



Mental Fitness to Fly: Pathway to Psychiatric Certification

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Disclosure Information

- Salaried, staff physician, private academic medical center
- My perspective \neq 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?




BREAKING NEWS



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 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 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 \geq 3 mo, on them \leq 6 mo

Cases 4 & 5: ADHD referrals, 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 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 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 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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