

Medications, Part III

The following is a continuation of certification issues that pertain to medications.

Antianginals. You should all be able to guess this one! Recall that with any use of medications, it is the medical condition—not the medication—that should be your guide. In this case, angina is a specifically disqualifying medical condition, so an airman of any class may not be granted certification (without a waiver) for angina. These medications mask the symptoms, meaning they decrease the likelihood of someone having angina under exertion. We do not accept these medications under any circumstance, even if the medication is being used to treat esophageal spasm. This includes Ranexa (ranolazine), a newer medication used for chronic angina. Should an airman be taking one of the many antianginal medications and presents for certification with the results of a stress test, you may not accept the test results unless the airman had discontinued the use of the medication at least 48 hours prior to taking the test.

Bladder medications. These are a group of medications that are generally used to relieve urinary difficulties, including frequent urination and the inability to control urination. Ditropan (oxybutynin) is one of the medications we frequently see that aviation medical examiners mistakenly grant certification for. Performance testing performed with patients on this medication found that it causes sedation, especially in the elderly, for whom it is commonly prescribed. It is unacceptable. Some of the medications that are acceptable are Detrol and Detrol LA (tolterodine) and Uroxatrol (alfuzosin). Enablex (darifenacin) can prolong the QT interval but is allowed with a 30-day pre-observation period, requiring the AME to get a statement concerning side effects and any evidence of unfavorable ECG findings. Vesicare (solifenacin),

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Information About Current Issues



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a muscarinic receptor antagonist, also requires a 30-day observation period and mention of any side effects.

Gastrointestinal medications. This is a huge grouping of GI medications covering anything from gastroesophageal reflux to colitis to peptic ulcer disease. Once again, it depends first on the medical condition being treated. Histamine H2 receptor antagonists such as Zantac (ranitidine) are acceptable with no observation period. Reglan (metoclopramide), a medication that assists with the forward motility of the bowel, is unacceptable. All of the antispasmodic medications are unacceptable. For example, Bentyl (dicyclomine), Librax (chlordiazepoxide and clidinium), Levsin (hyoscyamine), and Lomotil (diphenoxylate and atropine). Imodium (loperamide), an over-the-counter medication in the USA, is used for diarrheal illnesses. It is acceptable providing the airman is not taking more than two tablets per day. Again, the issue here is why the airman is taking the medication.

Migraine treatments. This is another condition (as most are) where it is the medical history that should initially determine whether we grant medical certification. This condition will usually require an authorization for special issuance. For this article, I am not going to get into the many presentations of migraine headaches but keep to the discussion of treatments. We had

UPDATE NOTICE

Our Medical Certification physicians wanted me to remind you all of an innovation that came out some time ago that you may not be aware of: You can print a medical certificate from the Aerospace Medical Certification Subsystem (AMCS). You now can also print a medical certificate if the airman has an AASI (AME Assisted Authorization for Special Issuance). When we developed this program, I made sure that we could keep track of airmen that have one of 20 allowable medical conditions (see “Revised Policy Announced on Special Issuance Procedures,” *FASMB*, Spring 2002, p. 1).

To print a medical certificate for a third-class airman with one of these conditions, go into the AMCS and search for the airman’s record. When you pull it up, you will find an icon or radio button all the way to the right of the airman’s name that says “AASI.” Click on it and a medical certificate will come up, allowing you to change the expiration date. We built in the capability that won’t allow you to have a date of expiration past the date of the current medical examination. This function now makes it so you don’t have to use a typewriter any longer!

a “neurology summit” in March 2010 and discussed many medical conditions, including migraine. Accordingly, some policy changes will occur as a result of this summit. One change is that we are only going to allow an airman to have one migraine headache per month and that we are encouraging airmen with migraines to be on a prophylactic medication, rather than waiting until having a headache to take an abortive medication. An exception would be if the headaches occur very rarely and are dissipated by sumatriptan derivatives, which are all allowed. However, airmen are required to ground themselves

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for 24 hours after using sumatriptan derivatives. Most migraine preventive medications are acceptable. Medications such as the ergotamine derivatives, nonsteroidal anti-inflammatory medications, and beta blockers are all acceptable. An airman who relied on the use of narcotic analgesics would not be approved. One of the more common medications that are used is Midrin (isometheptene, dichloralphenazone, and acetaminophen). This medication is unacceptable. Our FAA neurology consultants “liked” the use of calcium channel medications such as verapamil (Calan, Covera, Isoptin, and Verelan PM) as prophylactic medications, all of which are acceptable.

Parkinson’s disease. With parkinsonism, the fundamental issue to be aware of is that the FAA has only allowed medical certification with an authorization for special issuance in only the mildest of cases. However, look for some future modifications of the required workup for this condition. About the only medication allowed in this condition is Levodopa with the carbidopa combination Sinemet. The COMT (catechol-O-methyltransferase) inhibitors entacapone, entacapone, tolcapone, and Stalevo (combination of entacapone, levodopa, and carbidopa) are not acceptable because of side effects like syncope, dizziness, fatigue, and hallucinations. Also unacceptable are dopamine antagonists pramipexole (Mirapex), ropinerole (Requip), and bromocriptine (Parlodel) because, without warning, they can cause falling asleep. Pergolide (Permax) can also result in sudden falling asleep and is thus unacceptable. Amantadine (Symmetrel) is used to treat influenza infections and is acceptable for short-term use in airmen, but it is unacceptable for treating parkinson’s. Benztropine (Cogentin), an atropine-like medication, is unacceptable, as are trihexyphenidyl (Artane) and deprenyl (Eldepryl).



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viewing TSA agents, to maintain their privacy, some travelers have expressed concerns about a violation of their rights.

A more commonly expressed concern by our airmen to our AMEs, however, involves the increased risk associated with radiation from x-rays. Air-carrier crewmembers are occupationally exposed to higher doses of ionizing radiation than normally received by members of the general population due to their volume of flights in a year. The backscatter technology does increase this risk, but only minimally. This technology uses soft (low-energy) x-rays that bounce back from the body and nearby objects to form images useful for body screening.

Utilizing information from one device used by the TSA (Rapiscan Secure 1000 by Rapiscan Systems), the CAMI researchers found that from the manufacturer’s worst-case scenario of exposure to radiation per scan, an individual could be scanned 2,500 times per year and not exceed the Health Physics Society’s recommendations for maximum radiation dose for security screening. Interestingly, the average effective dose of ionizing radiation in 2006 to an average member of the U.S. population from non-medical sources was equal to the dose of 32,000 “manufacturer’s worst scans.”

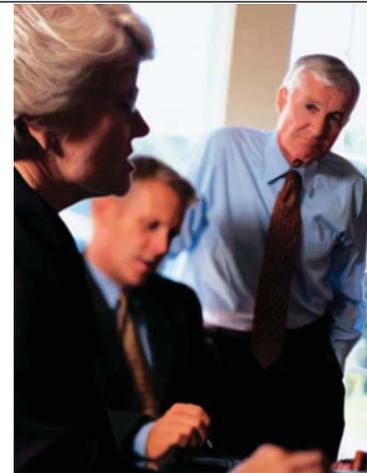
In summary, the additional dose of radiation from being scanned does not significantly impact radiation safety for most crewmembers. However, a pregnant crewmember should be aware that being scanned increases the dose to her unborn baby and may reduce the total number of future flights she can work during her pregnancy, to not exceed the recommended radiation limits.

To read the CAMI Radiobiology Research Team’s full report, please see: www.faa.gov/library/reports/medical/fasmb/media/backscatter_research.pdf



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AME site visits are mandated by our ISO9001 process; however, performing site visits serves many functions in addition to keeping us all in compliance with our ISO9001 quality assurance system. A site visit is always scheduled in advance with your office by regional office personnel, and it includes a discussion with you and your staff and a tour of your facilities.

We review your equipment, and both you and the FAA analyst fill out some paperwork. Photographs are usually taken. It is an opportunity for us to get to know you better and for you to tell us your concerns and ask questions.

Essential components of any type of site visit are communication and verification. As our designees, we trust you to represent the FAA to the pilot community, and we are obligated to make sure that we are all on the same page. Site visits and the overall AME Surveillance Program are “works in progress,” so we welcome your suggestions as we all strive for the safest possible national airspace system.

Remote site visits are being explored as a future direction to complement and supplement “live” site visits. The “virtual site visit” adapts the standard site visit format, utilizing video and a “real-time” telephone interview.

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