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Quarterly Aeromedical Newsletter

9800 S. Meridian Blvd, Ste 125
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2nd Quarter 2010

Volume 9, Issue 2



1-866-AEROMED



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FAA Aeromedical Certification- Policy Update

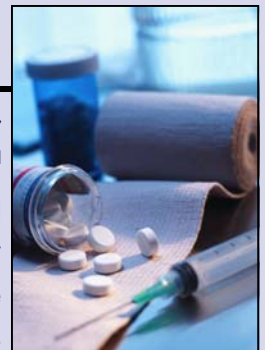


Aviation Medical Examiners (AME) numbers have shrunk slightly. As of last summer there were 3,952 AMEs of which approximately 47% are pilots and 7% are female. Only 13% are listed as Specialists in Aerospace Medicine.

Brian Pinkston, MD, MPH is the new manager of Aerospace Medicine Education Division. Dr. Pinkston is board certified in Aerospace Medicine and trained in the United States Air Force. He last served as the USAF Surgeon General's Chief of Aerospace Medicine Operations. Many of the VFS physicians have worked alongside Brian in the past and look forward to continue to work with him in the future.

Medication Update

Tamiflu is an antiviral medication used to fight influenza. For more information regarding influenza, please see our 2009 3rd quarter newsletter as well. Recently, the FDA notified consumers and healthcare professionals about a potentially harmful product represented as "Generic Tamiflu" sold over the Internet. "FDA tests revealed that the fraudulent product does not contain Tamiflu's active ingredient, oseltamivir, but cloxacillin, an ingredient in the same class of antibiotics as penicillin. Patients who are allergic to penicillin products are at risk of experiencing similar reactions from cloxacillin. This includes a sudden, potentially life-threatening reaction called anaphylaxis, with symptoms that include difficulty breathing, chest tightness, swelling of the throat or tongue, hives, dizziness, loss of consciousness, and a rapid or weak pulse. The FDA advises anyone possessing or encountering any of these fraudulent Tamiflu drugs not to use them and to contact the FDA's Office of Criminal Investigations by visiting the OCI website (<http://www.fda.gov/OCI>)." This is a good reminder to both airmen and controllers to be careful when obtaining medications or supplements over the Internet. Also for controllers, any medication including those obtained over-the-counter have to be cleared through the supervisor or Regional Flight Surgeon before returning to safety sensitive duty.



www.AviationMedicine.com

President's Corner



Eyes Wide Open About Sleep Disorders

Quay C. Snyder, MD, MSPH

Sleep disorders trouble many people to varying extents and can lead to both physical and mental complications if serious enough. Afflicted persons may not be aware of their condition. Sleep apnea is a potentially significant Aeromedical issue for pilots and controllers. A recent presentation by the NTSB and changes in FAA policy regarding certification/qualification protocols justify a revisiting of this subject. For complete information, please see our article on sleep apnea on our web site at www.AviationMedicine.com and the article for Air Traffic Controllers by Dr. Phil Parker in the 4th Quarter 2009 VFS Aeromedical Newsletter.

At an international scientific conference of the Aerospace Medicine Association in May 2010, a medical representative of the NTSB called for the FAA to increase screening of pilots and controllers for sleep apnea based on a variety of individual risk factors and screening tests. The rationale given included the prevalence of the problem and the potential for sudden or subtle incapacitation while performing safety sensitive duties. An incident involving a commercial flight in Hawaii highlighted concern over sleep apnea.

Although the NTSB concern is well intentioned, we disagree with this position. Historically, the FAA medical examination has been based on self-reported medical issues and an examination by an Aviation Medical Examiner (AME). Other than specific testing for vision, hearing, vital signs, partial urinalysis and in some applicants, an ECG, no screening exam is required for an FAA medical certificate unless a condition has been previously identified. This allows airmen to maintain a doctor-patient relationship with their treating physicians and allows the AME to focus on the regulatory aspects of whether or not an applicant meets FAA standards.

Many other aeromedically significant diseases are far more prevalent, potentially more incapacitating and easier/less expensive to screen for than sleep apnea. A few examples include heart disease, diabetes, anemia, lung disease, depression and alcohol/substance abuse. But testing every asymptomatic pilot and controller who has risk factors for these diseases would impose significant costs on applicants in terms of time and money. Delays in certification determinations, the substantial increase in administrative burdens for the FAA and the absence of insurance coverage for testing that is not medically indicated also complicate this proposal.

Nearly twenty years ago, I contributed to a position paper on behalf of the Air Line Pilots Association in opposition to a proposal by the American Medical Association to shift the focus of the FAA medical examination from a limited regulatory examination based on published standards to a comprehensive preventive health examination with age, gender, race and lifestyle based screening to include routine blood work. This would represent a substantial shift from the long standing US regulatory philosophy to a comprehensive Europe and Asian model or one that the US military used in the past. Unfortunately, the financial burden for this testing in the US would fall on the individual pilot, not the employer. A similar type of proposal was made when the FAA was considering raising the mandatory retirement age for airline pilots from age 60 to 65 years. It was fortunate in our opinion that the FAA maintained the same medical standards for all ages of pilots according to class of certificate. As attractive as comprehensive aeromedical testing is in the name of safety and health, it is not practical and does not yield an appropriate return on the costs in terms of time, money and pilot-physician relationships. The current system works. Let's not fix something that is not broken and has worked well for decades.

(Continued on Page 3)

President's Corner *(continued)*

For those pilots *diagnosed* with sleep apnea, proper treatment and periodic monitoring of status is appropriate for this condition. See the above references for FAA allowed and non-authorized treatments and certification requirements. As of July 2010, the Federal Air Surgeon's policy on certification/qualification and monitoring of pilots and controllers with sleep apnea were still in review. The projected changes include:

- Requirement of a Maintenance of Wakefulness Test (MWT) with four 40-minute study periods as recommended by the American Academy of Sleep Medicine.
- Urine drug screening for stimulants including caffeine as part of the MWT.
- Annual recertification for those using CPAP requires either use of a compliance monitor download or a repeat MWT.
- Compliance monitors may be required, though exact levels of compliance are still under review.
- Surgical corrections (UPPP) require a one-year follow-up MWT before being released from Special Issuance requirements.
- Annual physician current status reports require statements regarding compliance as well as the absence of both physical and mental complication and the absence of excessive daytime sleepiness.
- Sleep apnea treated exclusively with oral devices may require annual MWTs.



Medications are sometimes prescribed by physicians to aid with sleep disorders. Our article on sleep apnea describes the FAA policy on sleep medications. Alertness medications such as modafinil (Provigil and others) and armodafinil (Nuvigil) are not authorized for pilots/controllers by the FAA. Only three sleep inducing medications are allowed by the FAA in limited circumstances with specific restrictions. These medications are Ambien (zolpedim), Sonata (zaleplon) and Lunesta (eszopiclone). Other sleep medications are not authorized. Over-the-counter preparations such as Tylenol PM and many other "nighttime" formulations have persistent hangover effects and should not be used within 24 hours of flight duties. Alcohol is a common sedative that disturbs the quality of sleep and impairs judgment. We strongly discourage its use prior to flight duties, even if used within time limits and blood alcohol concentrations allowed by the FAA.

To summarize, sleep apnea is a serious medical condition with many potential complications. If suspected, an evaluation should be obtained, and if diagnosed, the condition should be treated. Pilots and controllers who are concerned about sleep apnea should not hesitate to consult with their physician about their concerns, as the FAA will allow continued medical certification/qualification once adequate treatment is documented. Our office can assist affected individuals with obtaining the appropriate waiver. Routine screening for this condition by AMEs is not appropriate or required. Use of allowed sleep medications should be limited to very controlled circumstances and requires reporting to the FAA on medical applications. For individual questions, please consult with our physician staff for specific answers.

Fly and Control Safely, Stay Healthy! - Quay Snyder



Airmen & Controllers - "Ask the Doc"



Question: My doctor wants me to take a new blood pressure medication called Tekturna. I was told by a co-worker that this isn't allowed by the FAA?

Answer: Your co-worker was correct that there was an observation period before the FAA would allow this new hypertensive medication. Tekturna or aliskiren is a new class of blood pressure medication that is similar to ACE inhibitors. This medication, however, has subsequently been allowed by the FAA. If you have not already done so, I would refer you to the article on blood pressure that can be found by using the keyword search on any page of our website at www.aviationmedicine.com. The article discusses specific medications and FAA policies on this topic. The only medications not allowed were mainly prescribed more than 30-40 years ago, such as guanethidine, reserpine, guanadrel, guanabenz, and methyl dopa.

As you are most likely aware, early intervention and solid blood pressure control are key to preventing long term medical complications. For blood pressure, almost all medications are approved and the key is simply to thoroughly document no complications from the medications or underlying condition. The maximum allowable blood pressure for controllers age 20-29 is 140/90; age 30-39 is 150/90; age 40-49 is 150/100; and age 50 and over is 160/100. For airman the FAA safety limit for allowed blood pressure is 155/95, although a normal blood pressure is much lower at 120/80 or

Your personal physician is the best source of information regarding your personal blood pressure control. In any case, after reading the above article I think you'll find that high blood pressure generally shouldn't be something that keeps you grounded for more than a week or two if you were to start or change medications.

For hypertension, the FAA will want to see evidence that your condition remains well controlled each time you complete a medical application. The hypertension protocol is outlined in the article referenced above. You might want to print out the article and blood pressure protocol and take them with you to your medical appointments with your personal physician.

Question: I have been flying on Special Issuance with a third class restriction because of the need for insulin to control my blood sugars. For the last year, I have switched to automated monitoring of my blood sugars and an insulin pump. My Endocrinologist refers to this as a "mechanical pancreas" and says I should have no restrictions. Is there an opportunity to upgrade to a higher class of medical?



Answer: Only the US, Britain, Canada, Australia, and Israel currently allow pilots to fly with insulin. Unfortunately at this time the FAA still restricts pilots to third class as you noted. The Federal Air Surgeon's office is examining the reliability of insulin pumps or "mechanical pancreases" to determine if 1st or 2nd class waivers may be eventually granted.

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VFS NEWS

Congratulations Dr. Parker! Dr. Phillip Parker was recertified in Aerospace Medicine by the American Board of Preventive Medicine. To remain board certified, Aerospace Medicine specialists must maintain professional standing, continue with lifelong learning and self-assessments, provide evidence of practice performance and successfully pass a national exam documenting cognitive expertise every 10 years.

VFS Welcomes a New Physician! VFS welcomes Dr. Kurt McCartney, board certified Aerospace Medicine specialist who joined our staff on June 1, 2010. Look for Dr. McCartney's spotlight in our next newsletter publication.

Columbus, Ohio - April 2010. Dr. Keith Martin and Dr. Quay Snyder presented an alcohol

substance abuse abatement conference in Columbus, OH, bringing together medical experts and representatives of business aviation, both management and pilots, for training in FAA policies, evaluation, treatment and safe return to flying for afflicted pilots.

Aerospace Medicine Association (AsMA) Annual Scientific Convention, Phoenix, AZ - May 2010.

Dr. Quay Snyder and Dr. Phillip Parker were in attendance for this annual event. Dr. Snyder participated in the Airline Medical Directors conference and the AsMA seminar on Aircrew Health. The day long seminar focused on radiation hazards, cabin air quality and environmental stress with representatives from APA and industrial hygienists working with AFA.



Discounted Aeromedical Benefit for NBAA Member Companies!

Through a partnership with NBAA, VFS offers an annual 10% discount on aeromedical services to NBAA Member Companies in good standing, who elect to enroll in the Complete Aeromedical Services Program (CASP).

The CASP provides complete coverage for aeromedical advice and FAA medical certification assistance. The program provides access to comprehensive tools and services to ensure your medical certificate is protected, including confidential e-mail and phone consultations with a VFS board certified Aerospace Medicine physicians. The program includes FAA waiver advocacy and case preparation, for both initial reporting and renewal submissions. The program also provides dedicated tracking and follow-up notification for cases that have been submitted to the FAA, as well as reminder notices for future renewal submissions. Interested Member Companies should contact our Chief Operating Officer, Catherine Cazorla, at 1-866-AEROMED or by sending an email to doctors@aviationmedicine.com.

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Spotlight: Your VFS Staff

To better acquaint you with the physician and administrative team that serves you, VFS will profile a staff member or special event each quarter. This quarter's spotlight is on our Physician Assistant Case Manager, Debby Miller.



Debby with her nieces and nephew

Debby Miller PA-C joined VFS in January 2010. She is a graduate of Colorado State University and the University of Colorado Health Science CHA/PA program. Her first career was as a Flight Attendant for Rocky Mountain Airways and later Continental Express. With the closing of the Denver base, she returned to graduate school for Physician Assistant studies. After 12 years in private practice she joined VFS as a case manager which combines her interest in flying with her medical experience. She loves to travel and her last vacation was to Israel and Turkey. She has gone on medical missions to Indonesia and New Orleans. In her leisure time Debby enjoys spending time with her nieces and nephew. She also likes to run and walk with her dog Woody. She focuses on endurance and participates yearly in a half marathon, just to prove she can finish. She has completed eight 3-day, 60 mile walks for breast cancer fundraising. Debby looks forward to assisting VFS clients.



Woody the Wonder Dog

Your VFS Newsletter



Our services are provided to you as a benefit from your company flight department or a membership benefit from your union or aviation association. VFS 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. VFS is proud to be your one source for Aeromedical advice and FAA medical certification waiver assistance!

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

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.

VFS Welcomes Our Newest Clients:

Dominion Resources Services, Inc.

***International Brotherhood of Teamsters (IBT)
Local 986 - World Airways***

OPT-OUT: If you do not wish to continue receiving the quarterly VFS Aeromedical electronic newsletter, please reply to this e-mail and type "REMOVE" in the subject line. We will remove your e-mail address from our mailing list.

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