CQ 18-1

What kinds of advice should be given to patients?

Summary

Provide the following information to patients with epilepsy (and their families), or inform them of the methods to obtain such information.

1. General knowledge about epilepsy
2. Caution in daily life
3. Types of epileptic seizures
4. Effects and adverse effects of antiepileptic drugs, and method of drug taking
5. How to cope with epileptic seizures and risk of seizures
6. Psychological problems about epilepsy
7. Support system and organizations for epilepsy
8. Legal knowledge on driver’s license
9. Matters concerning education and employment
10. Pregnancy and childbirth

Comment

Regarding advice to patients, explain the above contents depending on the situation of individual patients.

Reference

Summary
(1) It is desirable to explain matters about driving when a person is newly diagnosed with epilepsy or at the first visit.
(2) Provide information about epilepsy written in the Road Traffic Act and the Act on Punishment of Acts Inflicting Death or Injury on Others by Driving a Motor Vehicle.
(3) Give advice on whether or not to drive a car following the domestic law on driving.

Comment
It is desirable to explain matters about driving a motor vehicle to patients with epilepsy when they are newly diagnosed with the disease or at their first visit.
We should give the patients information about an outline of the items related to epilepsy in the Road Traffic Act and the Act on Punishment of Acts Inflicting Death or Injury on Others by Driving a Motor Vehicle, as shown below.
(1) Do not drive a vehicle when the patients are under the condition in which they may not be able to drive normally, such as due to overwork, illness, medication, or other reasons (Road Traffic Act Article 66, with penalty).
(2) The Public Safety Commission will not issue a driving licenses to persons with epilepsy (Road Traffic Act Article 90). However, this restriction does not apply when there is no risk of seizure that will hinder driving. The required criterion is that seizure that impairs consciousness or movement during the awake state has not occurred for a period of 2 years (operation standards for issuing license by the Public Safety Commission, Table 1).
(3) A patient should declare the disease condition accurately when obtaining or renewing the driver's license (partially revised law of Road Traffic Act, with penalty).
(4) If the driver's license was revoked due to illness but later the patient recovers to a state capable of re-acquiring the license, the written test and the practical test will be exempted (partially revised law of Road Traffic Act).
(5) For epilepsy with a risk of recurrence of seizures that impair consciousness or movement, if a patient, despite being under influence of the above condition (with a risk of hindering normal driving) and consequently not able to drive normally, drives a motor vehicle and causes death or injury, a penalty will be imposed which is heavier than that for professional negligence resulting in death (Act on Punishment of Acts Inflicting Death or Injury on Others by Driving a Motor Vehicle).

In giving advice on whether or not to drive a car, in principle provide guidance in accordance with domestic laws (Table 1). For items without legal provisions, provide appropriate medical guidance, such as the following.
(1) “There is no risk of seizure” in the Act is usually interpreted as “the risk is considerably low” rather than “the risk of seizure is zero”.
(2) Even after seizures has not occurred for 2 years, instruct the patient not to drive during periods when the risk of seizure relapse is judged medically to be high, such as after changing antiepileptic drugs, under poor physical condition, or lack of sleep.
(3) When epilepsy is newly diagnosed or when seizure relapses after a certain seizure-free period, even if the patient still retains the driver’s license, he/she is in “a state of not able to drive normally”. Therefore, advise the patient not to drive for 2 years.
(4) At the first attack which is not diagnosed as epilepsy, instruct the patient not to drive for a certain period (for example, 6 months).

For reference
According to the revised Road Traffic Law and operation standards enforced on June 1, 2014, a driver's license is permitted if a patient with epilepsy meets the prescribed conditions. Whether a license is issued is determined by the Public Safety Commission based on a doctor's medical report or a special fitness screening. Regarding epilepsy and driver's license, there is a detailed comment in the Q&A regarding the revised Road Traffic Act on the website of the Japan Epilepsy Society. If there is any question, contact the “Inquiry Desk for Fitness of Driving” installed in prefectural driver's license centers, or
recommend patients to consult the driver's license center.

From 2014, when a patient is diagnosed to be in a state subject to denial of driver's license provided by the Operation Standards of the Road Traffic Act, and the patient is found to possess a driver's license and is actually driving, it is possible to report the case to the Public Safety Commission on a voluntary basis. Regarding notification, the Japan Epilepsy Society (Table 2) and the Japan Medical Association have published notification guidelines1–3).

Table 1. Criteria for permission or denial of license related to specific diseases.

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<th>(1) License is not denied in the following cases.</th>
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<td>A. If no seizure has occurred within the past 5 years, and a doctor has made a diagnosis to the effect that “there is no risk of seizure occurring in the future”</td>
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<td>B. If no seizure has occurred within the past 2 years, and a doctor has made a diagnosis to the effect that “there is no risk of seizure occurring in the next x years”</td>
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<td>C. If, after 1-year follow-up, a doctor has made a diagnosis to the effect that “seizure is limited to simple partial seizure without impaired consciousness or movement, and there is no risk of worsening of symptoms in the future.”</td>
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<td>D. If, after 2-year follow-up, a doctor has made a diagnosis to the effect that “seizure only occurs during sleep, and there is no risk of worsening of symptoms in the future.”</td>
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<th>(2) In the case that a doctor has made a diagnosis to the effect that “it is expected that a diagnosis corresponding to (1) above can be made within 6 months,” license shall be withheld or suspended for 6 months. (Based on the diagnosis of a doctor, if it is recognized that a withholding or suspension period shorter than 6 months is sufficient, that period shall be set as the withholding or suspension period)</th>
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<td>During the period of withholding or suspension, issue order to take fitness screening or submit medical report.</td>
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<td>① When the result of fitness screening or the medical report is consistent with (1) above, license is not denied.</td>
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<td>② If the content is “Eventually, a diagnosis corresponding to (1) above cannot be made, but because there was a special circumstance of ○ ○ during the period, it is expected that a diagnosis corresponding to (1) above can be made within another 6 months”, then the license shall be withheld or suspended for another 6 months. (Based on the diagnosis of a doctor, if it is recognized that a withholding or suspension period shorter than 6 months is sufficient, that period shall be set as the withholding or suspension period).</td>
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<td>③ For other cases, the license shall be denied or cancelled.</td>
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<td>(3) For other cases, the license shall be denied or cancelled.</td>
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<td>(4) For cases corresponding to item (1) (A) above, a special fitness screening test shall be conducted after a certain period (x year).</td>
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| (5) The Japan Epilepsy Society currently expresses the opinion that at this point in time, except those who have had no seizures related to epilepsy without medication for the past 5 years and no risk of relapse in the future, usually persons with epilepsy do not have the fitness for the licenses to drive mid-sized vehicles [except mid-sized vehicles (limited to 8 t)] and large vehicles, and for class II license. When persons corresponding to this category apply for these licenses or apply for renewal, even they are not subject to ruling as in (2) and (3) above, they should be given explanation of the opinion and recommended to reconsider the license application or renewal application for the time being, and to utilize the application revocation system.
Table 2. Japan Epilepsy Society Legal Issue Committee. Guideline on doctor’s notification for epilepsy

(1) If a patient is diagnosed as in a state subject to denial of a driver’s license shown in the Operation Standards of the Road Traffic Act, and if the patient is found to possess a driver’s license and is actually driving, try to persuade the patient not to drive.

(2) Explain to the patient the possibility that when applying or renewing a driver’s license, if the patient is diagnosed as in a state subject to denial of a driver’s license shown in the Operation Standards, the Public Safety Commission will refuse, cancel, withhold or suspend the license. Also, recommend the patient to report the symptoms accurately to the Public Safety Commission. Explain that if he/she intentionally conceal symptoms that interfere with driving or acquires/renews the license by making a false declaration, it is possible that he/she will be penalized for violation of the Road Traffic Act (penal provision: imprisonment up to 1 year or a fine of up to 300,000 yen).

(3) In the case that the risk of traffic accident caused by a patient is judged to be extremely high (for example, the risk is considered high if, in addition to the number of seizures, there is a history of traffic accidents or irregular drug taking), and the patient is found to be actually driving despite sufficient persuasion to stop driving, assess the situation comprehensively and consider notification to the Public Safety Commission. However, when submitting a notification, pay close attention to avoid damaging the doctor-patient relationship, with the result that the patient avoids reporting his/her medical condition accurately or receiving proper medical care.

(4) Refer to the guidelines of the Japan Medical Association for specific notification procedures to the Public Safety Committee.