



Mental Fitness to Fly: Pathway to Psychiatric Certification

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Objectives

- Understand the conceptualization of mental health from aviation regulatory definitions
- Define FAA standards on psychotropics
- Comprehend risk assessment / mitigation from regulatory standpoint

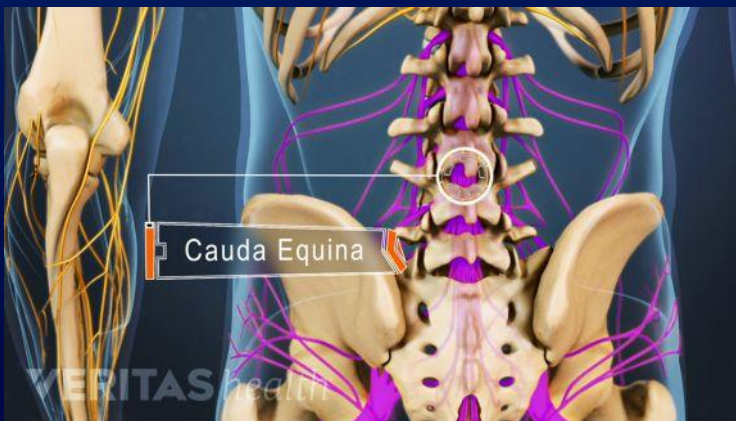


Agenda

- Why does it all matter?
- Conceptualization – beyond the CFRs
- Lifelines matter... really! (not to mention helpful or required)
- Cases cases cases



www.zamperla.com



www.spine-health.com

SOCIAL ANXIETY DISORDER: More Than Just Shyness



Are you extremely afraid of being judged by others?

Are you very self-conscious in everyday social situations?

Do you avoid meeting new people?

If you have been feeling this way for at least six months and these feelings make it hard for you to do everyday tasks—such as talking to people at work or school—you may have a **social anxiety disorder**.



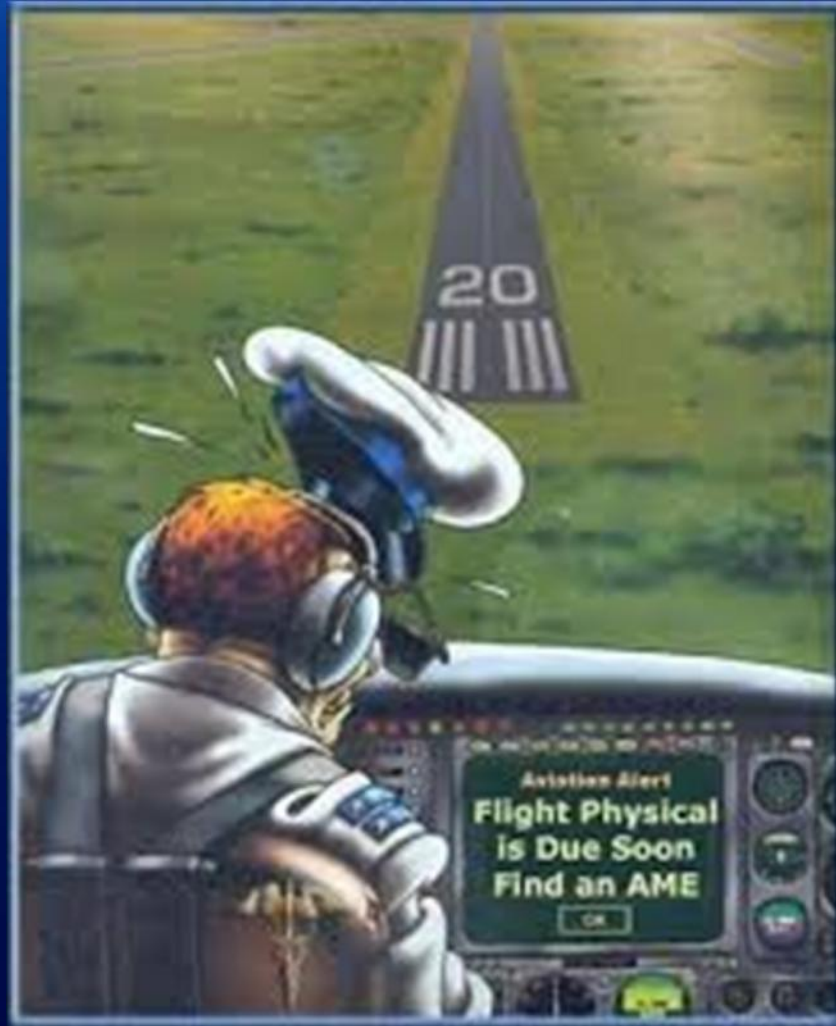
www.nimh.nih.gov

Antidepressants (CY 2018)

	Class 1	Class 2	Class 3	Total
SI	179	40	202	421
Deny	17	9	37	63
Processing	4	3	9	16
Totals	200	52	248	500

Diagnoses

- Depression 61%
- Anxiety 39%
- Major depression 12%
- Obsessive/compulsive 0.05%
- PTSD 0.02%
- Dysthymia 0.02%



www.flightphysical.com

The AME-Airman relationship

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



www.easa.europa.eu

Conceptualization

- Is there / has there been..
 - Problematic condition?
 - Disqualifying medication?
- How interfered with their lifestyle?
 - Flight incapacitation
 - “Functional” low risk
- Red flags (psychosis → defer) ★
- If in doubt, trust your instinct



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

Case of first-episode depression tx SSRI, flying on BasicMed

- 23 y/o female CFI seeking 1st 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 SI

Case of 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

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 of 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 2nd 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 of depression w/ psychotic features

- 30 y/o WM charter pilot, no previous psych hx, single episode psychotic depression requiring ECT to obtain remission
- Delusional (religious IOR)
- Suicidal with a gun to his head in his car & plan to kill himself with knives
- Mirtazapine, temazepam, risperidone tapered, on monotherapy fluoxetine 40 mg past 6 mo

Case of GAD

- 64 y/o WM Robinson R44 wanting 3rd class
- Escitalopram 10 mg x 9 mo, sx improved
- Hx remote (38 yrs) Etoh abuse
- LRPV=0.9999
- Stay on med? Return to flying??
 - to 5 mg

Case of social anxiety (and depression)

- 45 y/o single, NM, no children, WM, EC145 >6500 hrs, hx cauda equina referred for hx of worsened social anxiety
- No meds, weekly psychotherapy
- “Ready to RTW Doc!”

Case of panic requiring divert

- 31 y/o Caucasian male, never married, not in a relationship, no children, lives with roommate
- Class 1 / Part 135 / Beechjet
- Appy / seasonal AR
- Psych Hx neg
- No Meds
- BMI 43.4



www.avbuyer.com

Panic disorder??

- Flight from New York @ FL410
- First episode of “panic”
 - Heart racing in his face,
 - Possibly hyperventilating
 - Cabin pressurization intact
- Symptomatic improvement descending through FL280

ER Evaluation After Landing

- Heart rate 100
- Respiratory rate 18
- Pulse oximetry 95% on RA
- Blood pressure 150/104
- Non-fasting blood sugar of 114
- Discharge diagnosis: “palpitations, resolved”

The Rest of the Story...

- Blood pressure 113/95, pulse 95-100 & regular
- BMI 41.5 (overall 6-7 kg)
- CPAP 5 cm H₂O
- New dose of sertraline / no more therapy
- Behavioral observations
- Flying status?
 - Legal / ethical concerns

Two cases of PTSD

- 32 y/o WM EC145 (civ/guard), undid his 50% VA disability for PTSD (Kiowa)
- AME issued Class 2, 2 page letter to OKC → “Unable to establish”
- Normal adjustment rxn, kept cert



- 35 y/o WM MN ARTCC, 550 hrs PP, Ce210, instrument
- “Behavioral Health Emergency” at work
- Fear of dying / father’s death
 - Perfectionism/likely OCPD
 - Alcohol abuse vs dependence
 - PTSD w/ paranoid ideation

Cases of ADHD, 2 variations

- 24 y/o male student pilot business owner seeking 3rd class
 - Hx ADHD NOS, 'inattention' concern
 - Concerta < 1 mo
- 17 y/o male seeking 1st class eval
 - ADHD age 10
 - Bup 300+Adderall 10 x 3 yrs
 - Hx unsp anxiety w/ OCD features

Case of 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

Grief reaction (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

Case of OCD

- 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

OCD (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??



Questions & Discussion