

AMAS

Aviation Medicine Advisory Service

FAA Medical Expertise -- Our Physicians...Your Solution!

Quarterly Aeromedical Newsletter

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In This Issue:

FAA Aeromedical Policy Update	1
President's Corner	2
Airman & Controller "Ask the Doc"	3
Medication Update	4
AMAS News	5
AMAS Spotlight	6

FAA Aeromedical Policy Update



FAA Policy & Personnel Update - Dr. Warren Silberman retired after a long, distinguished career as Manager, Aerospace Medicine Certification Division, FAA Civil Aeromedical Institute for the last 15 years. He worked closely with the physicians of AMAS and other aeromedical specialists, assisting countless airmen regain their medical certification. He will be missed and we wish him well in his next endeavors. His position has not been filled at the time of this writing, but Dr. Courtney Scott is currently the acting Manager.

Drs. Judith Frazier and Leigh Lewis - have recently joined the medical certification team at the Civil Aviation Medicine Institute in Oklahoma City. We look forward to working with them in the future.

Dr. Arnold Angelici - recently moved from CAMI to work with the Southern Regional Flight Surgeon, Dr. Susan Northrup, in Atlanta.

Eye Glasses – Recently we had an inquiry regarding FAA policy for carrying an extra pair of eye glasses when spectacles are needed to meet vision standards. Many organizations such as the US Air Force have requirements to carry a second pair which makes sense thinking about the austere environments in which military pilots operate and live. Although there is no specific FAA requirement to carry a second pair of glasses, it is a good safety precaution and also gives the pilot the option of continuing a trip if the first pair of eye glasses are lost or damaged. International pilots should be aware that ICAO standards imply a requirement, and there is also a European Aviation Safety Agency (EASA) requirement to carry a second pair.

Dr. Dan Berry - was selected as the Central Regional Flight Surgeon (RFS). He has been filling that role as the acting RFS for several months. Dr. Berry is a staunch advocate for airman and controller health and aviation safety. AMAS looks forward to continuing to work with Dr. Berry in the future.

Going Paperless – In October 2012 the FAA plans to eliminate the paper medical application for airmen. Controllers will continue to use the application at least for now. The medical history will be completed by the airman using the online MedXPress system eliminating the transcription errors that occurred in the past in some AME offices. More information can be found at medxpress.faa.gov.

President's Corner



Pilot Health and Safety Concerns - Lasers and Sleep Apnea

Quay C. Snyder, MD, MSPH

Recently I had the privilege of speaking to national audiences on two important issues related to pilot health and aviation safety. Both are gaining recognition in the aviation and the lay communities.

The Air Line Pilots Association, International hosted a conference on “Laser Illumination of Aircraft - A Growing Threat” featuring speakers from Congress, ALPA, the Air Transport Association, the NTSB, the laser manufacturing associations, the FBI and TSA, pilots affected by intentional laser illumination and my aeromedical perspective. The number of laser illuminations of aircraft has nearly doubled each year for the last several years to almost 3,000 reported events in the US in 2010. The proliferation of more powerful and inexpensive handheld laser pointers easily available over the Internet has led to both more frequent and more serious threats to aviation safety and pilot health.

Although permanent career-threatening eye damage due to laser illumination is very rare, temporary physical effects are commonly reported. These include tearing, glare, eye discomfort, afterimages and others. Psychological effects after the event are also relatively common, as the laser events tend to occur at critical phases of flight, primarily take-off and landing approaches. These events are a definite risk to aviation safety. Recognizing this, federal authorities have criminalized this behavior and prosecutions are increasing. Pilots should help in educating the public about this increasing threat to safety and health whenever possible. AeroSafety World (Flight Safety Foundation publication) and Air Line Pilot magazine recently featured articles on the importance of this growing hazard and the lessons from the conference.

The American Sleep Apnea Association hosted a conference on Sleep Apnea in Multi-modal transportation, addressing the hazards of sleep apnea in operators of all forms of public and commercial transportation (air, rail, bus, trucking, sea). Speakers include national sleep medicine experts and representatives of the FAA and NTSB addressing aviation issues.

Sleep apnea affects approximately 1 in 20 Americans, more commonly males. It causes disturbances in sleep, increased fatigue, reduced daytime alertness, impaired cognitive function and is associated with a significant increase in motor vehicle accidents. This insidious disease is also associated with an increased risk of heart attacks, strokes and hypertension.

People with concerns about possible sleep apnea should get evaluated and treated, if diagnosed. Our office is working actively with the FAA and sleep apnea specialists to streamline the timeline for recertification/qualification of pilots and ATCSs who are diagnosed and successfully treated for this condition. Not only is quality of life significantly improved after successful treatment, but the safety of the national airspace and the long term health of the individual also benefit greatly from treatment. Please see our web site at www.AviationMedicine.com for more information on this subject. For any questions, contact our physician staff at 720-857-6117.

Fly Safely, Stay Healthy!

Quay Snyder, M.D.

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Airmen & Controllers - "Ask the Doc"



Question: "A while ago I heard a NASCAR driver got sanctioned for a DUI with a blood alcohol level of 0.32% which was four times the legal limit. What would happen to a pilot or controller in a similar situation?"

Answer: Despite the potential impact to their career, plenty of pilots and controllers are arrested for DUI's each year. This can simply be due to poor judgment by someone without a substance use problem, or it can be the way an individual with alcoholism comes to FAA attention. When evaluating each case, the FAA pays very close attention to the blood alcohol reading. This is because in general, the higher the reading the better the chance there is an underlying problem. Like many drugs, with repeated use a person can build up a tolerance to alcohol. This means it takes a higher BAC to impair the person. DUI limits are set without regard to this fact in order to keep the laws simple. It would be far too difficult to assess each case individually, and there is no desire to have people with alcohol dependence use their ability to "hold their liquor" as an excuse to drink and drive. Most social drinkers would not be functional or conscious with a BAC of 0.32%. Someone who can still drive and/or argue with police officers in that state would display a pretty big "red flag" for alcohol tolerance and dependence.

So what should a pilot or controller do? Of course the best approach if you choose to drink is to do so responsibly, moderately and always with a designated driver. However if you find yourself in a traffic stop being asked to provide a breathalyzer sample, realize that many lawyers will recommend refusing because the reading cannot later be challenged in court. However, the FAA may view the report of a DUI arrest with no BAC reading available with more reservation. A first-time DUI with a BAC below 0.15% is treated with somewhat less concern. The AME can still issue if the associated circumstances are favorable. But for a BAC of 0.15% or above, or for a refusal to test, a

substance abuse evaluation is required and the Aeromedical Certification Division must make a determination.

It is very unlikely a pilot with a BAC above 0.25% will be cleared back to work without either a two year abstinence period or HIMS program participation. Even for refusals or cases between 0.15 - 0.25%, it can be a very difficult and time consuming process to be cleared back to fly. For airline pilots who feel alcohol may be an issue, contacting their HIMS coordinator is a good idea. More information is available at www.himsprogram.com. The doctors at the Aviation Medicine Advisory Service are standing by to assist as well.

Question: "My doctor recently put me on Synthroid because my thyroid levels were low. How does this affect my medical certificate?"

Answer: Hypothyroidism, the condition requiring this type of treatment, is typically only temporarily disqualifying. The medications used are not disqualifying. In fact, about 2% of the US population takes it or a similar medication. Hyper- or-hypothyroidism may cause a host of problems if left untreated, but is easily treatable with replacement therapy such as Synthroid (also known as Levothyroxin).

The FAA generally requires you to be clinically and chemically euthyroid to hold medical qualification. Euthyroid is the medical term for normal thyroid status. Clinically euthyroid means you do not have overt signs of hypothyroidism, such as fatigue, lethargy, low blood pressure and pulse (weakness), skin and hair changes, cold intolerance and heart rhythm disturbances. Your physician can document this, and may even be able to do so quickly if your hypothyroidism is not long standing. Chemically euthyroid means your laboratory values are normal. Generally, that means a Thyroid Stimulating Hormone (TSH) of less than 5 or whatever the lab's upper limits of normal are. Sometimes this may take several months for your labs to normalize.

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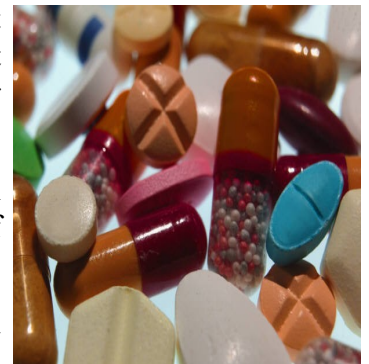
Airmen & Controllers - "Ask the Doc" (continued)

If you are clinically euthyroid, the FAA may consider you qualified even if your TSH has not yet normalized, as long as the lab values are trending toward normal. Your physician should thoroughly document that you do not have any symptoms and that you tolerate the medications without any side effects.

In November 2010, the FAA changed their policy regarding initial certification for hypothyroidism. Previously, the AME had the option to issue your medical certificate or clear you if you were clinically euthyroid for initial certification for simple hypothyroidism. FAA policy now requires the AME to defer for initial certification in all cases. One option to prevent a lengthy delay in certification would be to ask your AME to call either the FAA medical office in Oklahoma City or the Regional Flight Surgeon to get verbal authorization to issue you a medical certificate if you have the appropriate documentation of your evaluation and treatment.

Medication Update

Pradaxa (dabigatran) - We continue to receive a large number of inquiries about this new anticoagulation. Pradaxa was approved by the FDA in October 2010, but because of reports of increased bleeding incidents, the FAA is waiting until October 2012 before reconsideration of approval for use by airmen.



Diabetes Medications - The FAA recently approved the use of two additional medications to control blood sugar for all classes of medical certification. One of those is Victoza (Liraglutide injection) which may help the pancreas produce insulin. The other is Onglyza (Saxagliptin) which is an oral medication that regulates the amount of sugar released in your blood stream between meals. These are two new weapons to try to control this disease. They require a waiver or Special Issuance, and the AMAS physicians can certainly assist with this process. If insulin injections are needed, then pilots can only qualify for 3rd class waivers.

Rapflo (silodosin) - An alpha adrenergic blocker that helps relax muscles in the prostate and bladder neck making it easier to urinate. This was accepted by the FAA as another treatment option for benign prostatic hypertrophy or BPH in men. As with any similar medication, airmen are cautioned to properly ground trial the medication and exercise caution if they engage in aerobatics. In this unique group AMAS recommends initially flying with a safety pilot to ensure no effects on G tolerance and no dizziness in flight.

Corneal collagen cross-linking - This is now acceptable on a case by case basis. It is a technique which employs UV light and a photosensitizer to strengthen chemical bonds in the cornea of the eye often stabilizing conditions such as keratoconus. Those considering this procedure should speak with an AMAS physician.

Coumadin or Warfarin - For aircrew and controllers taking Coumadin or Warfarin as a blood thinner, there is a requirement to follow laboratory tests to ensure adequate levels. These tests are known as INR levels. Now home monitoring of INR levels is available to assist in managing Coumadin effectively. The FAA will allow home monitoring as long as there is oversight of the actual levels by the treating provider (e.g. providers can record print outs from the home monitoring to ensure adequate levels).

www.AviationMedicine.com

ALPA Air Safety Forum, August 2011 – Washington D.C. Dr. Quay Snyder gave several presentations at ALPA's annual Air Safety Forum in Washington DC August 15 - 17. The ASF is ALPA's premier safety event and is attended by representatives from Pilot groups worldwide, the FAA, International Safety Experts and Aviation Authorities.

NATCA Presentation, July 2011 - Baltimore, MD. Dr. Quay Snyder gave a joint presentation with Dr. Susan Northrup, FAA Southern Regional Flight Surgeon, to NATCA leadership and facility representatives on FAA medical policies for Air Traffic Controllers. Dr. Snyder and Dr. Northrup participated in an extended Q&A session following the presentation in Baltimore July 26.

HIMS Seminar, September 2011 - Denver, CO. On September 19, 20, 21, the AMAS staff conducted a HIMS Basic Education Seminar at the Hyatt Regency Tech Center Hotel in Denver, Colorado. HIMS is a federally funded FAA grant awarded to the Air Line Pilots Association (ALPA) and AMAS is tasked with executing the provisions of the contract, officially known as HIMS VI. There were approximately 300 attendees at the conference including line pilots, FAA Aviation Medicine Examiners, neuropsychologists and management personnel representing over 25 airlines and other aviation organizations. They received training in the disease concept, identification, treatment and administrative procedures involved in regaining FAA medical certification for pilots afflicted with the illness of alcoholism and/or drug dependence. The 3-day seminar is conducted annually in Denver and this year's conference included presentations covering a

wide range of related topics, including abuse of prescription narcotic medications, standards for initial substance abuse evaluations and the new FAA reporting procedures involving pilots arrested for motor vehicle violations while under the influence of alcohol or drugs. Also on the agenda were specialty workshops for physicians and psychologists discussing the FAA medical review policies dealing with airmen seeking certification on antidepressant medication, the cognitive testing standards used for evaluating that group of pilots and post-treatment screening of pilots applying for FAA medical recertification under the HIMS Special Issuance protocol. AMAS physicians Donald Hudson, M. D., Quay Snyder, M.D. and Kurt McCartney, M.D., were among the 25 distinguished faculty who gave presentations at the conference.

HIMS Outreach - December 2011 - Hong Kong On December 5, 6, 2011, the HIMS Outreach Team, chaired by AMAS' Dr. Donald Hudson, conducted a two day seminar in Hong Kong at the invitation of Cathay Pacific Airlines. The seminar drew approximately 50 attendees representing Cathay Pacific, its regional affiliate Dragonair, and several other airlines from the Pacific Rim area. The HIMS faculty gave presentations on the Disease Concept, Identification/Intervention, Treatment, Monitoring, Recertification and return to work of airline pilots suffering from alcoholism or other drug dependencies. HIMS is an FAA contract administered by AMAS on behalf of the Air Line Pilots Association. In addition to a yearly Outreach Seminar aimed at foreign airlines, the contract specifies that a major 3-day seminar be held annually in Denver along with (2) regional one-day seminars to be rotated geographically around the U.S. The next regional seminar will be held in Miami, Florida on Saturday, February 11, 2012. Those interested in attending may go to www.himsprogram.com for registration details.

AMAS Welcomes our New Clients:

VF Corporation - Jan 2012
New York Power Authority - Jan 2012

AMAS Welcomes our Renewal Clients:

Professional Helicopter Pilot Association - July 2011
Abbott Labs - Oct 2011
SCANA - Dec 2011
Cessna - Jan 2012
Teamster Union No. 357 - Frontier Airlines - Jan 2012



Spotlight: Your AMAS Staff

To better acquaint you with the physician and administrative team that serves you, AMAS will profile a staff member or special event each quarter. This quarter's spotlight is on our newest member, Dr. Paula A. Corrigan.



Paula and Kenneth

Dr. Paula Corrigan joined AMAS in August 2011. She is a graduate of the University of Notre Dame and received her medical degree from the University of New Mexico. Paula completed a residency in Internal Medicine at the University of Connecticut and began her career in the Air Force as an Internist. Her interest in flying led her to become a flight surgeon, and she completed the Residency in Aerospace Medicine program in 2001 (one of Dr. Parker's classmates!). As part of this training, she completed a Master's in Public Health and Tropical Medicine at Tulane, and achieved board certification in Aerospace Medicine, Public Health/General Preventive Medicine, as well as a certificate of knowledge in Tropical Medicine. Paula combined all of these interests in the Air Force with assignments as exchange officer to the Royal Australian Air Force, Internal Medicine Branch Chief at the USAF Aeromedical Consultation Service, and Preventive Medicine Residency Program Director at the USAF School of Aerospace Medicine. She recently retired from the Air Force after 21 years of service.

Paula stays busy with her four year old son, Kenneth and her yellow lab, Sally. She enjoys all outdoor activities, and is looking forward to trying skiing again after many years. She also enjoys watching college football - GO IRISH!

Your AMAS Newsletter

Our services are provided to you as a benefit from your company flight department, membership benefit from your union or aviation association, or individual pilot. AMAS stands ready as the only board certified Aerospace medicine physician group available to provide you the assistance you need. Our physicians are always a telephone call or email click away. We can respond to your medical questions and provide advice on any potential impact on your FAA Airman's Medical Certificate for medical conditions you might develop. All client discussions with our staff members are completely confidential and risk free. AMAS is proud to be your one source for Aeromedical advice and FAA medical certification waiver assistance!

We welcome your comments and suggestions! Our goal is to make this newsletter useful and informative for all our clients. If you have an idea for a topic you would like covered or have a comment about this newsletter or our services, please contact our Director of Operations, Lawan Adkins at ladkins@aviationmedicine.com.

THE AMAS GOAL IS TO KEEP OUR CLIENTS HEALTHY, SAFE & MEDICALLY CERTIFIED!