Mental Fitness to Fly: Pathway to Psychiatric Certification

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Disclosure Information

- No off-label med use and/or investigational
Agenda

• Introduction
  • How did we get here?? (& f/u to BasicMed question)

• Regulatory policies on mental health
  • Depression is not specifically DQ’ing? Huh?

• Key components of mental status exam

• What is issuable & what is not
  • Simplifying & demystifying the SSRI puzzle

• Conclusion
Objectives

• Understand the conceptualization of mental health from aviation regulatory definitions
• Review the psychiatric portion of the flight physical
• Understand the SSRI Decision Paths
Follow-up to BasicMed question

- Can a person obtain BasicMed with a DUI?
- Technically, yes, here’s why, but… what are the BasicMed Guidelines??

Advisory Circular

U.S. Department of Transportation
Federal Aviation Administration

Subject: Alternative Pilot Physical Examination and Education Requirements
Date: 1/9/17
Initiated by: AFS-800
AC No: 68-1
Change:
CHAPTER 8. SPECIAL BASICMED REQUIREMENTS FOR CERTAIN MEDICAL CONDITIONS

8.1 General. BasicMed contains several provisions that require specific actions for individuals who have mental, cardiac, or neurological health conditions.

8.2 Special Issuance Medical Certificates Required. For certain conditions, a person wishing to exercise BasicMed must complete the process for obtaining an Authorization for special issuance of a medical certificate in accordance with § 68.9. The person is required to obtain only one special issuance medical certificate for each condition, and may subsequently exercise BasicMed. Persons who have, or are newly diagnosed with, a cardiovascular, neurological, or mental health condition described in FESSA, may not use BasicMed until they have been found eligible for special issuance of a medical certificate. Once issued a medical certificate, the person may then use BasicMed if they meet all other requirements of FESSA. These conditions are listed below:

8.2.1 A mental health disorder, limited to an established medical history or clinical diagnosis of any of the following:

1. Personality disorder that is severe enough to have repeatedly manifested itself by overt acts.
2. Psychosis, defined as a case in which an individual:
   - Has manifested delusions, hallucinations, grossly bizarre or disorganized behavior, or other commonly accepted symptoms of psychosis; or
   - May reasonably be expected to manifest delusions, hallucinations, grossly bizarre or disorganized behavior, or other commonly accepted symptoms of psychosis.
3. Bipolar disorder.
4. Substance dependence within the previous 2 years, as defined in part 67, § 67.307(a)(4).
FAA: Substance Dependence

- A condition in which a person is dependent on a substance, other than tobacco or ordinary xanthine-containing (e.g., caffeine) beverages, as evidenced by….

- (1 or more of the following)
FAA: Substance Dependence (cont.)

- Increased tolerance
- Withdrawal symptoms
- Impaired control of use
- Damage to physical health
- Impairment of social / personal / occupational functioning
8.3 BasicMed Prohibitions for Persons with Mental Health Conditions.

8.3.1 Section 68.9(c)(1)(i) prohibits an individual with a clinically diagnosed mental health condition from exercising BasicMed privileges if, in the judgment of the individual’s state-licensed medical specialist, the condition:

1. Renders the individual unable to safely exercise BasicMed privileges; or
2. May reasonably be expected to make the individual unable to exercise BasicMed privileges.

8.3.2 Section 68.9(c)(1)(ii) prohibits a person from exercising BasicMed privileges if the person’s driver’s license is revoked by the issuing agency as a result of a clinically diagnosed mental health condition.

8.4 BasicMed Prohibitions for Persons with Neurological Health Conditions. Under § 68.9(c)(1), an individual with a clinically diagnosed neurological condition may...
Human Intervention Motivation Study (HIMS)

HIMS is specific to commercial pilots and coordinates the identification, treatment and return to the cockpit of the pilot with an alcohol and/or drug problem.
Occupational Alcohol Addiction Treatment Program (1970s)

Drugs of Abuse

4 SSRIs (2010)
- Citalopram
- Escitalopram
- Sertraline
- Fluoxetine

HIMS today (2016)

Alcohol / Drug Monitoring

SSRI Protocol
What is disqualifying?

- Specifically disqualifying All Classes: 14 CFR 67.107(a), 67.207(a), and 67.307(a)
  - Personality disorder that is severe enough to have repeatedly manifested itself by overt acts
  - Bipolar disorder
  - Psychosis
FAA Definition of Psychosis

• Delusions
• Hallucinations
• Grossly bizarre / disorganized behavior
• Other commonly accepted symptoms
• May be reasonably be expected to manifest any of the above
So.. why isn’t depression specifically disqualifying??

- “Depression” per se is not, sort of…
- Allows for AME discretion
- Depressive disorders are “covered” under “Other” mental health conditions
Specifically disqualifying **All Classes: 14 CFR 67.107(c), 67.207(c), and 67.307(c)**

- No other personality disorder, neurosis, or other mental condition that [...]:
  - Makes the person unable to safely perform the duties or exercise the privileges of the airman certificate applied for or held; OR
  - May reasonably be expected, [to manifest the above for the medical certificate duration]
When you get into the details… (Part 1/3)

- Must be denied / deferred:
  - Bipolar
  - Psychosis
  - Personality disorder
  - Substance abuse
  - Substance dependence
  - ADHD
  - Suicide attempt
When you get into the details… (Part 2/3)

• “May also warrant denial or deferral”:
  • Adjustment disorder
  • Bereavement
  • Dysthymic state
  • Minor depression
  • Psychototropic meds for nicotine cessation
When you get into the details… (Part 3/3)

• What about mental disorders secondary to a medical condition, that lead to a cognitive deficit?
  • May not involve psychosis
  • “Considered” disqualifying but…
  • …if caused by trauma or toxins, may not be disqualifying
My take…

- Delegates authority to AME in instances of adjustment disorders / other
- If on an SSRI, med trumps diagnosis
  - Even for adjustment disorders
  - Flexibility to apply for non-depressive disorders using SSRI Tx
AME may issue IF…

- Stable, resolved, no thought disturbance, one episode; no meds OR med < 6 mo. duration and discontinued > 3 mo ago

- Applies to:
  - Adjustment disorders
  - Bereavement
  - Dysthymic states
  - Minor depression

- Meds / nicotine cessation
  - DC’d > 30 days ago & no side effects
Psychiatric Portion of 8500

- General impression
  - Emotional stability & mental state
- NOT a psychiatric exam
Mental status guidelines aka tips from an aerospace psychiatrist-FS

- Establish rapport / alliance
- General observations
  - Appearance, behavior, mood, communication, memory, cognition
- Not rocket science!
- Document block 60
  - Quote / paraphrase / theme(s)
FAA Policy on Antidepressant (AD) Therapy

**SSRI Decision Path - I (Updated on 03/29/2017)**

- **Airman/FAA ATCS is on SSRI**
  - Elects to continue use of SSRI
    - AME notes in Block 60 and defers issuance
      - Is SSRI Fluoxetine (Prozac) or Escitalopram (Lexapro) or Sertraline (Zoloft) or Citalopram (Celexa)?
        - No
          - Advise NOT Acceptable
        - Yes
          - See SSRI Decision Path - II
    - After 60 days off SSRI with favorable report from treating physician of stable mood, Airman/FAA ATCS may apply for regular issuance

**SSRI Decision Path – II (HIMS AME – INITIAL Certification/ Clearance) (Updated 03/29/2017)**

- **Airman/FAA ATCS is on:**
  - Fluoxetine (Prozac) or Escitalopram (Lexapro) or Sertraline (Zoloft) or Citalopram (Celexa)
    - On SSRI more than 6 months?
      - No
        - Advise NOT Acceptable and DEFER Requires FAA decision:
          - Send airman material and exam to AAM-240 Washington, DC (address listed on the checklist).
          - Send FAA ATCS material and exam to the referring RFS office.
      - Yes
        - HIMS AME should Review all material, conduct detailed evaluation, and follow the HIMS AME Checklist – SSRI INITIAL Certification sheet.
          - Send all documents for INITIAL review to the FAA:
            - Send airman information to AAM-240 Washington, DC (address listed on the checklist).
            - FAA ATCS information to the referring RFS office.
          - FAA Decision
        - For airmen, the AME must defer, not issue.
        - For FAA ATCS, the HIMS AME does not perform the exam.
Simplifying the AD “sticky wicket” (1 of 2)

• Only 4 SSRIs authorized, no others. Period.
  • Citalopram, escitalopram, fluoxetine, sertraline

• Any Hx of depression treated with any AD (even if stopped) \(\rightarrow\) DEFER
  • For sure if AD Tx > 6 mo.
  • If < 6 mo, consider adjustment d/o (only possible exception to issue)
Simplifying the AD “sticky wicket” (2 of 2)

- If on SSRI but stops → DEFER
  - Note in block 60
  - Obtain psych evaluation p̄ 60 days
  - If favorable, apply for regular issuance

- If on SSRI for maintenance → DEFER
  - Minimum 6 mo. stable dose
  - Establish w/ HIMS AME (→ DEFER)

- Perform FAA CERTIFICATION AID – SSRI INITIAL Certification/Clearance
FAA CERTIFICATION AID - SSRI INITIAL Certification/Clearance

The following information is to assist your treating physician/provider who may be unfamiliar with FAA medical certification/clearance requirements. It lists the ABSOLUTE MINIMUM information required by the FAA to make a determination on a medical certificate for airman or clearance for FAA ATCS. You should strongly consider taking a copy to each evaluator so they understand what specific information is needed in their report to the FAA. If each item is not addressed by the corresponding provider, there may be a delay in the processing of your medical certification or clearance until that information is submitted. Additional information such as clinic notes or explanations should also be submitted as needed. All reports must be CURRENT (within the last 90 days) for FAA purposes.

<table>
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<tr>
<th>REPORT FROM</th>
<th>MUST SPECIFICALLY ADDRESS OR STATE THE FOLLOWING (SSRI INITIAL Certification/Clearance Evaluation)</th>
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| AIRMAN or FAA ATCS | 1. A typed statement, in your own words, describing your mental health history, antidepressant use, and any other treatment.  
At a minimum, you must include the following information:  
b. List all providers you have seen for any mental health condition(s) and dates.  
c. List all medications you have taken, dates they were started and stopped, whether they helped or not.  
d. List any other treatment(s) you have utilized, dates they were started and stopped, if they helped or not.  
e. List dates and locations of any hospitalizations due to any mental health condition. If you have not had any, that must be stated.  
f. Describe your current status: current medication dose, how long you have been on it, and how you function both on and off the medication.  
2. Sign and date your statement.  
3. Provide copies of all of your medical/treatment records related to your mental health history (to include any treatment records for past related symptoms where you were NOT on SSRI as well as from the date you began treatment to the present) and a sign two release forms* for the FAA to release a complete copy of your FAA medical file to your HIMS AME and to a board certified psychiatrist (if your treating physician is not a psychiatrist). *For ATCS release form information, contact your RFS office. |
| HIMS AME | 1. Evaluation MUST be a face-to-face, in person, and this must be noted in your report.  
2. Record review verification: Verify that you have reviewed (a) complete copy of the airman/FAA ATCS’s Agency medical file, (b) the treating physician and/or hospital reports (as required), and (c) psychosocial report (if any). |
FAA will require additional documentation:

- Personal statement
- All treatment records
- Summary letter from prescriber
- Psychiatry evaluation (or summary)
- Neuropsychological evaluation
  - HIMS-trained → Cogscreen
  - Additional tests if required
- Agreement to notify FAA of change in airman’s psychological status / stability
- Other documentation depending on Class
Occupational Alcohol Addiction Treatment Program (1970s)

Drugs of Abuse

4 SSRIs (2010)

Citalopram
Escitalopram
Sertraline
Fluoxetine

HIMS today (2016)

Alcohol / Drug Monitoring

SSRI Protocol
Mental Fitness to Fly: Pathway to Psychiatric Certification

• Disqualifying diagnoses
• FAA policy on depression
• Your observation is key!
• Understanding HIMS SSRI protocol
  • Preparing your airman for it
Questions & Discussion