

Info

Epilepsy



Driving with epilepsy

DRIVING WITH EPILEPSY

Introduction and background

In 2019, the Driving Committee of the Swiss League Against Epilepsy made some slight amendments to the guidelines on fitness to drive with epilepsy.

It is considered acceptable if, out of 20,000 drivers with epilepsy, one driver has an accident per year. This means that for individuals driving motor vehicles for private use there must be at most a 40% risk of one seizure per year. For persons driving professionally, the risk of seizure must be less than 2% annually. After a first seizure, doctors can generally decide on an individual basis for how long the person should stop driving.

Persons who take anti-epileptic medication after a first seizure, even if there is no certainty as to whether or not they have epilepsy, are permitted to drive again sooner than if they do not take medication. If the seizures occur at night only, then persons may return to driving after only 2 years (previously 3 years).

We plan to update the guidelines further as required and hope to achieve closer collaboration with other countries.

The Driving Committee of the Swiss League Against Epilepsy (Pierre Arnold, Claudio Bonetti, Günter Krämer, Johannes Mathis, Klaus Meyer, Stephan Rüegg, Margitta Seeck, Rolf Seeger, Daniela Wiest) last updated these guidelines in November 2019.

GENERAL GUIDELINES

1. A prerequisite for a person with epilepsy being issued or re-issued a licence to drive a motor vehicle is assessment and testing that is tailored to the individual situation, repeated periodically as required, and carried out by a doctor with a specialist qualification in neurology or neuropaediatrics issued by the Swiss Medical Association (Facharzt für Neurologie/Neuropädiatrie FMH).
2. After a **first epileptic seizure** the person is **initially not considered fit to drive**. The duration of the driving restriction depends on the outcome of assessment and testing by a neurologist/neuropaediatrician, both of which are essential.

After a **first early post-traumatic or post-operative seizure** (within a week of the event) or another **seizure that has clearly been provoked** (partial sleep deprivation, for example, is not generally accepted as a cause of provoked seizures) and following neurological/neuropaediatric assessment and testing, persons will generally have to **stop driving for 3 months**.

After a **first unprovoked seizure** and following neurological assessment and testing, persons will generally have to **stop driving for 6 months**. If after an initial seizure, as a result of additional findings indicating a higher risk of relapse, the person is diagnosed with epilepsy based on the criteria of the 2014 Definition of Epilepsy, the relevant provisions apply (see 3.: 1-year driving restriction for licence categories B and B1 and A and A1). If after a first seizure the person begins to take anti-epileptic medication as a precaution to prevent future seizures, even though EEG and imaging has not produced any relevant results, the driving restriction can be reduced to three months.

For patients who have **lived with epilepsy for many years** and have been seizure-free for at least 3 years and then experience a seizure relapse, a 3-month driving restriction after an isolated, clearly provoked seizure and a 6-month restriction after an unprovoked seizure may be sufficient – subject to neurological/neuropaediatric assessment and testing.

3. For persons living with **epilepsy, a licence to drive a motor vehicle** can usually only be **issued or re-issued** after the person has **remained seizure free (with or without anti-epileptic medication) for a year** (for special conditions relating to the various licence categories see “Specific conditions”).

In some cases including the following, **this 1-year period can be shortened** if there is external anamnestic evidence:

- The person has had only simple focal aware seizures for at least one year which do not affect steering from a motoric, sensory or cognitive perspective
- Seizures have been exclusively sleep-related for at least 2 years
- Seizures are due to reflex epilepsies with an avoidable trigger

An **extension of this 1-year period may be** required in cases such as:

- Alcohol, medication or drug abuse
- Lack of compliance or credibility
- Seizures linked to a progressive central nervous system lesion
- A metabolic disturbance that cannot be sufficiently controlled
- Excessive daytime fatigue

4. The **EEG results** must be **compatible** with the **fitness to drive findings**.

5. When a person **withdraws their anti-epileptic medication fully**, they are considered unfit to drive for the duration of the withdrawal period and the first three months thereafter. Exceptions are possible in well-justified cases (fewer seizures overall, epilepsy syndrome with low risk of relapse, long period of withdrawal from medication after at least 3 years without a seizure). If during a withdrawal attempt the person has a seizure relapse, the necessary driving restriction after restarting medication is 6 months. In well-justified cases this may be shortened to 3 months.

Regarding other changes to anti-epileptic medication, e.g. changing from one active ingredient to another or from an original brand to a generic version, the neurologist responsible for the person's treatment is also responsible for assessing their fitness to drive.

6. **Doctors' obligation to provide information to patients:** The doctor responsible for treating the patient with epilepsy is obliged to proactively inform them of these guidelines and of the assessment they have made of the patient's fitness to drive. Confirmation that this information has been disclosed must be recorded in the patient's notes. There is no general obligation for the doctor to report each case to the authorities; however they do have the right to report non-compliant patients (Swiss Road Traffic Act article 15d).

7. **Patients' obligation to report seizures:** If a patient has a seizure they must immediately stop driving and must report the seizure to the neurologist or neuropaediatrician who is treating them.

8. **First and subsequent certificates confirming fitness to drive** are drawn up in accordance with the instructions from the cantonal vehicle licensing agencies. The neurologist is responsible for determining the necessary monitoring period.

SPECIFIC CONDITIONS RELATING TO THE INDIVIDUAL LICENCE CATEGORIES

1. **Cars and light vehicles (cat. B and B1) and motorcycles (cat. A and A1)**

Licences are issued or reissued according to general guidelines.

2. **Lorries (cat. C and C1), vehicles carrying passengers for hire or reward (BPT) and minibuses (cat. D1)**

After any diagnosis of epilepsy a licence for categories C or D1 can only be issued or reissued if the person has been seizure-free without medication for 5 years.

After a first provoked seizure linked to an acute, temporary illness or its treatment, a 6-month driving restriction is sufficient, provided that the seizure trigger is no longer present.

After a first unprovoked seizure a 2-year driving restriction is to be observed.

Exception: If the C1 vehicle is used as a private vehicle (as in cat. B), the cat. B provisions apply.

3. **Coach/bus (cat. D)**

After any diagnosis of epilepsy a licence for category D cannot be issued or reissued. (Exception: childhood epilepsy syndrome which the person has grown out of.) After a first unprovoked or provoked seizure in adulthood, a licence for can only be issued or reissued if the person has been seizure-free without medication for 5 years.

4. **Motor vehicles with a maximum speed of 45 km/h (cat. F), agricultural motor vehicles (cat. G), mopeds (cat. M), other vehicles requiring a moped licence (certain electric bikes and mobility scooters) and piste vehicles**

Licences are issued or reissued according to the general guidelines. Exceptions (in particular a reduction of the restriction period) are possible in justified individual cases.

5. Driving instructors and experts

The guidelines for the relevant licence categories apply.

6. Special cases

Tram drivers, train drivers, pilots: After any diagnosis of epilepsy or after a first provoked or unprovoked seizure, the person is not deemed fit to drive or fly.

For forklift truck drivers, balloon pilots, digger and crane drivers, motor boat operators, cable car operators and mountain railway operators, the assessment of fitness to drive is carried out according to the general guidelines.

Epilepsy can affect us all

Five to ten percent of people will have an epileptic seizure at some point in their lives. Almost one percent of the world's population will develop epilepsy. In Switzerland, approximately 70,000 to 80,000 people live with epilepsy, of whom some 15,000 to 20,000 are children.

Epilepsy League – Diverse activities

The Epilepsy League has been researching epilepsy and helping and informing people since 1931. Its goal is to sustainably improve the daily lives and standing in society of those affected by epilepsy.

Research

It promotes knowledge gathering in all areas of epilepsy.

Help

Information and advice in German, English and French:

- For people with epilepsy and their relatives
- For professionals from a multitude of different areas

Information

The Epilepsy League provides information to the public, raising awareness and thus aiding the social integration of people affected by epilepsy.

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The Driving Committee of the Swiss League Against Epilepsy

More flyers in English:

www.epi.ch/en

Further information

In German, French, English and some in Italian:

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