

# ANXIETY, DEPRESSION, AND RELATED CONDITIONS

## FAST TRACK PATHWAY Decision Tool for Current Deferred Cases

All Classes (Updated 06/26/2024)

**AME instructions:** If a pilot was previously deferred for anxiety, depression, or related conditions they **MAY now qualify for consideration** per Row A of the Anxiety, Depression, and Related Conditions Disposition Table (published 05/29/2024). Complete the following and upload into AMCS:

Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Applicant ID# \_\_\_\_\_ PI# \_\_\_\_\_

**A. Diagnosis:** Does the individual **have 3 or more** of the following conditions/ diagnosis as the reason for deferral?

Circle all conditions diagnosed:

**Anxiety**

- Unspecified anxiety
- Generalized Anxiety Disorder
- Situational anxiety (also called adjustment disorder with anxiety)
- Social Anxiety Disorder

**Other**

- Obsessive Compulsive disorder (OCD)
- Post Traumatic Stress Disorder (PTSD)
- V code^ (DSM)/Z code (ICD-10) table items
  - Uncomplicated Bereavement;
  - Relationship distress with spouse or intimate partner;
  - Parent-Child relational problem; and/or
  - Phase of Life Problem (problems adjusting to major life transitions such as newly retired, getting married, empty-nest, new career, becoming a parent, etc.

**Depression**

- Unspecified depression
- Postpartum depression
- Situational depression\* (also called adjustment disorder with depressed mood)
- Situational Anxiety and Depression (adjustment disorder with mixed anxiety and depressed mood)

**B. Treatment:** Has the individual been on an antidepressant medication in the **past two (2) years?**

- Date medication stopped \_\_\_\_\_.
- If currently treated with psychotherapy, check here \_\_\_\_\_.

**C. Multiple medications use:** Has the individual used **multiple medications concurrently?** This includes **augmentation therapy**. Circle all medications used:

**Selective serotonin reuptake inhibitors (SSRI):**

citalopram (Celexa) escitalopram (Lexapro) fluoxetine (Prozac, Sarafem) sertraline (Zoloft)

**Serotonin and norepinephrine reuptake inhibitors (SNRI):**

desvenlafaxine (Pristiq) duloxetine (Cymbalta) venlafaxine (Effexor)

**Dopamine/norepinephrine-reuptake inhibitor (NDRI):**

bupropion (Wellbutrin) SR/ER formulations

**Other** \_\_\_\_\_

Note: Historic use of an antidepressant not on the above list does not exclude this pathway.

**D. Do Not Issue/Do Not Fly Medications:** Has the individual ever been treated with:

- Antipsychotics (neuroleptics)
- Benzodiazepines
- Mood stabilizers (lithium, anti-epileptics)
- Stimulants

**E. History:** Does the individual have any history of:

- ⊗ SI/SC for SSRI use (current or previous);
- ⊗ **Recurrent episodes or symptoms.** If the individual had multiple failed attempts to discontinue or stay off medication(s) over any period;
- ⊗ If the individual has any history of requiring **more than ONE mental health medication at a time** (e.g., dual or triple therapy); and/or
- ⊗ **Diagnosed with Major Depressive Disorder (MDD) or Persistent Depressive Disorder (dysthymia) or Seasonal Affective Disorder.**

	<b>NO</b>	<b>YES*</b>
	<b>NO</b>	<b>YES*</b>
	<b>NO</b>	<b>YES*</b>
	<b>NO</b>	<b>YES*</b>
	<b>NO</b>	<b>YES*</b>

**F. Answer all of the following:**

1. Does the individual have any additional mental health diagnosis or symptoms such as bipolar disorder, psychosis, neuro-developmental disorder (e.g., autism, ADHD that does not meet [ADHD FAST TRACK requirements](#), etc.), personality disorder, somatoform disorder, impulse control disorders, substance misuse or disorder, eating disorder, or any diagnosis NOT listed as acceptable?.....
2. Any history of suicidal (or homicidal) ideation, attempt(s), or self-harm behavior (such as cutting) ever in their life?.....
3. Any history of an involuntary mental health or substance use evaluation (including involuntary transport) and/or court-ordered treatment?.....
4. Any history of any forms of the following treatment modalities: Electroconvulsive (ECT), Transcranial Magnetic Stimulation (TMS), Ketamine, or Psychedelic therapy?.....
5. Any history of a mental health **hospitalization** (psychiatric or substance use)?.....
6. Has the individual experienced **more than one episode?** (This includes recurrent episodes spaced out over an extended period of time.).....
7. This condition has **unresolved** sequelae or continued symptoms severe enough to interfere with safety related duties.....
8. Mental health medications: Multiple medications have been used at the **same time** OR use of any medication has **continued during the last two years**.....
9. Does the licensed mental health specialist, treating clinician, or the AME have ANY concerns?.....

NO	YES*
NO	YES*
NO	YES*
NO	YES*
NO	YES*
NO	YES*
NO	YES*
NO	YES*
NO	YES*
NO	YES*

The AME who submitted the exam must verify that **ALL** items fall into the “**NO**”/**CLEAR COLUMN** to use **this FAST TRACK pathway**. If any items fall into the “**YES**” column, STOP. The individual does not qualify for the FAST TRACK pathway.

The AME should warn the individual if any changes in condition, symptoms or medications started, they should not fly in accordance with CFR 61.53.

AME name \_\_\_\_\_

AME number \_\_\_\_\_

Signature \_\_\_\_\_

Date of exam \_\_\_\_\_

**NOTES:**

**This FAST TRACK Pathway Decision Tool:**

- Must be completed by the AME of record.
- May be submitted if the individual has received a request for information for above conditions. In some cases, additional information will be required.
- **MUST be uploaded into AMCS for FAST TRACK consideration. Use category Beh Hlth – Anxiety/Depression FAST Track Summary.**