic Individuals

- 3.1 3.1. Professor Binnie, who had been invited to the previous meeting but was unable to attend at the last minute, had confirmed that the final decision concerning this matter was consistent with the 2% per annum risk used for Group 2 driving.

(b) Feedback on Cases discussed at the Meeting of the 24th March 2004

- 3.2 Feedback was given on 3 cases discussed at the meeting.

4. Cough Syncope and Group 2 Driving

- 4.1 The background of the current recommendations for Group 2 driving and cough syncope was discussed and attention drawn to previous minutes concerning this matter. Cough syncope is not an infrequent diagnosis seen at DVLA and it is the impression that these cases are not always referred to specialist centres for advice. Panel Members questioned whether the current strict rules needed to apply in every case.
- 4.2 The Panel discussed the assessment of risk in individuals with cough syncope and if one could be satisfied that the risk of recurrence, based on the current standards, is 2% per annum or less. It was pointed out that in 1989, it had been suggested that episodes should be treated in a similar fashion to transient ischaemic attacks, events which are unlikely to result in loss of consciousness. The Chairman said the evidence of the level of risk is not available.

- 4.3 Essentially a group of patients that can stop coughing will not have a continuing liability to syncope whereas a group that cannot stop coughing may or may not have syncope. The usual tests to assess a liability to syncope are not particularly useful in cough syncope but the Chairman suggested that the situation might be analogous to provoked seizures. There was agreement on this point but it was questioned how one establishes that the provocation has definitely resolved. An observation period free of syncope was suggested, during which time the risk factors for coughing will need to be addressed thus reducing the liability to cough. One year's freedom of syncopal symptoms was considered insufficient.
- 4.4 The Panel agreed that there should be a differentiation between those with pulmonary risk factors and those without. There was further discussion concerning risk factors and methods of assessment. The Panel decided that the final wording of the standard relating to cough syncope and Group 2 driving should be agreed outside the meeting. The feasibility of reviewing case data held at DVLA will be looked into.
- 4.5 Three individual cases were discussed by the Panel.

5. Acceptable Risk for Group 2 Driving

- 5.1 The Chairman recalled discussion around this concept 15 years ago and believed that a 2% per annum had been accepted. The issue affects all Panels. Dr Carter said the 2% comes from the Jennett paper and posed the question whether the risk level is set too high. After further general discussion, the Panel agreed that the current risk level for Group 2 driving should be considered to be 2% per annum.

6. Research Update

- 6.1 6.1. Dr Read outlined the problems that had been encountered in setting up the cognitive impairment study and the importance of arranging a meeting with interested Panel members from both the Neurology and Psychiatry Panels in order to clarify the research questions. It is proposed to hold the meeting in January 2005 and interested members were requested to email their availability for January to Dr Read. The initial stages of clarifying research questions will be confined to the Department and Panel members in order to avoid potential conflicts of interest. She then explained to the Panel the constraints of the research funding cycle and gave feedback on the research discussion paper she had circulated earlier in the year. Members from all Panels had responded. All responses agreed that Panels should retain an advisory role to the research programme, which raises independence and conflict of interest issues should a Panel member wish to tender for research. Therefore, at each Spring Panel meeting, Panels will be asked for their research priorities over the next year and these will be developed within the Department of Transport into feasible research projects. Any Panel member who wishes to tender for these projects will need to be excluded from the Panel discussions of the research. Dr Read said that the Diabetes and Alcohol/Drug Panels had agreed to this protocol. The Panel agreed to Dr Read's proposal.
- 6.2. Dr Read informed the Panel that the project concerning attitudes of the medical profession to giving advice on fitness to drive has been awarded to the Warwick Medical School. A steering group met recently. It was confirmed that the study would include health professionals other than doctors and charitable support agencies. The study will investigate if advice is not offered because the regulations and standards are considered punitive. Other suggestions included how the professionals cope with the patient continuing to drive against medical advice. Dr Carter pointed out that this is already a large project and the researchers need to be cautious that additional research questions do not impede project management.
- 6.3. A literature review of the risk of further seizures following a first seizure or potential seizure-causing events has been awarded to the Warwick Business School. A steering group is being formed at the present time. The aim is to produce an actuarial probability of seizures from the information and, if feasible, to link individual patient data for a further study. Dr Read confirmed that there was medical input into the study.
- 6.4. The Department is watching closely current research into the road safety implications of Obstructive Sleep Apnoea (OSA). A UK commercially sponsored study is ongoing and the results of this study will be of great interest. The current study is trying to quantify the prevalence of sleep apnoea in Group 2 drivers so a total sample is needed. Once a participant is identified as having OSA, the company will provide equipment and treatment. The drivers will be followed up to assess whether compliance improves symptoms and the risk of accidents.
- 6.5. Dr Read asked the Panel to consider any projects for inclusion in next year's research round. Research into Parkinson's disease and driving, seizure risk associated with benign intracranial structural problems and head injury, and the availability of predictive tests of fitness to drive were suggested. It was also pointed out that the epilepsy data from the ISAT trial will be available shortly. Dr Carter also commented on the limitations and advantages of the workshop format.
- 6.6. Dr Read outlined the continuous work of the Department's scientific staff in trying to obtain systematic data linking drivers' medical histories with accident involvement, and highlighted the practical and ethical

problems involved. Dr Carter outlined the variability in accident data collection and the factors that may influence it. The Panel questioned as to whether any of this information is available already in the EC. Dr Read confirmed that no European country links driving and medical histories in a systematic manner nationally although sometimes this may be available at local level. However, the EC has been encouraged to look into this matter.

7. Licensing Legislation and the Disability Discrimination Act

- 7.1. Dr Major outlined the background of this topic, pointing out that there must be a balance between the rights of the driver and public safety. The Panel was reminded that legal advice had been sought and this advised that DVLA licensing decisions are considered defensible if taken in accordance with current relevant licensing legislation. The Panel considered the current legislation, its impact on neurological conditions, possible areas for modification and the difficulties surrounding such action. It was pointed out that the majority of neurologists and neurosurgeons support the current standards which in itself provides credibility.

8. Encephalitis and Brain Abscess and Group 2 Driving

- 8.1 The current Group 2 standards relevant to brain abscess and to encephalitis with acute phase seizures were outlined to the Panel. The Department had recently received two letters questioning the validity of the standards which may reflect outcomes of studies based largely on cases from many years ago, to which the natural history of the condition nowadays may not have any relevance. It was commented that the long term risk of epilepsy from cerebral abscess was higher than that for encephalitis for which, as a result of treatment, morbidity is so much different nowadays. A systematic review of the literature concerning encephalitis or abscess and the risk of seizures was needed before amending the standard further (see para. 6.3 above).
- 8.2 Three Individual cases were discussed.

9. Literature Review by Monash University

- 9.1 The Panel's attention was drawn to the document, "Influence of Chronic Illness on Crash Involvement of Motor Vehicle Drivers". The Panel thought the information concerning the standards in other countries was very useful.

10. European Working Group on Epilepsy

- 10.1 The progress in the European Working Group on Epilepsy and Driving was outlined to the Panel. The proposals that had been put forward for Group 1 driving and some of the reasons behind them were also discussed. It is planned that all the Working Groups will present their proposals to the Commission by April 2005.

11. Cases

- 11.1 Four individual cases were discussed.

12. Any Other Business

(a) Correspondence

- 12.1 The Panel discussed an enquiry from a Consultant Neurologist concerning the withdrawal of only one of two anti-epileptic drugs from a patient, with the intention to continue treatment with the remaining drug. It was commented that this type of case should be considered on an individual basis. The MRC Anti- Epileptic Drug Withdrawal Study did show that seizure risk increased when taking more than one drug. The Panel agreed that although it may be appropriate to have a time off driving in these cases they should be considered on an individual basis by the attending Physician having due regard to the patient's seizure history and reasons for drug change.

(b) Article in Neurology

- 12.2 The Panel noted the Paper published in Neurology concerning driving fatalities versus other causes of death in

patients with epilepsy.

13. Dates and Times of Subsequent Meetings

13.1 The next meeting of the Secretary of State's Honorary Medical Advisory Panel on Driving and Disorders of the Nervous System will be held on the 23rd March 2005. The Autumn meeting for 2005 was arranged for the 19th October 2005. Both meetings will commence at 1.00 pm.

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 and not as the views of individual Panel members.