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CANADIAN COUNCIL OF MOTOR TRANSPORT ADMINISTRATORS  
CONSEIL CANADIEN DES ADMINISTRATEURS EN TRANSPORT MOTORISÉ

# **Determining Driver Fitness in Canada:**

**Part 1: A Model for the Administration of Driver  
Fitness Programs**

**and**

**Part 2: CCMTA Medical Standards for Drivers**

**Version: Edition 13**

## Chapter 17: Seizures and epilepsy

### 17.1 About seizures and epilepsy

#### Seizures

A seizure is caused by a sudden electrical discharge in the brain. A seizure does not always mean that a person falls to the ground in convulsions. It can be manifested in various ways, including:

- feelings of being absent
- visual distortions
- nausea
- vertigo
- tingling
- twitching
- shaking
- rigidity of parts of the body or the entire body, or
- an alteration or loss of consciousness.

Seizures may occur in people who do not have epilepsy. These non-epileptic seizures are often referred to as provoked seizures. Some are caused by transient factors with no structural brain abnormality such as:

- fever
- low blood sugar
- electrolyte imbalance
- head trauma
- meningitis
- simple fainting, and
- alcohol or drug toxicity or withdrawal.

Others are caused by conditions where there is a structural brain abnormality such as a:

- tumour
- stroke
- aneurysm, or
- hematoma.

Provoked seizures are not epilepsy, and they resolve after the provoking factor has resolved or stabilized.

Sometimes people appear to have seizures, even though their brains show no seizure activity. This phenomenon is called a non-epileptic psychogenic seizure (NEPS), sometimes referred to as a pseudoseizure, and is psychological in origin. Some people with epilepsy have NEPS in addition to their epileptic seizures. Other people who have NEPS do not have epilepsy at all.

## Epilepsy

Epilepsy refers to a condition characterized by recurrent (at least two) seizures, which do not have a transient provoking cause. The cause of the epileptic seizures may be known or unknown (idiopathic). About two-thirds of epilepsy in young adults is idiopathic, but more than half of epilepsy in those 65 and older has a known cause. Known causes of epilepsy include permanent structural brain abnormality such as scarring from:

- stroke
- prior surgery
- head injury
- infections
- tumours
- aneurysms, or
- arteriovenous malformations.

## Types of seizures

Seizures are divided into two main categories: partial (also called focal or local) seizures and generalized seizures. A partial seizure is a seizure that arises from an electrical discharge in one part of the brain. A generalized seizure is caused by discharges throughout the brain.

### *Partial seizures*

There are three types of partial seizures:

- simple partial seizures
- complex partial seizures, and
- partial seizures (simple or complex) that evolve into secondary generalized seizures (see below).

The difference between simple and complex seizures is that individuals experiencing simple partial seizures retain awareness during the seizure, whereas those experiencing complex partial seizures lose awareness during the seizure.

Symptoms of partial seizures depend on which part of the brain is affected. They may include one or more of the following:

- head turning
- eye movements
- mouth movements
- lip smacking
- drooling
- apparently purposeful movements
- rhythmic muscle contractions in a part of the body
- abnormal numbness
- tingling and a crawling sensation over the skin
- sensory disturbances such as smelling or hearing things that are not there, or
- having a sudden flood of emotions.

Individuals who have partial seizures, especially complex partial seizures, may experience an aura, i.e. unusual sensations that warn of an impending seizure. An aura is actually a simple partial seizure. The aura symptoms an individual experiences and the progression of those symptoms tend to be similar every time.

#### *Generalized seizures*

Types of generalized seizures and their symptoms are listed in the table below.

<b>Type of Generalized Seizure</b>	<b>Symptoms</b>
Absence	Brief loss of consciousness
Myoclonic	Sporadic (isolated), jerking movements
Clonic	Repetitive, jerking movements
Tonic	Muscle stiffness, rigidity
Tonic-clonic or 'grand mal'	Unconsciousness, convulsions, muscle rigidity
Atonic	Loss of muscle tone

#### **Most common seizures**

The three most common types of seizures in adults are:

- generalized tonic-clonic or grand mal seizures
- complex partial seizures, and
- simple partial seizures.

Approximately one-third of all individuals with epilepsy have complex partial seizures, with the prevalence increasing to one-half in those with epilepsy who are 65 and older.

### Recurrence of seizures

The estimated risk of a recurrence after an initial unprovoked seizure ranges from 23% to 71%, with the average risk of recurrence for adults being 43%. If the seizure is idiopathic (i.e. the cause is unknown) and the individual's electroencephalogram (EEG) is normal, the risk of recurrence is reduced. Individuals who experience a partial seizure and have an abnormal EEG or other neurological abnormality, have an increased risk for seizure recurrence. A family history of epilepsy also increases the risk of recurrence.

### Treatment for seizures and epilepsy

Seizure patterns in individuals with epilepsy may change over time, and seizures may eventually stop. Epilepsy is generally treated with anticonvulsant drugs (antiepileptics) and is sometimes treated with surgery to remove the source of epilepsy from the brain. Recent studies indicate that more than half of newly diagnosed individuals with epilepsy can achieve seizure control with antiepileptic drugs. Many of those who achieve seizure control are eventually able to stop taking antiepileptic drugs and remain seizure-free. However, the relapse rate with drug withdrawal is at least 30% to 40%. For a further discussion of the impact of antiepileptics on driving, see Chapter 15, Psychotropic Drugs.

## 17.2 Prevalence

Research indicates that up to 9% of the general population will have at least one seizure. Epilepsy has an overall prevalence rate of 0.6% in Canada, with an estimated incidence of 15,500 new cases per year (2003). The table below shows the prevalence of epilepsy in Canada by age.<sup>19</sup>

Age (years)	Prevalence (%)	Age (years)	Prevalence (%)
0 – 11	0.3	25 – 44	0.7
12 – 14	0.6	46 – 64	0.7
16 – 24	0.6	> 65	0.7

## 17.3 Seizures, epilepsy and adverse driving outcomes

Research indicates that, in general, individuals with epilepsy have an increased risk for adverse driving outcomes. Variability in the methodology and study results makes it difficult to determine the extent of the increased risk.

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<sup>19</sup> Source: Data from Ontario Health Survey, Community Health Survey and National Population Health Survey (Wiebe S, Bellhouse D, Fallary C, Eliasziw M. Burden of epilepsy: the Ontario health survey. *Can J Neurol Sci* 1999;26:263-70).

Studies of crash rates indicate that the following factors increase the risk of crash for those with epilepsy:

- age – younger drivers have increased risk, particularly those under 25
- marital status – unmarried drivers are at a greater risk than married drivers, and
- treatment – those not receiving antiepileptic drug treatment are at greater risk than those receiving treatment.

#### 17.4 Effect on functional ability to drive

Condition	Type of driving impairment and assessment approach	Primary functional ability affected	Assessment tools
Seizures Epilepsy	Episodic impairment: Medical assessment – likelihood of impairment	Variable – sudden impairment	Medical assessments

The primary consideration for drivers with epilepsy is the potential for a seizure causing a sudden impairment of cognitive, motor or sensory functions, or a loss of consciousness while driving.

#### 17.5 Compensation

As seizures and epilepsy cause an episodic impairment of the functions necessary for driving, a driver can not compensate.

#### 17.6 Guideline for assessment

Rationale for all epilepsy and seizure standards

The general approach of the guideline for drivers with epilepsy or who experience seizures is that seizures must be controlled as a prerequisite to driving.

Most of the guidelines include a requirement for a seizure-free period. The purpose of this requirement for a provoked seizure is to establish the likelihood that the provoking factor has been successfully treated or stabilized. For an unprovoked seizure, the purpose is to allow time to assess the cause, and where epilepsy is diagnosed, to establish the likelihood that

- a therapeutic drug level has been achieved and maintained
- the drug being used will prevent further seizures, and
- there are no side effects that may affect the driver's ability to drive safely.

The guidelines identify exceptions to the requirement to remain seizure free for non-commercial drivers who have epilepsy and who have only simple partial seizures, or seizures that only occur while they are asleep or immediately upon awakening.

### 17.6.1 Provoked seizures caused by a structural brain abnormality

This standard applies to drivers who have experienced provoked seizures caused by a structural brain abnormality such as:

- a brain tumour
- stroke
- subdural hematoma, or
- aneurysm.

<b>STANDARD</b>	<p><b>All drivers eligible for a licence if</b></p> <ul style="list-style-type: none"> <li>• <b>they have undergone a neurological assessment to determine the cause of the seizure, and epilepsy is not diagnosed</b></li> <li>• <b>it has been 6 months since the provoking factor stabilized, resolved, or was corrected, with or without treatment, and they have not had a seizure during that time</b></li> <li>• <b>the treating neurologist or neurosurgeon indicates that further seizures are unlikely</b></li> </ul>
<b>Conditions for maintaining licence</b>	None
<b>Suggested Reassessment</b>	<ul style="list-style-type: none"> <li>• If a seizure occurred within the past 12 months, reassess in 1 year</li> <li>• If a seizure occurred more than 1 year ago, or if no further seizures are reported after the initial reassessment, reassess in 5 years</li> <li>• If no further seizures are reported during those 5 years, at the discretion of the Authority.</li> </ul>

<b>Information from health care providers</b>	<ul style="list-style-type: none"> <li>• Date of the last seizure</li> <li>• Description of the type of seizure</li> <li>• Whether a neurological assessment has been conducted and the results of the assessment</li> <li>• Date that the provoking factor stabilized, resolved or was corrected</li> <li>• Details of the driver’s treatment regime</li> <li>• Opinion of treating physician on whether the driver is compliant with their treatment regime</li> <li>• Opinion of treating physician on whether further seizures are likely. Depending on the nature of the provoking factor, the opinion of a neurologist may be required to determine the risk of further seizures.</li> </ul>
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#### 17.6.2 Provoked seizures with no structural brain abnormality

This standard applies to drivers who have experienced provoked seizures caused by a:

- toxic illness
- adverse drug reaction
- trauma, or
- other cause that is not associated with a structural brain abnormality.

<b>STANDARD</b>	<b>All drivers eligible for a licence if</b> <ul style="list-style-type: none"> <li>• they have undergone a neurological assessment to determine the cause of the seizure, and epilepsy is not diagnosed</li> <li>• the provoking factor has stabilized, resolved, or been corrected, with or without treatment, and</li> <li>• the treating physician indicates that further seizures are unlikely</li> </ul>
<b>Conditions for maintaining licence</b>	None
<b>Reassessment</b>	<ul style="list-style-type: none"> <li>• Routine</li> </ul>

<b>Information from health care providers</b>	<ul style="list-style-type: none"> <li>• Description of the type of seizure</li> <li>• Whether a neurological assessment has been conducted and the results of the assessment</li> <li>• Opinion of treating physician on whether the provoking factor has stabilized, resolved or been corrected</li> <li>• Opinion of treating physician on whether further seizures are likely. Depending on the nature of the provoking factor, the opinion of a neurologist may be required to determine the risk of further seizures.</li> </ul>
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### 17.6.3 Alcohol-related provoked seizures

<b>STANDARD</b>	<p><b>All drivers eligible for a licence if</b></p> <ul style="list-style-type: none"> <li>• <b>the treating physician has confirmed that the cause of the seizure was alcohol use</b></li> <li>• <b>they have undergone addiction treatment and have received a favourable report from an addiction counsellor,</b></li> <li>• <b>there is no diagnosis of alcohol abuse/dependency</b></li> <li>• <b>it has been at least 6 months since they have used alcohol and have not had a seizure</b></li> <li>• <b>earlier re-licencing may be considered upon favourable recommendation from an addiction specialist and/or treating physician recognized by the licencing authority, and</b></li> <li>• <b>the conditions for maintaining a licence are met</b></li> </ul>
<b>Conditions for maintaining licence</b>	<ul style="list-style-type: none"> <li>• Follow up regularly with treating physician and comply with any prescribed treatment regime</li> <li>• Cease driving and report to the authority and treating physician if driver has a seizure</li> </ul>
<b>Reassessment</b>	<ul style="list-style-type: none"> <li>• Reassess in one year</li> <li>• If no further seizures are reported after the initial reassessment, reassess in five years</li> <li>• If no further seizures are reported during those five years, then routine</li> </ul>
<b>Information from health care providers</b>	<ul style="list-style-type: none"> <li>• Description of the cause of the seizure</li> <li>• Date of the last seizure</li> </ul>

	<ul style="list-style-type: none"> <li>• Details of treatment regime</li> <li>• Date of abstinence</li> <li>• Whether the driver has undergone addiction treatment</li> <li>• Report from an addiction counsellor and / otr treating physician whether the driver is compliant</li> </ul>
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#### 17.6.4 Single unprovoked seizure – Non-commercial drivers

<b>STANDARD</b>	<p><b>Non-commercial drivers eligible for a licence if</b></p> <ul style="list-style-type: none"> <li>• <b>Complete neurological assessment has been conducted to determine the cause of the seizure, and epilepsy is not diagnosed, and</b></li> <li>• <b>CNS imaging and EEG results are satisfactory.</b></li> </ul>
<b>Conditions for maintaining licence</b>	None
<b>Reassessment</b>	<ul style="list-style-type: none"> <li>• If the seizure occurred within the past 12 months, reassess in one year</li> <li>• If the seizure occurred more than one year ago, or if no further seizures are reported after the initial reassessment, reassess in five years</li> <li>• If no further seizures are reported during those five years, then routine</li> </ul>
<b>Information from health care providers</b>	<ul style="list-style-type: none"> <li>• Date of the seizure</li> <li>• Description of the type of seizure</li> <li>• Whether a neurological assessment has been conducted and the results of the assessment</li> </ul>

#### 17.6.5 Single unprovoked seizure – Commercial drivers

<b>STANDARD</b>	<p><b>Commercial drivers eligible for a licence if</b></p> <ul style="list-style-type: none"> <li>• <b>it has been at least 12 months since the seizure occurred, and</b></li> <li>• <b>Complete neurological assessment has been conducted to determine the cause of the seizure, and epilepsy is not diagnosed, and</b></li> <li>• <b>CNS imaging and EEG results are satisfactory</b></li> </ul>
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<b>Conditions for maintaining licence</b>	None
<b>Reassessment</b>	<ul style="list-style-type: none"> <li>• Reassess in one year</li> <li>• If no further seizures are reported after the initial reassessment, then routine</li> </ul>
<b>Information from health care providers</b>	<ul style="list-style-type: none"> <li>• Date of the seizure</li> <li>• Description of the type of seizure</li> <li>• Whether a neurological assessment has been conducted and the results of the assessment</li> </ul>

### 17.6.6 Epilepsy – Non-commercial drivers

This standard applies to non-commercial drivers who have been diagnosed with epilepsy, with the following exceptions:

- If the epileptic seizures only occur while the driver is asleep, or immediately after awakening, standard 17.6.7 applies.
- If the driver only experiences simple partial seizures, standard 17.6.8 applies.
- If the driver has had surgery for epilepsy, standard 17.6.9 applies.
- If the driver has changed effective medication, standard 17.6.10 applies.

<b>STANDARD</b>	<b>Non-commercial drivers eligible for a licence if</b>
	<ul style="list-style-type: none"> <li>• <b>It has been 6 months since the seizure occurred with or without medication</b></li> </ul>
<b>Conditions for maintaining licence</b>	<ul style="list-style-type: none"> <li>• Routinely follows treatment regime and physician's advice regarding prevention of seizures</li> <li>• Driver must cease driving and report to the authority and physician if has a seizure</li> </ul>
<b>Reassessment</b>	<ul style="list-style-type: none"> <li>• Reassess in one year if a seizure occurred within the past 12 months</li> <li>• Otherwise, routine</li> </ul>
<b>Information from health care providers</b>	<ul style="list-style-type: none"> <li>• Date of the last seizure</li> <li>• Details of the driver's treatment regime, including length of time the driver has been on antiepileptic medication</li> <li>• Opinion of treating physician on whether the driver is compliant with their treatment regime</li> </ul>

17.6.7 Epilepsy with seizures only while asleep or upon awakening – Non-commercial drivers

<p><b>STANDARD</b></p>	<p><b>Non-commercial driver eligible for a licence if</b></p> <ul style="list-style-type: none"> <li>• <b>it has been 6 months since the last seizure OR,</b></li> <li>• <b>the driver is experiencing seizures but seizure pattern has been consistent for at least 1 year- and therefore no seizure free waiting period required</b></li> <li>• <b>the conditions for maintaining a licence are met</b></li> </ul>
<p><b>Conditions for maintaining licence</b></p>	<ul style="list-style-type: none"> <li>• Routinely follow treatment regime and physician’s advice regarding prevention of seizures, if the driver is treated</li> <li>• Routinely follow physician’s advice regarding continued monitoring of your seizures</li> <li>• Report to the authority and physician if the pattern of seizures changes</li> </ul>
<p><b>Reassessment</b></p>	<ul style="list-style-type: none"> <li>• Routine</li> </ul>
<p><b>Information from health care providers</b></p>	<ul style="list-style-type: none"> <li>• Description of the seizure pattern</li> <li>• Whether the seizure pattern has been consistent for at least 5 years</li> <li>• Details of the driver’s treatment regime</li> <li>• Opinion of treating physician on whether the driver is compliant with their treatment regime</li> </ul>

### 17.6.8 Epilepsy with simple partial seizures – Non-commercial drivers

This standard applies to non-commercial drivers with epilepsy who only experience simple partial seizures (no impairment in level of consciousness), the symptoms of which do not impair their functional ability to drive.

<p><b>STANDARD</b></p>	<p><b>Non-commercial drivers eligible for a licence if</b></p> <ul style="list-style-type: none"> <li>• <b>it has been 6 months since the last seizure OR,</b></li> <li>• <b>the driver is experiencing seizures but the seizure pattern has been consistent for at least 1 year- and therefore no seizure free waiting period required</b></li> <li>• <b>favourable assessment from the treating physician or neurologist</b></li> <li>• <b>no impairment in level of consciousness or cognition</b></li> <li>• <b>no head or eye deviation with seizures</b></li> <li>• <b>the conditions for maintaining a licence are met</b></li> </ul>
<p><b>Conditions for maintaining licence</b></p>	<ul style="list-style-type: none"> <li>• Routinely follow treatment regime and physician’s advice regarding prevention of seizures, if the driver is treated</li> <li>• Must report to the authority and physician if the symptoms of seizures change</li> </ul>
<p><b>Reassessment</b></p>	<ul style="list-style-type: none"> <li>• Routine</li> </ul>
<p><b>Information from health care providers</b></p>	<ul style="list-style-type: none"> <li>• Description of the symptoms of the seizures</li> <li>• Whether the symptoms of the seizures have been consistent for at least 1 year</li> <li>• Details of the driver’s treatment regime</li> <li>• Opinion of treating physician on whether the driver is compliant with their treatment regime</li> </ul>

### 17.6.9 Surgery for epilepsy – Non-commercial drivers

<b>STANDARD</b>	<p><b>Non-commercial drivers eligible for a licence if</b></p> <ul style="list-style-type: none"> <li>• <b>they have not had a seizure for 6 months after surgery</b></li> <li>• <b>the conditions for maintaining a licence are met</b></li> </ul>
<b>Conditions for maintaining licence</b>	<ul style="list-style-type: none"> <li>• Routinely follow treatment regime and physician’s advice regarding prevention of seizures</li> <li>• Cease driving and report to the authority and physician if a seizure occurs</li> </ul>
<b>Reassessment</b>	<ul style="list-style-type: none"> <li>• Reassess in five years</li> <li>• If no seizures reported after initial reassessment, then routine</li> </ul>
<b>Information from health care providers</b>	<ul style="list-style-type: none"> <li>• Date of the last seizure</li> <li>• Details of the driver’s treatment regime</li> <li>• Opinion of treating physician on whether the driver is compliant with their treatment regime</li> </ul>

### 17.6.10 Epilepsy with medication change – Non-commercial drivers

This standard applies to non-commercial drivers with epilepsy who undergo a prescribed change to, or withdrawal of, an effective antiepileptic medication. This standard only applies where the driver’s treatment was effective (i.e. their epilepsy was controlled) prior to the change to, or withdrawal from, medication. This means they should not have had a seizure for at least six months prior to the change or withdrawal of medication. If their treatment prior to the change was not effective, then guideline 17.6.6 applies.

<p><b>STANDARD</b></p>	<p><b>Non-commercial drivers eligible for a licence if</b></p> <ul style="list-style-type: none"> <li>• <b>it has been 3 months since the change or withdrawal and they have not had a seizure during that time, and</b></li> <li>• <b>the conditions for maintaining a licence are met</b></li> </ul> <p><b>Non-commercial drivers who have a seizure after a change to, or withdrawal from, antiepileptic medication eligible for a licence if</b></p> <ul style="list-style-type: none"> <li>• <b>they re-establish a previously effective treatment regime</b></li> <li>• <b>the treating physician indicates that further seizures are unlikely,</b></li> <li>• <b>it has been 3 months since the previously effective treatment regime was resumed and they have not had a seizure during that time</b></li> <li>• <b>the conditions for maintaining a licence are met</b></li> </ul>
<p><b>Conditions for maintaining licence</b></p>	<ul style="list-style-type: none"> <li>• Routinely follow treatment regime and physician’s advice regarding prevention of seizures</li> <li>• Cease driving and report to the authority and your physician if you have a seizure</li> </ul>
<p><b>Reassessment</b></p>	<ul style="list-style-type: none"> <li>• If a seizure occurred within the past 12 months, reassess in one year</li> <li>• If no seizures occurred within the past 12 months, or if no seizures are reported after the initial reassessment, reassess in five years</li> <li>• If no seizures are reported during those five years, then routine</li> </ul>
<p><b>Information from health care providers</b></p>	<ul style="list-style-type: none"> <li>• Date of the medication change or withdrawal</li> <li>• Date of the last seizure</li> <li>• Details of the driver’s treatment regime</li> <li>• Opinion of treating physician whether the driver is compliant with</li> </ul>

	<p>their treatment regime</p> <ul style="list-style-type: none"> <li>• Opinion of treating physician whether further seizures are likely</li> </ul>
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### 17.6.11 Epilepsy – Commercial drivers

This standard applies to commercial drivers, who have been diagnosed with epilepsy, except:

- whose seizures only occur while they are asleep or immediately after awakening, and (17.6.12)
- who have only simple partial seizures (no impairment in level of consciousness), the symptoms of which do not impair their functional ability to drive (17.6.13).

See guideline 17.6.12 for commercial drivers who meet this standard and then change medication.

<b>STANDARD</b>	<p><b>Commercial drivers eligible for a licence if</b></p> <ul style="list-style-type: none"> <li>• they have not had a seizure with or without medication for 5 years, and</li> <li>• the conditions for maintaining a licence are met</li> </ul>
<b>Conditions for maintaining licence</b>	<ul style="list-style-type: none"> <li>• Routinely follows treatment regime and physician’s advice regarding prevention of seizures</li> <li>• Cease driving and report to the authority and physician if a seizure occurs</li> </ul>
<b>Reassessment</b>	<ul style="list-style-type: none"> <li>• Routine</li> </ul>
<b>Information from health care providers</b>	<ul style="list-style-type: none"> <li>• Date of the last seizure</li> <li>• Details of the driver’s treatment regime, including length of time the driver has been on or off antiepileptic medication</li> <li>• Opinion of treating physician on whether the driver is compliant with their treatment regime</li> </ul>

17.6.12 Epilepsy with seizures only while asleep or upon awakening -Commercial Drivers

<b>STANDARD</b>	<p><b>Commercial drivers eligible for a licence if</b></p> <ul style="list-style-type: none"> <li>• <b>the driver is experiencing seizures but the seizure pattern has been consistent for at least 5 years</b></li> <li>• <b>no prolonged postictal impairment in wakefulness</b></li> </ul>
<b>Conditions for maintaining licence</b>	<ul style="list-style-type: none"> <li>• Routinely follow treatment regime and physician’s advice regarding prevention of seizures, if the driver is treated</li> <li>• Routinely follow physician’s advice regarding continued monitoring of your seizures</li> <li>• Report to the authority and physician if the pattern of seizures changes</li> </ul>
<b>Reassessment</b>	<ul style="list-style-type: none"> <li>• Routine</li> </ul>
<b>Information from health care providers</b>	<ul style="list-style-type: none"> <li>• Description of the seizure pattern</li> <li>• Whether the seizure pattern has been consistent for at least 5 years</li> <li>• Details of the driver’s treatment regime</li> <li>• Opinion of treating physician on whether the driver is compliant with their treatment regime</li> </ul>

17.6.13 Epilepsy with simple partial seizures - Commercial Drivers

<b>STANDARD</b>	<p><b>Commercial drivers eligible for a licence if</b></p> <ul style="list-style-type: none"> <li>• <b>it has been 5 years since the last seizure OR,</b></li> <li>• <b>the driver is experiencing seizures but the seizure pattern has been consistent for 3 years – and therefore no seizure free waiting period required</b></li> <li>• <b>favourable assessment from neurologist to drive</b></li> <li>• <b>no impairment in level of consciousness or cognition</b></li> <li>• <b>no head or eye deviation with seizures</b></li> <li>• <b>the conditions for maintaining a licence are met</b></li> </ul>
<b>Conditions for maintaining licence</b>	<ul style="list-style-type: none"> <li>• Routinely follow treatment regime and physician’s advice regarding prevention of seizures, if the driver is treated</li> <li>• Must report to the authority and physician if the symptoms of seizures change</li> </ul>
<b>Reassessment</b>	<ul style="list-style-type: none"> <li>• Routine</li> </ul>

<b>Information from health care providers</b>	<ul style="list-style-type: none"> <li>• Description of the symptoms of the seizures</li> <li>• Whether the symptoms of the seizures have been consistent for at least 1 year</li> <li>• Details of the driver’s treatment regime</li> <li>• Opinion of treating physician on whether the driver is compliant with their treatment regime</li> </ul>
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#### 17.6.14 Epilepsy with medication change - Commercial drivers

This standard applies to commercial drivers with epilepsy who undergo a prescribed change to, or withdrawal of, an effective antiepileptic medication. This standard only applies where the driver’s treatment was effective (i.e. their epilepsy was controlled) prior to the change to, or withdrawal from, medication. This means they must first meet guideline 17.6.11 before this standard will apply.

<b>STANDARD</b>	<p><b>Commercial drivers eligible for a licence if</b></p> <ul style="list-style-type: none"> <li>• <b>it has been 6 months since the prescribed change or withdrawal and they have not had a seizure during that time, and</b></li> <li>• <b>the conditions for maintaining a licence are met</b></li> </ul> <p><b>Commercial drivers who have a seizure after a prescribed change to, or withdrawal from antiepileptic medication are eligible for a licence if:</b></p> <ul style="list-style-type: none"> <li>• <b>it has been 6 months since the prescribed change or withdrawal and they have not had a seizure during that time</b></li> <li>• <b>they have re-established a previously effective treatment regime</b></li> <li>• <b>the treating physician indicates that further seizures are unlikely, and</b></li> <li>• <b>the conditions for maintaining a licence are met</b></li> </ul>
<b>Conditions for maintaining licence</b>	<ul style="list-style-type: none"> <li>• Routinely follow treatment regime and physician’s advice regarding prevention of seizures</li> <li>• Cease driving and report to the authority and physician if seizure occurs</li> </ul>
<b>Reassessment</b>	<ul style="list-style-type: none"> <li>• Routine</li> </ul>
<b>Information from</b>	<ul style="list-style-type: none"> <li>• Date of the medication change or withdrawal</li> </ul>

<b>health care providers</b>	<ul style="list-style-type: none"><li>• Date of the last seizure</li><li>• Details of the driver’s treatment regime</li><li>• Opinion of treating physician on whether the driver is compliant with their treatment regime</li><li>• Opinion of treating physician on whether further seizures are likely</li></ul>
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