

DRIVING AND TRANSPORT

When a person with epilepsy wishes to drive for the first time the normal application form must be completed in full. A further form will be sent to the applicant requesting details about the epilepsy and information will be requested from the applicant's doctor.

A driving licence will be issued providing all normal requirements are fulfilled and the applicant has been completely free of seizures for one year providing they are not likely to be a source of danger to the public.

What if seizures only occur during sleep?

A licence can be granted to an applicant who continues to have seizures providing they only occur during sleep and three years have elapsed since this pattern was established. Applicants must also be fit to drive without being likely to be a source of danger to the public. The licence granted will be a renewable three year licence.

Precautions for drivers with epilepsy.

The performance of any driver can be affected by tiredness, time of day, medication taken for other minor ailments etc. The driver with epilepsy is often more sensitive to such factors and so should take special care. The following precautions are advised:

- 1) Avoid driving when tired for many hours at a time.
- 2) Do not go for long periods without food or sleep (especially when driving at night or on motorways).
- 3) Avoid driving if medication has been missed.
- 4) Do not drive while medication is being altered, reduced or discontinued, until recommended by your GP to start again.
- 5) Avoid driving if suffering the side-effects of medication which impairs your performance in driving.
- 6) Do not drink alcohol before driving - even small amounts can interfere with medication and affect your driving ability
- 7) If sensitive to the flicker effect between shade and sunlight good quality sunglasses may help lessen the effect.

Seizure Recognition and First Aid

Could it be epilepsy?

Only a physician can say for certain whether or not a person has epilepsy. But many people miss the more subtle signs of the condition and therefore also miss the opportunity for early diagnosis and treatment. The symptoms listed below are necessarily indicators of epilepsy, and may be caused by some other, unrelated condition. However, if one or more is present, a medical check-up is recommended.

- * Periods of blackout or confused memory.
- * Occasional "fainting spells" in which bladder or bowel control is lost, followed by extreme fatigue.
- * Episodes of blank staring in children; brief periods when there's no response to questions or instructions.
- * Sudden falls in a child for no apparent reason.
- * Episodes of blinking or chewing at inappropriate times.
- * A convulsion, with or without fever.
- * Clusters of swift jerking movements in babies.

We have more than 2000 reasons for writing this pamphlet for you. That's how many Maltese have epilepsy (seizure disorders). You may see several of them in a day, and not even know it. People with epilepsy look just like everyone else except when they have a seizure. Even though you might not recognise what you were seeing.

You might not know that the actions or movements taking place were being caused by a temporary medical condition. The lack of knowledge might lead you to take actions that you, and the person with epilepsy, might later regret.

If you are someone who deals frequently with the public, and if you have not been taught first aid for seizures, this short summary should help you recognize a seizure when it happens, and know how to give basic first aid ... if it's needed.

What is epilepsy?

Epilepsy is a common neurological condition. It is the general term for more than 20 different types of seizure disorders produced by brief, temporary changes in the normal functioning of the brain's electrical system. These brief malfunctions mean that more than the usual amount of electrical energy passes between cells. The sudden overload may stay in just one small area of the brain, or it may swamp the whole system. Of course, you can't see what's happening inside a person's brain. But you can see the unusual bodily movements, the effects on consciousness, and the changed behavior that the malfunctioning areas are producing. These changes are what we call seizures.

A single seizure may be caused by a number of health conditions. In addition to these, about one person in 100 has recurring seizures, known as epilepsy. Epilepsy in adults may be the results of head injury - often from auto accidents - or may date from their childhood years. Epilepsy is not contagious at any age. Recognition of seizure disorders and knowledge of first aid is important because it is very easy to mistake some seizures for some other condition.

A generalized tonic clonic seizure is a convulsion. But it may look like a heart attack, and CPR techniques may be used when they are not necessary. A period of automatic behavior may be interpreted as being drunk or high on illegal drugs. The fact that a

person undergoing this kind of seizure may have phenobarbital (an anti-epileptic drug) with him adds to the confusion.

Types of seizure

Seizure disorders take several forms, depending on where in the brain the malfunction takes place and how much of the total brain area is involved. Generalized tonic clonic seizures are the ones which most people generally think of when they hear the word 'epilepsy'.

In this type of seizure the person undergoes convulsions which usually last from two to five minutes, with complete loss of consciousness and muscle spasms. Absence seizures take the form of a blank stare lasting only a few seconds. Partial seizures produce involuntary movements of arm or leg, distorted sensations, or a period of automatic movement in which awareness is blurred or completely absent.

Since these seizure disorders are so different in their effects, they require different kinds of action from the public. Some require no action at all. The fold-out section of this pamphlet describes in detail, and how to handle each type. It's being produced in this form to encourage posting on staff bulletin boards or other places where it can easily be seen by people who meet the public.

First aid for seizures in special circumstances.

Although the fold-out chart inside this pamphlet gives information on basic first-aid for a generalized tonic clonic (convulsive) seizure, there are some special circumstances in which additional steps should be taken.

A seizure in water

If a seizure occurs in the water, the person should be supported in the water with the head tilted so his face and head stay above the surface. He should be removed from the water as quickly as possible with the head in this position. Once on dry land, he should be examined and, if he is not breathing, artificial respiration should be begun at once. Anyone who has a seizure in water should be taken to an emergency room for a careful medical checkup, even if he appears to be fully recovered afterwards. Heart or lung damage from ingestion of water is a possible hazard in such cases.

A seizure in an airplane.

If the plane is not filled, and if the seat arms can be folded up, passengers to the left and/or right to the affected person having the seizure can be helped to lie across two or more seats, with head and body turned on one side.

Once consciousness has fully returned, the person can be helped into a resting position in a single reclining seat. If there are no empty seats, the seat in which the person is sitting

can be reclined, and once the rigidity phase has passed, he can be turned gently while in the seat so that he is leaning towards one side.

Pillows or blankets can be arranged so that the head doesn't hit unpadded areas of the plane. However, care should be taken that the angle at which the person is sitting is such that his airway stays clear and breathing is unobstructed.

A seizure on a bus

Ease the person across a double or triple seat. Turn him on his side, and follow the same steps as indicated above. If he wishes to do so, there is no reason why a person who has fully recovered from a seizure cannot stay on the bus until he arrives at his destination.

Is an emergency room visit needed?

An uncomplicated convulsive seizure in someone who has epilepsy who has not a medical emergency, even though it looks like one. It stops naturally after a rest period, and may need only a limited assistance, or no assistance at all in getting home.

However, occasionally a seizure will fail to stop naturally and as noted earlier, there are some several medical conditions other than epilepsy that can cause seizures. These include: Diabetes, poisoning, brain infections, hypoglycemia, heat exhaustion, high fever, pregnancy, head injuries.

When seizures are continuous or any of these conditions exist, immediate medical attention is necessary. The following are some suggestions to help people with epilepsy avoid unnecessary and expensive trips to the emergency room and to help you decide whether or not to call an ambulance:

No need to call an ambulance

1. If medical I.D. jewelry or card says "epilepsy" and
2. If the seizure ends in under five minutes, and
3. If consciousness returns without further incident, and
4. If there are no signs of injury, physical distress, or pregnancy.

An ambulance should be called

1. If the seizure has happened in water.
2. If there's no medical I.D., and no way of knowing whether the seizure is caused by epilepsy.
3. If the person is pregnant, injured or diabetic.
4. If a seizure continues for more than five minutes.
5. If a second seizure start shortly after the first has ended.
6. If consciousness does not start to return after the shaking has stopped.

7. If the ambulance arrives after consciousness has returned, the person should be asked whether the seizure was associated with epilepsy and whether emergency room care is wanted.

For law enforcement Officers:

