



ONE LEVEL OF SAFETY
80 Years and Counting

FAA Aeromedical Hot Topics

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Overview

- ▶ Aeromedical Office
- ▶ FAA DUI Policy
- ▶ Sleep Apnea
- ▶ Antidepressant Medications
- ▶ Falsification / Failure to Report
- ▶ Recommended Actions for Pilots

Aeromedical Office

- ▶ Serving ALPA since 1969
- ▶ Full-time staff of 16+
- ▶ Physician staff - 7 Aerospace Med certified
 - Former AME's - Surrendered FAA designation
 - Strictly CONFIDENTIAL Communications
 - Telephone access - rapid, expert, familiar
 - No physical exams, not treating physicians
 - FAA and company liaison for pilots
 - 2 MD's interacting w/ ALPA staff/committees

DUI Reporting Requirements

- ▶ FAA Form 8500-8 Medical Application
 - Changed October 2008
 - 18v. Added “arrests”
 - EVER in a lifetime
 - Includes admin actions or education classes
- ▶ Many previous “NO” are now “YES”
- ▶ FAR 61.15 Security Div report SEPARATE

FAA DUI Policy - AME Guide

- ▶ First time event “usually” not deferred
- ▶ Must include:
 - Details of arrest, conviction or admin action
 - Date of actions
 - Name of state or jurisdiction involved
- ▶ More than 5 years
- ▶ AME determines no abuse or dependence

FAA Policy - Recent New Event

- ▶ First time report Less Than 5 Years requires:
 - All previous documents
 - Detailed history for all events
 - Police / arrest records
 - Court records (including military)
- ▶ AME determination - No abuse / dependence

AME Actions - Deferral Criteria

- ▶ AME MUST Defer for :
 - 3 events in lifetime
 - 2 events in 10 years
 - BAC ≥ 0.15
 - Refusal to provide sample
- ▶ AME MAY Defer anytime
 - Suspicion of Abuse or Dependence

AME Actions - Real Life

AMEs DEFER for almost any DUI

- ▶ FASMB Fall 2009 Guidance
- ▶ Increase scrutiny of AME performance
- ▶ AME lack time/willingness to explore
- ▶ Pilots fail to provide records within 14 days
- ▶ Previous NO's are now YES's

Pilot Documentation

- ▶ Detailed Personal history of past / present patterns of alcohol or drug use
- ▶ DMV records - all licensed states 10 years
- ▶ Court and arrest records
- ▶ Substance Abuse Evaluation -
Addictionologist familiar w/ aviation stds
 - Definitive determination

Evaluations

Fully Qualified Evaluator

- ▶ Review of all documents sent to FAA
- ▶ Collateral Resources
- ▶ Screening and testing tools
- ▶ Medical records*
- ▶ Lab reports*
- ▶ Psychological testing*

What We See

- ▶ AMEs DEFER nearly every DUI
- ▶ AMEs may inappropriately ground pilots
- ▶ Pilots without medical for 4-12 weeks
 - Superficial evals / Inadequate credentials
 - Non-specific recommendations
 - Scheduling eval/Processing time/ Case load
- ▶ FAA may require RX even w negative eval
 - “Aeromedical standards”

Sleep Apnea

▶ Common -

- 4 - 7 % adults, 70% for obese adults

▶ Dangerous

- Blood pressure, heart attack, stroke, headaches
- Fatigue, reduced cognition/attention
- Six times increased risk of MVAs
- Feb 2008 GO! Flt 1002 (NTSB SEA08IA080)

Sleep Apnea - Recognition

► Symptoms

- Snoring - Stop Breathing > 10 sec
- ↓ Concentration, Memory, Thinking
- Daytime sleepiness, fatigue, naps
- Headaches, Irritability

► Diagnosis

- Polysomnogram (sleep study)

Sleep Apnea - Treatment

- ▶ Behavioral Changes*
 - Sleep position, environment, weight loss
- ▶ Medications*
- ▶ Dental Devices
- ▶ Surgery
- ▶ CPAP (continuous positive airway pressure)

Sleep Apnea - FAA Policy

- ▶ DQ if/when diagnosed by sleep study
- ▶ Waiver (SIA) Requires:
 - Normal PSG
 - Normal MWT*
 - Summary from physician
 - Compliance data*
- ▶ Annual recertification

Potential Future OSA Initiatives

- ▶ AME's check BMI & Neck circumference
- ▶ Questions on FAA medical application
- ▶ Screening for pilots at high risk
- ▶ Enhanced pilot education and guidance
- ▶ Drop MWT req't - Add compliance data
- ▶ AME education module at seminars

Antidepressants

- ▶ Previously prohibited - min. 90 day wait
- ▶ April 5, 2010 - New Policy
 - Prozac, Zoloft, Celexa, Lexapro (SSRI's)
 - Minimum 12 months on single medication
 - Care from psychiatrist
 - Limited diagnoses considered
 - Extensive neurocognitive testing required
 - HIMS AME sponsorship
- ▶ Canada has limited use for years

Antidepressants - “Amnesty”

- ▶ FAA recognition of clandestine use
- ▶ Falsification penalties
 - Revocation of all certificates (pilot/medical)
 - One year wait before applying
 - Possible \$250,000 fine (DOJ)
 - Possible 5 year jail time (DOJ)
- ▶ Amnesty window closed 30 Sept 2010

Allowed Diagnoses

- ▶ Major Depressive Disorder - single
- ▶ Major Depressive Disorder - recurrent (mild or moderate)
- ▶ Dysthymic Disorder
- ▶ Adjustment Disorder
- ▶ ? Other conditions

DQ Diagnoses

- ▶ Psychoses
- ▶ Suicidal Ideation
- ▶ History of electroconvulsive therapy
- ▶ Use of multiple concurrent antidepressants
- ▶ Prior use of other psyche drugs w/ SSRI's

Testing & Documentation

- ▶ CogScreen - Aeromedical Edition
- ▶ Cognitive, intelligence, personality, others
- ▶ Personal statement
- ▶ Endorsement by Chief pilot (121 and 135)
- ▶ Psychiatrist records and summary
- ▶ HIMS trained AME sponsor
- ▶ Annual requirement

Recommendations - DUI

- ▶ Report alcohol related events ASAP
 - Aeromedical Office
 - AME???
 - FAA S & I Div, AMC-700 per FAR 61.15
- ▶ Collect all documents
- ▶ Schedule eval quickly if meeting criteria
- ▶ Submit BEFORE medical exam is due

Recommendations - OSA

- ▶ If concerned, get evaluation
 - “Never felt better...Miracle...Never knew”
- ▶ If diagnosed, get treatment
 - CPAP most effective, others OK / augment
 - Collect all records, schedule MWT
 - Compliance capable CPAP device
- ▶ Get to FAA *fast*, requires waiver

Recommendations - SSRIs

- ▶ If able to go off medications, DO SO
- ▶ If not able to go off meds and concealing, do not expect “non-prosecution”
- ▶ If stable on single allowed medication, have review of medical history before testing
- ▶ Consult trained MD for coordination of eval

Questions?

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