

DIABETES INSIPIDUS OR POLYURIA

(Arginine vasopressin deficiency; central diabetes insipidus or
Arginine vasopressin resistance; nephrogenic diabetes insipidus)

All Classes

(Updated 09/27/2023)

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
<p>A. 5 or more years ago</p> <p>Due to a temporary condition which has fully resolved (ex. pregnancy)</p> <p>AND</p> <p>Did not require surgery</p>	<p>The AME should review a detailed Clinical Progress Note from a board-certified endocrinologist, nephrologist, or treating physician.</p> <p>If the documentation verifies that:</p> <ul style="list-style-type: none"> • The individual has no sequela; and • The condition was due to a temporary condition which has resolved with no expectation to recur: 	<div style="background-color: #008000; height: 15px; width: 100%;"></div> <p style="text-align: center;">ISSUE</p> <p style="text-align: center;">Annotate Block 60 and submit the evaluation to the FAA for retention in the file.</p>
<p>B. Arginine vasopressin deficiency (central diabetes insipidus)</p> <p>OR</p> <p>Arginine vasopressin resistance (nephrogenic diabetes insipidus)</p> <p>OR</p> <p>Unknown cause</p> <p>If due to a neurologic condition such as a tumor, infection, stroke, neurosurgery, or head injury, see that condition page.</p>	<p>Submit the following for FAA review:</p> <ol style="list-style-type: none"> 1. A current, detailed Clinical Progress Note generated from a clinic visit with a board-certified endocrinologist, nephrologist, or treating physician no more than 90 days prior to the AME exam. It must include: <ul style="list-style-type: none"> • A detailed summary of the history of the condition including etiology; • Current medications, dosage, and side effects (if any); • Physical exam findings; • Results of any testing performed; • Diagnosis; • Assessment and plan; • Prognosis; and • Follow-up. 2. Copies of any lab performed for evaluation of this condition. 3. Copies of any imaging (CT/MRI, etc.) already performed. 	<div style="background-color: #ff0000; height: 15px; width: 100%;"></div> <p style="text-align: center;">DEFER</p> <p style="text-align: center;">Submit the information to the FAA.</p>
<p>C. Primary polydipsia (dipsogenic or psychogenic)</p>	<p>Submit the following for FAA review:</p> <ol style="list-style-type: none"> 1. A current, detailed Clinical Progress Note generated from a clinic visit with a board-certified endocrinologist, nephrologist or treating physician no more 	<div style="background-color: #ff0000; height: 15px; width: 100%;"></div> <p style="text-align: center;">DEFER</p> <p style="text-align: center;">Submit the information to the FAA</p>

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
<p>If due to a neurologic condition such as a tumor, infection, stroke, neurosurgery, or head injury--see that condition page</p>	<p>than 90 days prior to the AME exam. It must include:</p> <ul style="list-style-type: none"> • A detailed summary of the history of the condition; including etiology; • Current medications, dosage, and side effects (if any); • Physical exam findings; • Results of any testing performed; • Diagnosis; • Assessment and plan; • Prognosis; and • Follow-up. <p>2. Copies of any lab performed for evaluation of this condition.</p> <p>3. Copies of any imaging (CT/MRI, etc.) already performed.</p> <p>Note: Psychiatric evaluation will be requested if the documents show the condition is psychogenic polydipsia.</p>	<p>for a possible Special Issuance</p> <p>Annotate (elements or findings) in Block 60.</p>