Mental Health/Depression in Aviation

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Bucharest, Romania
November 2013
6.3.2.2 The applicant shall have no established medical history or clinical diagnosis of:

a) an organic mental disorder;
b) a mental or behavioural disorder due to use of psychoactive substances; this includes dependence syndrome induced by alcohol or other psychoactive substances;
c) schizophrenia or a schizotypal or delusional disorder;
d) a mood (affective) disorder;
e) a neurotic, stress-related or somatoform disorder;
f) a behavioural syndrome associated with physiological disturbances or physical factors;
g) a disorder of adult personality or behaviour, particularly if manifested by repeated overt acts;
h) mental retardation;
i) a disorder of psychological development;
j) a behavioural or emotional disorder, with onset in childhood or adolescence; or
k) a mental disorder not otherwise specified;

such as might render the applicant unable to safely exercise the privileges of the licence applied for or held.

Note.— Mental and behavioural disorders are defined in accordance with the clinical descriptions and diagnostic guidelines of the World Health Organization as given in the International Statistical Classification of Diseases and Related Health Problems, 10th Edition — Classification of Mental and Behavioural Disorders, WHO 1992. This document contains detailed descriptions of the diagnostic requirements, which may be useful for their application to medical assessment.
No of suicides, men, United States, 1999-2010

Prevalence of treated coronary heart disease and anxiety/depression per 1,000 male patients by age: 1996

UK Office for National Statistics
Jet Blue flight 191, April 2012

"...recommend greater attention be given to mental health issues among aeromedical examiners and by the aviation community in general."
Figure 1.15
Percentage change in coronary heart disease (CHD) death rates, by sex, selected countries 1998 to 2008
On what does the current periodic examination generally concentrate?

- Physical examination
- Little guidance provided to Designated Medical Examiner on mental health (by most regulatory authorities)
  - Good DMEs consider mental health
  - Those less good may not
ALPA study 1997-2001

- 1200 professional pilots diagnosed with depression who contacted their office:
  - 60% intended to continue flying (without taking recommended medication)
  - 15% intended to continue flying (taking recommended medication) but without declaring such medication
  - 25% intended to declare their medication and cease flying
Assumption

• Psychiatric and behavioural issues are probably becoming more prevalent in the pilot population
• Pilots are flying whilst depressed, treated or not
New SARPs
(applicable November 2009)

• **6.3.2.2.1 Recommendation.**— An applicant with depression, being treated with antidepressant medication, should be assessed as unfit unless the medical assessor, having access to the details of the case concerned, considers the applicant’s condition as unlikely to interfere with the safe exercise of the applicant’s licence and rating privileges.

• **Note 1.**— Guidance on assessment of applicants treated with antidepressant medication is contained in the Manual of Civil Aviation Medicine (Doc 8984).
Suggested questions for depression:

1) During the past three months, have you often been bothered by feeling down, depressed or hopeless?

2) During the past three months, have you often been bothered by having little interest or pleasure in doing things?

3) During the past three months, have you been bothered by having problems falling asleep, staying asleep, or sleeping too much, that is unrelated to sleep disruption from night flying or transmeridian operations?

4) In the past three months, has there been a marked elevation in your mood lasting for more than one week?
Suggested questions for anxiety/panic attack:

1) In the past three months, have you had an episode of feeling sudden anxiety, fearfulness, or uneasiness?

2) In the past three months, have you experienced sensations of shortness of breath, palpitations (racing heart beat) or shaking while at rest without reasonable cause?

3) In the past year have you needed to seek urgent medical advice because of anxiety?
Suggested questions concerning alcohol use:

1) Have you ever felt that you should cut down on your drinking?

2) Have people annoyed you by criticizing your drinking?

3) Have you ever felt guilty about your drinking?

4) Have you ever needed a drink first thing in the morning?

5) How many alcoholic drinks would you have in a typical week?

6) How many alcoholic drinks would you have on a typical day when you are drinking?
Suggested questions concerning drug use:

1) Have you used drugs other than those required for medical reasons?

2) Which non-prescription (over-the-counter) drugs have you used? When did you last use this drug(s)?
Case 1

- 43 years first officer
- Wife died of cancer, leaving him and three teenage children.
- Diagnosed with depression
- No significant past medical history – but father had suffered occasional severe bouts of depression
- Prescribed anti-depressant sertraline (Zoloft/Lustral) for five months
- Off work 12 months - returned three months after stopping sertraline, feeling well
- On return to work could not cope with disrupted sleep and failed a simulator check
- Diagnosed with depression again
Case 1

• Prescribed setraline again
• Good effect
• After six months ready to return to flying—still taking setraline
• Treating psychiatrist recommends continuing to take sertraline for five years before attempting to stop
• Pilot wants to stop sertraline now if the regulatory authority will not permit the taking of antidepressants, so he can return to flying
Action?

- Can the pilot return to flying whilst taking sertraline?
- If not, why not?
- If yes, what follow up?
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Actions?

- What are company rules about drinking and flying?
- Are they relevant to the certificatory decision?
- What are State rules about acceptable blood levels of alcohol?
Further information

- Pilot attended a party the previous night
- Stopped drinking at 2200 (verified)
- Drank beer and spirits during day from lunchtime
- Previous unblemished record
- ? Certificatory decision
He was returned to flying.
DME asked to keep an eye on him.

- No problem for two years.
- On night stop did not turn up for crew transport at 0600.
- Found in room by first officer and hotel staff under influence of alcohol.
- Had been drinking during the night after returning to hotel room.
Action?
Case 3

- 37 year old air taxi pilot, 3000 hours
- 3 drink driving offences
- GGT, MCV, CDT normal
- No evidence of alcohol dependence
Issues

- No problems with flying
- Not an alcohol problem?
- ? Personality disorder
- Psychological tests?
UK male alcohol related death rates per 100,000 population, by age group and year
Mean rates for units drunk per week and OH related deaths per 100,000 per year.

Age

http://www.cdc.gov/alcohol/data-stats.htm
Health impact of drug use (US)

Cocaine and heroin hospital emergency room mentions, 1978-1996

Illicit drug use by pilots??

- Figures not available
- Population figures indicate the numbers are increasing
- Likely to be reflected in the pilot population