

## DRAFT

### MEETING OF THE SECRETARY OF STATE FOR TRANSPORT'S HONORARY MEDICAL ADVISORY PANEL ON DRIVING AND DISORDERS OF THE NERVOUS SYSTEM

1 OCTOBER 2009

<b>Present:</b>	Professor Charles P Warlow	Chairman
	Professor I Whittle	
	Professor G Cruickshank	
	Dr L Nashef	
	Professor P E M Smith	
	Professor A G Marson	
	Dr P Reading	
	Mr R Macfarlane	
	Dr S Short	
	Mr P Hutchinson	
	Professor P Williamson	
	Dr D Shakespeare	
<b>Lay members:</b>	Mrs M Cooper	
	Mrs J Wightman	
<b>Ex-officio:</b>	Dr P Collins Howgill	Civil Aviation Authority
	Dr C Beattie	DVLNI
	Dr T Crayford	Chief Medical Adviser, DfT
	Ms D O'Reilly	Head of Road Safety Research, DfT
	Dr E Brutus	DfT
	Dr H G Major	Senior Medical Adviser, DVLA
	Dr A Kumar	Medical Adviser, DVLA
	Ms J Chandaman	Drivers' Policy Group, DVLA
	Mrs S Richards	Development Group, DMG, DVLA
	Dr K Watts	Panel Secretary/Medical Adviser, DVLA
	Dr J E Morgan	Panel Secretary/Medical Adviser, DVLA

#### 1. Apologies for Absence

Mr Bryan Jones, DVLA

#### 2. Minutes of the Meeting of 12 March 2009

Clarification was sought regarding the wording of the third paragraph of item 4b of the Minutes (Appropriate Licensing Standards after Solitary Seizure): this paragraph

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should now read, “Discussion took place regarding the relevance of alcohol and lack of sleep to the provocation of seizures: general agreement was reached that whilst epilepsy specialists recognise that these factors may unmask a liability in someone with a predisposition to seizures, they could not be accepted as being the cause of a provoked seizure with regards to licensing standards because of the inability to quantify threshold levels”.

The remainder of the minutes of the meeting of 12 March 2009 were accepted as accurate.

Discussion took place concerning the new wording noted in page 12 of the current edition of ‘At A Glance Guide to the Current Medical Standards of Fitness to Drive’ following significant head injury. It was agreed that the new entry should read, “Usually requires six to twelve months off driving depending on features such as seizures, PTA, dural tear, focal signs and also on clinical recovery”.

NEUROLOGICAL DISORDERS	GROUP 1 ENTITLEMENT ODL – CAR, M/CYCLE	GROUP 2 ENTITLEMENT VOC - LGV/PCV
Significant Head Injury	Usually requires 6-12 months off driving depending on features such as seizures, PTA, dural tear, focal signs and also on clinical recovery.	Refusal or revocation. May be able to return to driving when the risk of seizure has fallen to no greater than 2% per annum, and with no debarring residual impairment likely to affect safe driving.

### 3. Matters Arising

#### 3a. Clarification of standards after solitary seizure

It was confirmed that the standards agreed at the March 2009 meeting for driving after a solitary seizure had been implemented from March 2009. Work continues within the Drivers’ Medical Group to identify those Group 2 licence holders who may benefit from the reduction in the time off driving from ten years to five years after a solitary seizure. Agreement was reached that licence holders whose personal

decision, rather than clinical necessity, was to take an anti-epilepsy drug following a solitary seizure should be allowed to recover their entitlement to hold a Group 1 licence after six months.

The Panel discussed the September 2009 revision to the ‘At A Glance Guide to the Current Medical Standards of Fitness to Drive’ for first unprovoked epileptic seizure/solitary fit and agreed the following amendments:

<b>NEUROLOGICAL DISORDERS</b>	<b>GROUP 1 ENTITLEMENT ODL – CAR, M/CYCLE</b>	<b>GROUP 2 ENTITLEMENT VOC – LGV/PCV</b>
First unprovoked epileptic Seizure/solitary fit	6 months off driving from the date of the seizure unless there are clinical factors or investigation results which suggest an unacceptably high risk of a further seizure, ie. 20% or greater per annum.	5 years off driving from the date of the seizure if the licence holder has undergone recent assessment by a neurologist and there are no clinical factors or investigation results (eg. EEG, brain scan) which indicate that the risk of a further seizure is greater than 2% per annum. They should have taken no anti-epilepsy medication throughout the 5-year period immediately prior to the granting of the licence.
<p>For Group 2 licensing, the following features are consistent with a person having a good prognosis:</p> <ul style="list-style-type: none"> <li>• No relevant structural abnormality of the brain on imaging</li> <li>• No definite epileptiform activity on EEG</li> <li>• Support of the neurologist</li> <li>• Seizure risk considered to be 2% or less per annum.</li> </ul>		

It was confirmed that minor vascular changes on the brain scan would not be considered relevant with reference to a Group 1 licence holder being considered for a six months’ licence revocation only. For the purposes of appropriate investigation, no distinction will be drawn between CT and MRI scans. It was also agreed that when considering whether a seizure could be assessed as solitary or not, it must have occurred at least five years after a previous seizure. Panel Members advised that when considering the relevant time off driving under a Group 1 entitlement for an episode of loss of consciousness with seizure markers in a person with a previous history of epilepsy or a solitary seizure, a standard similar to the Epilepsy

Regulations should apply and a person would need to attain twelve months' freedom from any similar event before becoming eligible for relicensing. Similarly, if a person has suffered recurrent episodes of loss of consciousness with seizure markers, the standards for epilepsy should apply, i.e. twelve months off driving for a Group 1 licence.

Revision to the relevant section of, 'At A Glance Guide to the Current Medical Standards of Fitness to Drive' will be made as follows:

<b>NEUROLOGICAL DISORDERS</b>	<b>GROUP 1 ENTITLEMENT ODL – CAR, M/CYCLE</b>	<b>GROUP 2 ENTITLEMENT VOC – LGV/PCV</b>
<p>4. Presumed loss of consciousness/ loss of or altered awareness <b>with</b> seizure markers</p> <p>This category is for those where there is a strong clinical suspicion of a seizure but no definite evidence.</p> <p>The seizure markers act as indicators and are not absolutes:</p> <ul style="list-style-type: none"> <li>- unconsciousness for more than 5 minutes</li> <li>- amnesia longer than 5 minutes</li> <li>- injury</li> <li>- tongue biting</li> <li>- incontinence</li> <li>- remain conscious but with confused behaviour</li> <li>- headache post-attack</li> </ul>	<p>6 months off driving from the date of an episode of loss of consciousness/loss of or altered awareness.</p> <p>However, if a person has a previous history of epilepsy or a solitary seizure, 12 months' freedom from any further episode of loss of consciousness with seizure markers must be attained.</p> <p>If a person suffers recurrent episodes of loss of consciousness with seizure markers, 12 months' freedom from such episodes must be attained.</p>	<p>5 years off driving from the date of an episode if the licence holder has undergone assessment by an appropriate specialist and no relevant abnormality has been identified on investigation, for example EEG and brain scan, where indicated.</p>

It was confirmed that it would not be a requirement for a licence holder always to undergo EEG assessment or brain imaging after a solitary seizure (Group 1 licence), if the specialist did not advise it on clinical grounds.

The Panel was reminded that a person retains a legal entitlement to drive whilst the DVLA is making medical enquiries, but that this is dependent on the licence holder confirming with his/her medical specialist that they are able to meet the standards as published in the 'At a glance Guide to the current Medical Standards of Fitness to

Drive'. It was also confirmed that applicants re-applying for a driving licence after a medical revocation do not have entitlement to drive until the licence has been issued.

#### **4. Ongoing Discussion Topics**

##### **4a. Seizure Recurrence after Cessation of Anti-Epilepsy Drugs**

Professor Warlow thanked Professor Marson for submitting the data on this topic. Agreement was reached within the Panel that on the current information, no change could be supported to the standards already established by the Panel for advice on the resumption of driving following withdrawal of anti-epilepsy medication. General agreement was reached that further research into this topic is needed.

##### **4b. Seizures without Influence on Consciousness or the Ability to Act**

It was confirmed to Panel Members that the changes to the E.U. legislation will only apply to licence holders who have never suffered a seizure other than one which has neither affected consciousness nor caused any functional impairment. A debate took place concerning the number of accidents caused annually by episodes of seizure or loss of consciousness occurring at the wheel and the best methods of monitoring and assessing the potential impact of any change in guidelines. It was agreed that the suggested wording of the draft advice paragraph prepared by the Panel will need to be modified.

#### **5. Ongoing Photoconvulsive Response**

A query has been received from a Consultant Neurologist as to the advice of the Panel concerning the issue of ongoing photoconvulsive response. Panel Members agreed that if a photoconvulsive response occurred during photic stimulation where no seizure had ever been observed, then the person could be allowed to continue to drive. The same advice would be given to a person if it were noted that an ongoing

photoconvulsive response did occur but in whom there had not been any spontaneous epileptic seizures for one year or more.

#### **5a. Changes to Motor Vehicles (Driving Licences) Regulations 1999**

A draft version of proposed changes to The Motor Vehicles (Driving Licences) Regulations 1999 based on the minimum E.U. standards was discussed. The Panel supported the key features of the revised EC Annex:

- epilepsy is defined as having had two or more epileptic seizures less than five years apart ,
- a person suffering from epilepsy should to be free from any epileptic attack during the period of one year immediately preceding the date when the licence is granted.
- changes affecting licensing for those suffering from seizures occurring during sleep: Panel members agreed that they would be able to support a new standard for a person who has never had an epileptic attack whilst awake and has only had epileptic attacks whilst asleep to be granted a licence when a pattern of asleep-only seizures for one year has occurred. For those in whom there is a history of both asleep and awake attacks, the existing asleep-attack standard remains appropriate.

DVLA will undertake further discussion with stakeholders before briefing lawyers on the draft regulatory changes. These will be subject to formal consultation in due course.

#### **6. Small-Cell Lung Cancer and Prophylactic Brain Radiotherapy**

A query has been raised by a Consultant Oncologist as to the driving advice given to patients with small-cell lung carcinoma who undergo prophylactic radiotherapy to the brain. It was agreed that if the patient has been found to have a tumour in the brain,

they must follow the guidance for brain tumours and the assumption made that the deposit is a brain metastasis, i.e. a high-grade tumour.

It was noted that 20-30% of patients with small-cell lung tumours will develop brain metastases. However, if there is no evidence of a brain tumour on imaging, the radiotherapy can continue to be regarded as adjuvant treatment.

## **7. Summary of Neurology Appeals**

The Panel considered the information provided on the total number of appeals lodged in 2008/9 for neurological conditions.

## **8. Queries to Panel Members**

A reminder was given to all Panel members that if queries are received by them from the medical profession on driving matters, the correspondence should be forwarded to the DVLA Panel Secretary for response.

## **9. Research Update**

### **9a. DfT Update**

A summary of the DfT Research was given by Ms Deidre O'Reilly. It was noted that the current and planned research is primarily of relevance to other Secretary of State Panels.

### **9b. Publication of Research**

Dr Crayford explained that publication of some research commissioned by the Department for Transport has taken longer than was originally envisaged. He confirmed the intention of the Department to publish all research after consultation with interested parties and approval by Ministers. The Department appreciated the

concerns caused by the publication delays of up to three years for some research, eg. the “Attitudes of Health Professionals on Giving Advice on Fitness to Drive”, and agreed that this was unacceptable. The concerns of the scientific fraternity, and the Panel, were re-iterated.

### **9c. Report on Research Proposals**

Dr Crayford informed the Panel that the standard of the research proposals was very high and that he expected to write to Panel Chairmen within the next six weeks to confirm which proposals had been accepted. It was stated that the proposals accepted for research projects will focus on the provision of better epidemiological data on causation of accidents. It is hoped that research grants will be agreed by the end of the financial year.

(Dr Crayford, Dr Brutus and Ms O’Reilly left the meeting after item 9 which was discussed after item 5.)

## **10. Cases for Discussion**

Five cases were discussed: they included a solitary cerebellar metastasis from a breast carcinoma, an atypical meningioma with a seizure, a grade 2/3 oligodendroglioma, a MALT lymphoma and a Group 2 driver with a subarachnoid haemorrhage in whom the anterior communicating artery aneurysm had not been completely ablated.

It was agreed that the ‘At A Glance Guide to the Current Medical Standards of Fitness to Drive’ should be amended to confirm that a metastatic (secondary) deposit in the brain was equivalent to a grade 4 tumour. Further data should be available in the foreseeable future concerning the outcome of treatment of metastatic deposits.

NEUROLOGICAL DISORDERS	GROUP 1 ENTITLEMENT ODL – CAR, MOTORCYCLE	GROUP 2 ENTITLEMENT VOC – LGV/PCV
<p><b>GLIOMAS &amp; MALIGNANT TUMOURS</b> (including metastatic deposits) Supratentorial</p> <p>Grade 1 and 2</p> <p>Grade 3 and 4 Metastatic deposits to be treated as a grade 4 tumour</p> <p>Infratentorial tumours</p> <p>Grade 1</p> <p>Grades 2, 3 &amp; 4</p> <p>Medulloblastoma or low grade ependymoma</p> <p>High grade ependymomas, other primary malignant brain tumours.</p> <p>Solitary metastatic deposit</p> <p><b>MALIGNANT INTRACRANIAL TUMOURS IN CHILDREN WHO SURVIVE TO ADULT LIFE WITHOUT RECURRENCE</b></p>	<p>1 year off driving, dating from completion of the primary treatment of the tumour.</p> <p>2 years off driving after treatment, although some drivers may require a longer period.</p> <p><b>NB. When a low grade glioma is an incidental finding and asymptomatic, the case can be considered on an individual basis for Group 1 driving.</b></p> <p>As for benign tumours: ie. drive on recovery.</p> <p>As for supratentorial tumour.</p> <p>If totally excised, can be considered for licensing 1 year after primary treatment, if free from recurrence.</p> <p>Normally, a period of 2 years off driving is required following treatment.</p> <p>If totally excised, can be considered for licensing 1 year after primary treatment if free from recurrence and no evidence of secondary spread elsewhere in the body.</p> <p>Normally, a till 70 licence is issued/maintained.</p>	<p>Permanent refusal or revocation.</p> <p>Permanent refusal or revocation.</p> <p>Individual assessment.</p> <p>Permanent refusal or revocation.</p> <p>If entirely infratentorial, can be considered for licensing when disease-free for 5 years after treatment.</p> <p>Permanent refusal or revocation.</p> <p>Permanent refusal or revocation.</p> <p>Individual assessment: see above as for ‘Benign Supratentorial Tumour’.</p>

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## **11. Appointment of New Panel Member and Chairman**

It was confirmed that a new Panel Member with expertise in vascular risk assessment is to be appointed shortly and that the new Chairman of the Secretary of State's Honorary Medical Advisory Panel on Driving and Disorders of the Nervous System awaits confirmation by the Minister. The nominee Chairman explained that he was looking forward to working with his colleagues on the Panel and with the DVLA. He expressed his thanks to Professor Warlow for his work in chairing the Panel and to Dr Major for her contribution to the effectiveness of the Panel. Professor Warlow also thanked Dr Major.

## **12. Any Other Business**

It is the intention of the DVLA to organise a joint meeting between the Cardiac and Neurology Panels early in 2010 to consider vascular risk. Three representatives of the Neurology Panel are required: Professor Smith and Professor Williamson volunteered. It is envisaged that the new Panel Appointee with expertise in vascular risk assessment will be the third representative of this Panel.

## **13. Date and Time of Next Meeting**

The next meeting is scheduled for Thursday, 18 March 2009. Dr Kathy Watts will be responsible for the secretarial duties.

**DR J MORGAN MB BCh DRCOG DDAM**  
Secretary to the Honorary Medical Advisory Panel  
on Driving and Disorders of the Nervous System

16 October 2009