# CENTRAL SLEEP APNEA

All Classes
(Updated 01/25/2023)

| DISEASE/CONDITION | EVALUATION DATA | DISPOSITION |
|---|---|---|
| A. Central Sleep Apnea<br><br>**Noted on sleep study results ONLY** | If the AME can determine:<br><br>• The condition is NOT central sleep apnea;<br><br>• The sleep study apnea/hypopnea indices show:<br><br>○ **Less than 2** Central Apneas and/or Central Hypopnea episodes per hour occur<br><br>AND<br><br>○ **Less than 25%** of total apnea and hypopnea episodes are listed as central;<br><br>• The individual takes no medication for this condition;<br><br>and<br><br>• Individual has **NO** symptoms that would interfere with flight duties: | **ISSUE**<br><br>Use the standard OSA protocol.<br><br>Annotate Block 60 and submit the evaluation to the FAA for retention in the pilot's file. |
| B. Central Sleep Apnea **Diagnosis** | Submit the following for FAA review:<br><br>1. A **current, detailed Clinical Progress Note** generated from a clinic visit with the **treating neurologist or sleep specialist no more than 90 days before** the AME exam. It must include a detailed summary of the history of the condition; current medications, dosage, and side effects (if any); physical exam findings; results of any testing performed; diagnosis; assessment and plan (prognosis); and follow-up.<br><br>2. It **must specifically include:** | **DEFER**<br><br>Submit the information to the FAA for a possible Special Issuance. |

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| | • If there is excessive daytime sleepiness,<br>• If treatment is successful, and<br>• If the individual is compliant with treatment.<br><br>3. **Sleep study**/ polysomnography (most recent test results). It must be an **in-lab type 1 attended study**.<br><br>4. Any other testing performed or deemed necessary by the treating physician. | |