



Virtual Flight Surgeons® Inc.

“Our Physicians...Your Solution”

Quarterly Aeromedical Newsletter

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FAA Aeromedical Certification- Policy Update



Circadian Rhythm Disruption & Flying - The FAA Aerospace Medical Education Division has published a new pilot safety brochure that addresses this ubiquitous problem. There are useful tips especially for longer duration travel, and some focus on lesser known issues such as the role of proper hydration. This safety brochure can be found at the FAA website at: <http://www.faa.gov/pilots/safety/pilotsafetybrochures/>

New emphasis on the Aviation Medical Examiner System - The FAA has hired new analysts to help manage the AME system including assessing individual AME participation with office visits. The increased scrutiny will ensure airmen are getting accurate and consistent examinations throughout the system.

AME Certification - As a reminder to our AME subscribers, the Clinical Aviation Physiology Review for AMEs (CAPAME) is no longer an acceptable alternative for seminar attendance or completion of the Multimodal Aviation Medical Examiner Course (MAMERC) refresher.

FAA Civil Aviation Training Programs - For those airmen who have never had a chance to experience Spatial Disorientation in a controlled environment, the FAA has a deal for you. The FAA Civil Aerospace Medical Institute offers one class that can give you the tools and experience needed to anticipate situations where “Spatial D” can occur and respond appropriately. Check out their programs at <http://www.faa.gov/pilots/training/>

FAR 61.23 Amended for Military Pilots - On August 21, 2009 an amendment was published in the Federal Register allowing military pilots in the US Armed Forces who have a current military flight physical to perform third class flight operations in US airspace without the need for a FAA medical.

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Medication Update

Rapaflo - After initial indications that this medication for enlarged prostate would be allowed, the FAA has clarified that they will postpone further review until at least October 2010. There are a number of other medications that are allowed for this condition. Do not hesitate to call our physicians if more information is needed.

Parkinson's Medications - The FAA recently amended its policy regarding medications used to treat Parkinson's Disease. Previously, the FAA allowed Special Issuance Authorization (SIA) for pilots controlling their disease with selegiline (Eldepryl, Zelapar, l-deprnyl). Because this medication breaks down to methamphetamine metabolites, the Aeromedical Certification Division is notifying pilots on these medications that their SIA is no longer valid. Another medication, rasagiline (Azilect), that was previously allowed is also under review. Currently no new authorizations are being granted for Azilect. Medications in the carbidopa/levodopa category are still approved for SIA.



Tamiflu - There has been considerable inquiry regarding prophylactic use of this antiviral medication due to the surge in flu cases. Some preliminary guidance considered implementing a 10 day waiting period after Tamiflu use. The FAA reviewed the policy and agreed that there is no specific mandatory wait after Tamiflu administration as long as the controller or airman isn't experiencing any current flu symptoms or adverse side effects from the medication.



VFS News

Rocky Mountain Safety Roundtable - Centennial, CO. Dr. Phillip Parker met with the pilots of the Rocky Mountain Safety Roundtable at Centennial Airport to discuss strategies for protecting company reputations and aircrew careers. The group touched on topics such as making informed Go/No-Go decisions, origin of FAA Aeromedical Standards, medical waivers, and programs for identifying and addressing cognitive decline and substance abuse.

Human Intervention and Motivation Study (HIMS) - Denver, CO. Dr. Keith Martin and Dr. Quay Snyder gave presentations to an international audience of airline pilot groups, management representatives, EAP personnel and physicians at the annual FAA – ALPA International HIMS Conference on drug and alcohol abuse in aviation. The 3 day seminar given under an FAA contract educates aviation professionals on the identification, treatment and safe return to flight duties of pilots with addictive diseases. This program has returned over 4,300 affected pilots to flying over the last 30 years.

For more information on similar programs for business aviation, contact our staff at doctors@aviationmedicine.com.

VFS to attend NBAA Annual Convention - Orlando, FL. VFS will once again be on-hand at the NBAA Annual Convention at the Orange County Convention Center (OCCC) from October 20-22, 2009. Dr. Quay Snyder will present a briefing, *"Getting, Keeping and Recovering Your FAA Medical Certificate"* on Wednesday, October 21st from 10:30 a.m. to 12:00 p.m. in Room S310E at the OCCC. If you are attending the convention, we hope you will attend. Dr. Snyder will also be on-hand on Tuesday, October 20, 2009 from 1:00 p.m. to 5:00 p.m. in Room S310H to discuss individual pilot concerns or to discuss flight department issues. Contact Lawan Adkins at ladkins@aviationmedicine.com or at (720) 857-6117 to schedule a meeting with Dr. Snyder.

VFS will be at Booth 1957 — we hope to see you in Orlando!

President's Corner



Influenza for Aircrew Quay C. Snyder, MD, MSPH

Recent publicity about a potentially pandemic strain of influenza, type H1N1, has generated many questions from pilots about their risk for influenza and steps to reduce the risk. This section will not repeat the comprehensive information available at the web sites listed below, but will offer some basic information and guidance for pilots.

Pilots should be aware of two types of influenza that may cause serious illness or rarely, death. The H1N1 strain "swine flu" is receiving much publicity because of the unusual characteristics of the infection compared to the more common seasonal "flu".

The more common seasonal flu variety usually causes fever, chills, muscle aches, cough and respiratory symptoms in persons affected. Recovery is complete in most people but certain high risk groups, particularly the very young, elderly, or those with a suppressed immune system, are at increased risk for dying from the infection. In 2008, estimates of total deaths from influenza (mostly non-H1N1) range from 36,000 to 56,000 although definite numbers are impossible to determine. Most pilots would not fall into high risk groups, with the possible exceptions for those with diabetes, heart disease or those taking steroids for a disease condition.

Vaccines are widely available for non-H1N1 influenza A (most common form of seasonal flu). A nasal spray form of vaccine is approved for healthy individuals aged 2-49 years. For those outside of these age ranges, an injectable form of the vaccine is available. This vaccine does not protect against H1N1 influenza. Certain antiviral medications are also available to treat influenza A if given early or to reduce the risk of disease in an exposed person.

The new H1N1 influenza ("Swine flu") differs from seasonal flu in that it has similar symptoms, but seems

to have a rapid progression and higher risk of death in what is characterized as the healthy population, those aged 25-65. It is a "novel" type of influenza A. H1N1 vaccine was authorized by the FDA on September 15, 2009. The supply is limited so healthy, low-risk persons are not listed as a priority group for receiving the vaccine. As more vaccine is produced, availability will increase for groups at increased risk such as aircrew. H1N1 influenza also responds to several antiviral medication. Except in very high risk individuals, prophylactic use of the antiviral agents is not indicated in healthy persons.

Recommendations for aircrew in reducing risk of acquiring all types of influenza:

- Get VACCINES – both seasonal influenza and H1N1. (if available and offered)
- Stay home if sick with flu symptoms.
- Consider use of antiviral agents early (within one day) after developing symptoms or if someone in your home is sick.
- Cover mouth and nose if coughing. (cough into elbow rather than hands).
- Use good hand washing technique frequently.
- Use hand sanitizer with 62% or greater alcohol concentration.
- Keep at least six feet away from coughing people if possible.
- Do not contact hands or face of coughing person or share utensils.
- Paper masks do not protect healthy people, but may reduce spread if worn by sick people.
- Read the CDC web site frequently.

CDC Influenza www.cdc.gov/flu/ Links to other flu sites, complete flu info.

CDC Travelers' Health www.cdc.gov/travel/ Excellent reference for all travel questions.

CDC Interim influenza guidance for flight crews <http://www.cdc.gov/h1n1flu/guidance/air-crew-dom-intl.htm>.

Stay Healthy, Fly Safely, - Dr. Quay Snyder

www.AviationMedicine.com



Ask the Doc

Question: A friend told me that their family doctor prescribed a medicine called Provigil for Shift Work Syndrome. The medication apparently helps adjust to the time changes involved. Would I be allowed to work traffic with this medication?

Answer: If you have not already done so, I would refer you to our section on medications in the Information Resources pages of our web site found at www.AviationMedicine.com. There you will find a link to the Therapeutic Drug Guidelines for Air Traffic Control Specialists.

To answer your specific question, Provigil or Modafinil and related medications are considered disqualifying by the FAA. Even if a medication is listed as acceptable in the Guide referenced above, this assumes that the underlying conditions are improved enough so that they do not interfere with safety sensitive duties. The Regional Flight Surgeon (RFS) would also want detailed information regarding why Provigil is required since many underlying conditions such as ADD/ADHD or significant sleep disturbances would also be viewed as disqualifying. Please also note that this and related medications may result in a positive test for amphetamines during DOT testing.

Question: Are there any sleep medications allowed on an occasional basis?

Answer: Again, if you have not already done so, you might read our information on sleep medications and the sometimes related sleep disorders such as sleep apnea by using the key word search function on our web site at www.AviationMedicine.com and typing "sleep".

To answer your specific question, the Therapeutic Drug Guidelines for Air Traffic Controllers (also found on our web site) prohibits all "hypnotics" to include some prescription sleeping medication. Our experience is that

there is some possibility of rare accommodations of use of sleep medications. The FAA has a policy on the use of sleeping medications by pilots (and in some instances, Air Traffic Controllers) that have very specific limitations. Ambien, a prescription sleep medication, may possibly be authorized if not taken within 24 hours of any safety sensitive duties and if not taken more than twice per week. It requires FAA review before return to controlling. This review would come through the Regional Flight Surgeons (RFS) office and there is regional variation on the interpretation of this policy. Lunesta and Sonata are also typically approved on a case by case basis and only require a 12 hour period before duty. Again they are not to be used more than twice weekly, and require specific clearance. Also any related underlying sleep disorder would require FAA review.

Over the counter medications such as Tylenol PM to assist with sleep contain antihistamines and generally have at least a 12 hour restriction on use before controlling duty. They may, however, have a significant hangover effect. Nutritional supplements such as melatonin are typically not regulated by the FAA, but you would have to report any visits to healthcare providers at the time of your FAA medical. Antidepressant medications are not allowed under any circumstance. The key to return to controlling would be showing that your sleep issues are resolved with acceptable treatment.

The real concern of the RFS will be control of the underlying condition that is leading to the sleep problem. Should you have a condition such as Sleep Apnea as noted in the article referenced above, this would be considered disqualifying until successfully treated. Likewise, psychological diagnoses such as clinical depression would also be of concern to the FAA. This can be a complicated issue, so please contact a VFS physician if you need additional clarification.



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 Dr. Jon Riccitello, our newest staff physician.



Jon is pictured with his wife, Sandy and his two daughters, Hailey and Aloe.

Dr. Jon Riccitello joined Virtual Flight Surgeons in August 2009. He is a graduate of the University of Colorado and the McGill Faculty of Medicine. He is board eligible in both Internal Medicine and Aerospace Medicine after completing a combined residency program and MPH at the University of Texas Medical Branch in Galveston, Texas. He and his family are glad to be back in Colorado. They are looking forward to more frequent skiing and no longer having to track hurricanes in the Gulf of Mexico. Prior to his career in medicine, Jon served in the U.S. Navy as an officer onboard the Ohio class nuclear powered ballistic missile submarine USS Wyoming. His background also includes experience as an ambulance Emergency Medical Technician and professional ski patroller. Jon is a licensed private pilot and certified SCUBA



Jon is pictured here in a simulator.

divemaster. Sandy is a personal trainer in the Conifer area, and Hailey and Aloe enjoy gymnastics and horseback riding.

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!

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, please contact our Director of Operations, Lawan Adkins via e-mail at ladkins@aviationmedicine.com.

VFS Welcomes Our Newest Corporate Clients:

Bode Aviation

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We welcome your comments and suggestions!

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

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