Counseling Epilepsy Patients on Driving and Employment



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KEYWORDS

- Driving Employment Automobile Disability Work Accidents Licensure
- Unemployment

KEY POINTS

- Driving and employment are among their major concerns for people with epilepsy. Physicians are involved as health care providers, as advisors to people with epilepsy, and as consultants to employers and regulatory authorities.
- For people with seizures, the seizure-free interval is the key standard in determining licensure to drive, and generally varies from 3 to 12 months in the United States.
- Clinicians neither grant nor suspend driving privileges; this is the sole legal prerogative of the state. Physicians should counsel patients regarding the risks associated with driving and epilepsy and the applicable driving laws in their state.
- For people with seizures, most jobs, with reasonable accommodation by employers, are suitable. Categorical or blanket prohibitions to employment for seizures are generally not legal in the United States.
- Federal protections through the Americans with Disabilities Act confer civil rights protection by law on people with disabilities such as epilepsy and have opened more employment opportunities for people with epilepsy.

INTRODUCTION

Epilepsy is more than just a medical condition; it is also a serious social disorder. Seizures may limit an individual's productive participation in society. Such epilepsyrelated social problems are emphasized in the recent comprehensive report from the Institute on Medicine entitled, *Epilepsy Across the Spectrum: Promoting Health and Understanding*. Indeed, social and culture challenges for people with epilepsy

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Neurol Clin 34 (2016) 427–442 http://dx.doi.org/10.1016/j.ncl.2015.11.005 are not new. In ancient times, epilepsy and seizures were attributed to supernatural forces or demonic possession. ^{1,2} Nevertheless, today in many societies and cultures, persisting public misconceptions and stigmas about epilepsy and seizures limit opportunities. Without a doubt, people with epilepsy specifically identify social consequences of epilepsy and seizures, particularly problems with driving and employment, among their major concerns (Fig. 1).^{3,4} Moreover, because epilepsy-associated social problems contribute to psychological comorbidities, including depression and anxiety, they also negatively quality of.⁵ Physicians and other medical providers do not always recognize these problems. This article specifically addresses driving and employment for people with epilepsy to offer guidance for physicians and other medical providers regarding counseling of patients with seizure disorders and their families.

DRIVING

In the United States and many other countries, driving a car is critical to such key aspects of modern life as employment, socialization, and self-esteem.^{6,7} Physicians are involved in the issues regarding driving and seizures in many ways: as health care providers, as advisors to people with epilepsy, and as consultants to regulatory authorities. Unfortunately, evidence indicates that patients with seizures are often not properly counseled by medical providers about rules and regulations regarding driving.^{8,9}

Background

Despite the desire and necessity of many individuals with epilepsy to drive, seizures while driving pose risks for crashes that may result in property damage, injuries, and even deaths.^{6,7} Factors such as duration of seizure freedom help predict the risk for crashes. Therefore, in the United States and most other countries, people with controlled epilepsy are permitted to drive, but only after review by regulatory authorities and with legal restrictions and monitoring.^{6,7}

Epilepsy poses some driving risk, but that risk is limited, somewhat predictable, and relatively small compared with other causes of crashes, like alcohol.^{6,7} For instance,

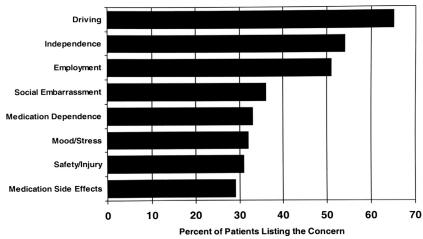


Fig. 1. Concerns noted by individuals with epilepsy. (*Adapted from* Gilliam F, Kuzniecky R, Faught E, et al. Patient-validated content of epilepsy-specific quality-of-life measurement. Epilepsia 1997;38:235.)

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