

SEIZURES & EPILEPSY

Epilepsy is defined as a disorder in which a person has had two or more unprovoked seizures. A seizure is a disruption in the normal electrical activity in the brain resulting in temporary cerebral dysfunction. Epilepsy excludes people with provoked (otherwise known as symptomatic) seizures such as from eclampsia, central nervous system infection, secondary to an adverse drug reaction, acute stroke, metabolic derangement, or alcohol withdrawal. Seizures and epilepsy shall be evaluated using this FAP. The disorders causing provoked seizures as well as many other physiological processes may cause an alteration in consciousness sufficient to preclude the safe operation of a motor vehicle and shall abide by the FAP in the appropriate section, if known, or that entitled, "Unexplained Alteration or Loss of Consciousness".

Guidelines for special circumstances

- 1. First ever unprovoked seizures**, will be no driving for 6 months off medication or no driving until a minimum of 3 months seizure free on medication. Then follow the rules for epilepsy.
- 2. If a person has a provoked seizure** that is that is very *unlikely to recur* such as a seizure caused by a medication that is subsequently stopped, then driving may resume when the treating clinician feels it is reasonable. If the *likelihood of recurrence of a provoked seizure is not known*, e.g., a head injury or brain infection, no driving is allowed until seizure free for at least 6 months. *If the reason for the seizure is captured in a different FAP, such as substance use disorder, a profile level for the other FAP should also be submitted* and the more restrictive FAP will determine driving restrictions.
- 3. Suspected psychogenic non-epileptic seizures (PNES)** should be evaluated using this FAP. However, once a diagnosis of PNES is confirmed, the mental disorders FAP should be used.
- 4. Seizures caused by Electroconvulsive Therapy** are excluded from this FAP.
- 5. Seizures occurring in the setting of medically supervised medication changes** are not to drive until the treating clinician believes the person is medically stable. Generally, at least one month on a new medication regimen. When *medication is tapered*, with the intention to stop anti-seizure medications, no driving allowed while tapering and for 3 months after the medication has been stopped. The person will then be considered profile 3a until profile 2 is appropriate.
- 6. If there is a pattern of at least one year of nocturnal only seizures** then driving is permitted and the person shall be considered profile 3a. This diagnosis should be made by a neurologist or other appropriately qualified clinician.
- 7. If there is an established pattern (6 months or longer) of only simple partial seizures, without any alteration of consciousness and** do not affect the ability to operate a motor vehicle, then driving is permitted and the person shall be considered profile 3a. Example: Arm parasthesias without weakness or alteration of consciousness after brain tumor resection. This diagnosis should be made by a neurologist or other appropriately qualified clinician.

FOR REFERENCES, SEE BIBLIOGRAPHY AT END OF DOCUMENT.

FUNCTIONAL ABILITY PROFILE
Seizures and Epilepsy¹

Profile Levels	Degree of Impairment²/ Potential for At Risk Driving	Condition Definition / Example	Interval for Review and Other Actions
1.	No diagnosed condition	No known disorder	N/A
2.	Condition fully recovered	History of epilepsy: 2 years seizure free, off medications (e.g., after resolution of a childhood epilepsy syndrome or successful tapering off of seizure medications when a person has been free of seizures for an extended period of time.); or, Seizure provoked by known cause, with very low risk for reoccurrence (e.g., resolution of a subdural hematoma or resection of a meningioma that had caused seizures). Refer to “Guidelines” #2, in the narrative section.	N/A
3.	Active impairment	For special circumstances such as provoked seizures, medication changes, nocturnal or partial seizures only and first unprovoked seizure, refer to “Guidelines” in narrative section.	
	a. Mild (controlled)	History of epilepsy: On or off medication. Seizure free 3 months or more.	2 years
	b. Moderate	N/A	N/A
	c. Severe (uncontrolled)	Seizure ¹ within previous 3 months, refractory epilepsy or medication non-adherence.	No driving

¹ For further discussion regarding SEIZURES AND EPILEPSY, please refer to NARRATIVE found at beginning of this section.

² For further explanation of degree of impairment, please refer to SECTION 3.