

SEIZURES AND EPILEPSY PREAMBLE

A seizure is a disruption in the normal electrical activity in the brain resulting in temporary cerebral dysfunction. Epilepsy is defined as a disorder in which a person has had two or more unprovoked seizures. 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. These 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. ***Seizures occurring in the setting of medically supervised medication changes*** are profile level 3c and 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 stable, they may be changed to profile level 3a. When *medication is tapered* with the intention to stop anti-seizure medications, they should be profile level 3c and 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.
4. ***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.
5. ***If there is an established pattern (6 months or longer) of only simple partial seizures, without any alteration of consciousness and they do not affect the abilities needed 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.
6. ***Suspected psychogenic non-epileptic seizures (PNES)*** should be evaluated using this FAP. However, once a diagnosis of PNES is confirmed, the mental Health Conditions FAP should be used.
7. ***Seizures caused by Electroconvulsive Therapy*** are excluded from this FAP.

FUNCTIONAL ABILITY PROFILE
Epilepsy and UNPROVOKED Seizures¹

Profile Levels	Degree of Impairment/ Potential for At Risk Driving	Condition Definition / Example	Interval for Review and Other Actions
1.	No diagnosed condition	No history of seizures.	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 seizure medications when a person has been free of seizures for an extended period of time).	N/A
3.	Active impairment (Profile levels are intended to describe potential for at risk driving; they are NOT consistent with clinical definitions for mild, moderate or severe.)	Epilepsy or UNPROVOKED seizure For special circumstances such as first ever unprovoked seizure, medication changes, nocturnal or partial seizures only and psychogenic non-epileptic seizures (PNES), refer to “Guidelines” in the Preamble. See separate FAP for provoked (symptomatic) seizures.	
	a. Mild risk (seizures controlled)	History of epilepsy: On or off medication. Seizure free 3 months or more; or First ever unprovoked seizure, at least 3 months or more seizure free on medication; or First ever unprovoked seizure, at least 6 months or more seizure free off medication; or Seizures in context of medication changes, see footnote ² ; or A pattern of nocturnal only seizures for at least 1 year, see footnote ³ ; or	2 years

		Established pattern of ONLY simple partial seizures for at least 6 months, without effect on abilities needed to drive safely, see footnote ⁴ ; or Suspected psychogenic non-epileptic seizures, seizure free at least 3 months or more, see footnote ⁵ .	
	b. Moderate risk	N/A	N/A
	c. Severe risk (seizures uncontrolled)	Seizure within previous 3 months, refractory epilepsy or medication non-adherence; or First ever unprovoked seizure less than 3 months seizure free on medication; or First ever unprovoked seizure, less than 6 months seizure free off medication; or Seizures in context of medication changes, see footnote ² ; or Suspected psychogenic non-epileptic seizures, seizure free less than 3 months, see footnote ⁵ .	No driving

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

² *Seizures occurring in the setting of medically supervised medication changes* are profile level 3c and are not allowed to drive until the treating clinician believes the person is medically stable. Generally, at least one month on a new medication regimen. When stable, they may be changed to profile level 3a. *When medication is tapered with the intention to stop anti-seizure medications*, this will be profile level 3c and no driving is 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.

³ *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.

⁴ *If there is an established pattern (6 months or longer) of only simple partial seizures*, without any alteration of consciousness and they do not affect abilities needed 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.

⁵ *Suspected psychogenic non-epileptic seizures (PNES)* should be evaluated using this FAP. However, once a diagnosis of PNES is confirmed, the mental health conditions FAP should be used.

FUNCTIONAL ABILITY PROFILE
Symptomatic or PROVOKED Seizures¹

Profile Levels	Degree of Impairment/ Potential for At Risk Driving	Condition Definition / Example	Interval for Review and Other Actions
1.	No diagnosed condition	No history of seizures	N/A
2.	Condition fully recovered	Seizure provoked by known cause, very unlikely to recur (e.g., resolution of a subdural hematoma or resection of a meningioma that had caused seizures). Refer to “Guidelines” in the Preamble.	N/A
3.	Active impairment (Profile levels are intended to describe potential for at risk driving; they are NOT consistent with clinical definitions for mild, moderate or severe.)	PROVOKED (symptomatic) seizures For special circumstances such as the reason for the seizure is captured in a separate FAP, seizures in the context of medication changes, and psychogenic non-epileptic seizures (PNES), refer to “Guidelines” in the Preamble. See separate FAP for UNPROVOKED seizures.	
	a. Mild risk (seizures controlled)	Provoked seizure unlikely to recur (e.g., caused by a medication that is subsequently stopped) and clinician feels it is reasonable to allow driving; or Provoked seizures, likelihood of recurrence unknown (e.g., following head injury or brain infection), more than 6 months ago and clinician feels it is reasonable to resume driving; or Seizures in context of medication changes, see footnote ² ; or Seizures caused by substance use or withdrawal, more than 6 months ago	2 years

		and meets all criteria to resume driving, see footnote ^{3,4} ; or Suspected psychogenic non-epileptic seizure, more than 3 months ago ⁴ and clinician feels it is reasonable to allow driving, see footnote. ⁵	
	b. Moderate risk	N/A	N/A
	c. Severe risk (seizures uncontrolled)	Provoked seizure unlikely to recur but clinician has not yet cleared to resume driving; or Provoked seizures, likelihood of recurrence unknown, less than 6 months ago; or Seizures in context of medication changes, see footnote ² ; or Seizure caused by substance use or withdrawal within previous 6 months, see footnotes ^{3,4} ; or Suspected psychogenic non-epileptic seizure within past 3 months, see footnote ⁵ .	No driving

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

² *Seizures occurring in the setting of medically supervised medication changes* are profile level 3c and are not allowed to drive until the treating clinician believes the person is medically stable. Generally, at least one month on a new medication regimen. When stable, they may be changed to profile level 3a. When *medication is tapered with the intention to stop anti-seizure medications*, this will be profile level 3c and no driving is 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.

³ *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.

⁴ *When seizure is due to substance use or withdrawal*, refer to Substance Use Disorder FAP criteria for abstinence and/or compliance with treatment/recovery.

⁵ *Suspected psychogenic non-epileptic seizures (PNES)* should be evaluated using this FAP. However, once a diagnosis of PNES is confirmed, the mental health conditions FAP should be used.