Mental Fitness to Fly: Pathway to Psychiatric Certification

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Disclosure Information

• Salaried, staff physician, private academic medical center

• My perspective ≠ FAA

• Financial: Prior consulting for JetBlue (2013)

• No off-label med use and/or investigational
Objectives

• Understand the conceptualization of mental health from aviation regulatory definitions
• Define FAA standards on psychotropics
• Comprehend risk assessment / mitigation from regulatory standpoint, and differentiate clinical mismatches between stability and certification possibility
Agenda

• Why does it all matter?
• Conceptualization – beyond the CFRs
• Lifelines matter… really! (not to mention helpful or required)
• Cases cases cases
• Where do we go from here?
Go on the offense!
The triple-option flexbone (aka wishbone)

- Establish rapport
- Educate airman
- Transparency re: regulatory medicine
- Reverse malingering
- Open-mindedness
  - Keeping open differential
  - Diagnosis < risk categorization
  - General impression of emotional stability ★
Conceptualization

• Is there / has there been..
  • Problematic condition?
  • Disqualifying medication?
• How interfered with their lifestyle?
  • Flight incapacitation
• Red flags (psychosis → defer) ★
• If in doubt, trust your instinct
Case 1: Remote depression tx’d w/ meds

- 57 y/o male private pilot, last flew 1995
- Hx depression 2002
  - 8-9 mo on SSRI -> SNRI
  - No issues since
- Other medical history
- FHx: father Etoh abuse, mother hospitalized for depression
Case 1 Learning Points

• As AME, had little time, use of red flags
• Changed 8500 to consult only
• Ask for lifeline → confirm dx (and history of ?recurrent episodes)
• Return for flight physical & defer ★
• With recent use of SSRI DC’d 60 days ★ ago → defer
Case 2: Recurrent MDD on SSRI

- 37-year-old divorced father of 2, Caucasian male 737 United FO on escitalopram
- Phoned clinic highly stressed Oct 2015
- Hx ‘situational dysphoria’ 2007
- FHx
- DDx MDD vs adjustment d/o
- Referred for eval & tx
Does diagnosis matter??

- HIMS eval ~10-11 months later
- Escitalopram 20 mg >6 mo, seeing 2\textsuperscript{nd} therapist
- LRPV 0.0824
- Tx Dx: Resolved unspecified depression, resolved adjustment d/o
- My Dx: MDD, mild, recurrent, FR
Fast forward to today…

• 30 months on SSRI, full remission
• Desire to dc med (doc>pt), stressor of ex-wife remarrying
• Takeaways:
  • Airman self-grounded
  • Hx of lifetime sx reoccurrence / +Fhx
  • Separation of tx helped maintain objectivity
  • rMDD on med: ↓ risk, ↑ chance SI
Case 3: Grief reaction

• 36 y/o male ATP (previously Part 91, currently applying for single-pilot Part 135 operation w/ Beechcraft Premier)

• Hx of alprazolam & escitalopram

• Multiple stressors
  • Triggering: Brother’s suicide

• Anxiety: tense & uncomfortable
Case 3 (cont.)

- Anxiety subsided after leaving CA
  - Continued SSRI
- Somatic sx resolved w/ processing loss
- No substance abuse indications
- Ok to ask for emotional support
- Possibility to issue Class 1:
  - Stable, resolved, no thought disturbance, no recurrent episodes
  - Off meds ≥ 3 mo, on them ≤ 6 mo
Cases 4 & 5: ADHD referrals, 2 variations

• 24 y/o male student pilot business owner seeking 3\textsuperscript{rd} class
  • Hx ADHD NOS, ‘inattention’ concern
  • Concerta < 1 mo

• 17 y/o male seeking 1\textsuperscript{st} class eval
  • ADHD age 10
  • Bup 300+Adderall 10 x 3 yrs
  • Hx unsp anxiety w/ OCD features
Case 6: OCD (August Flight Physician)

- 53 y/o male previous commercial pilot
  hx OCD and depression, on SSRI
- Checking / thought obsessions
- Every time went off SSRI, eventually led to severe insomnia & wt loss
- 20 yrs on low dose fluoxetine/trazodone combo
- Early 2017 ↑ 40 mg, stopped trazodone
Case 6 (cont.)

- Chances of obtaining SI?
  - Recurrent sx when off SSRI
  - Depressive sx associated w/ OCD
  - Mild disease, functional

- Additional req’ts
  - CogScreen-AE LRPV: 0.5491

- What about ↑ to 40 mg?

- What about hx of trazodone usage??
Case 7: Is this where we’re headed? First-episode depression tx SSRI, flying on BasicMed

- 23 y/o female CFI seeking 1\textsuperscript{st} class
  - PHQ=19, GAD=13
- Self-grounded, melancholic depression
  - Feelings of failure/worthlessness
  - No SI, hopelessness, psychosis
- Fully resolved by 8-10 wks on SSRI
- Desiring BasicMed while awaiting HIMS
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
Questions & Discussion

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