FAA Hot Topics

Cessna/NBAA Single-Pilot Safety Standdown 2010

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Overview

- FAA DUI Policy
- Sleep Apnea
- Antidepressant Medications
- Falsification / Failure to Report
- Recommended Actions for Pilots
FAA 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
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 last 10 years
- Court and arrest records not previously provided
- Substance Abuse Evaluation – Addictionologist familiar with aviation standards
  - Definitive determination
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 weeks / months
  - Superficial evaluations / Inadequate credentials
  - Non-specific recommendations
  - Scheduling eval / Processing time / Case volume
- FAA may require RX even with 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

• 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
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?

Aviation Medicine Advisory Service

www.Aviationmedicine.com

1-866-AEROMED (237-6633)
9800 S. Meridian Blvd., Suite 125
Englewood, CO 80112
One DUI > 5 years ago

- AME should obtain detailed history of alcohol use and the circumstances of all alcohol-related incidents.

- AME may issue if the history and the exam do not indicate a substance abuse or dependence problem.
One DUI < 5 years ago

If BAC < .15, then:

• Detailed history of alcohol use and the circumstances of all alcohol-related incidents.
• Court records (Investigative Report, Evaluation, and Treatment/Education Reports).

AME may issue if examiner determines this information and the exam do not indicate a substance abuse or dependence problem.
One DUI < 5 years ago

If BAC > .15 or REFUSAL $\rightarrow$ AME defers

AMCD will additionally ask for:

- Driver’s license records for last 10 years
- *Substance Abuse Evaluation to FAA specs (SAE)*
- Possibly CBC, liver enzymes, etc.

If BAC very high (≥.20) and/or associated degree of impairment suggest tolerance $\rightarrow$

*Substance Abuse P&P required instead of SAE*
Additional DUI Deferral Criteria

- 3 arrest(s), conviction(s), and/or administrative action(s) within a lifetime.

- 2 arrest(s), conviction(s), and/or administrative action(s) within the previous 10 years.
Two DUI's

- Specifically DQ for 2 years (all classes)
- Traditionally get Substance Abuse Eval Certify @ AMCD if favorable
- Newer trend is to evaluate more closely
  - Airman statements re alcohol use and incident
  - Court records with BACs
  - All evaluation & treatment records
  - DMV records for all states in which DL held
Substance Abuse Eval Specs

- Professional with special training in diagnosis and/or treatment of addiction

- Includes:
  - Certified substance abuse counselors
  - Psychologists and psychiatrists
  - Physicians w/ training in addiction disorders
  - Members of ASAM
Substance Abuse Eval Specs

- Personal
- Social
- Legal
- Occupational
- Medical
- Economic
- Interpersonal Adverse Effects & Others
Substance Abuse Eval Specs

• Additional Factors
  – Tolerance
  – Withdrawal
  – Loss of Control
  – Preoccupation with Use
  – Continued use Despite Adverse Consequences
Sub Abuse Psychiatric & Psychological Eval

• Wechsler Adult Intelligence Scale – Revised
• Minnesota Multiphasic Personality Inventory

• Three or more of the following tests:
  ▪ Cognitive function (TMT, Category, WMS, Rey)
  ▪ Projective Test (Rorschach, Sentence Completion)
  ▪ Personality inventory (Neo-R, MDMI)
  ▪ Symptom Screening (Beck, MAST, etc)
3 DUI’s

- First Class
  - Full Substance Abuse P&P
  - Review by FAS office mandatory

- Second & Third Class
  - Substance Abuse P&P
  - May certify at AMCD
  - Usually goes to FAS for Review