

Would you fly with this pilot? Psychiatric issues

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Psychiatric illness

- 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.

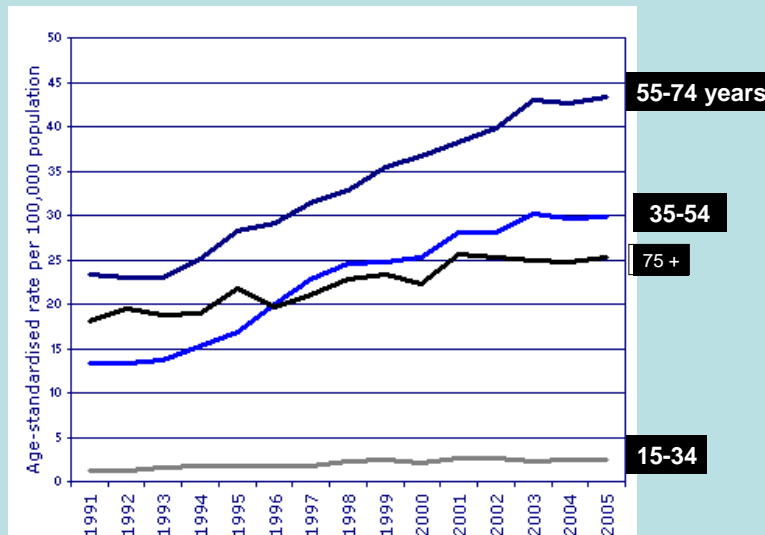
Note.— Mental and behavioural disorders are defined in accordance with the clinical descriptions and diagnostic guidelines of the World Health Organization as given in the International Statistical Classification of Diseases and Related Health Problems, 10th Edition — Classification of Mental and Behavioural Disorders, WHO 1992. This document contains detailed descriptions of the diagnostic requirements, which may be useful for their application to medical assessment.

New SARPs

(applicable November 2009)

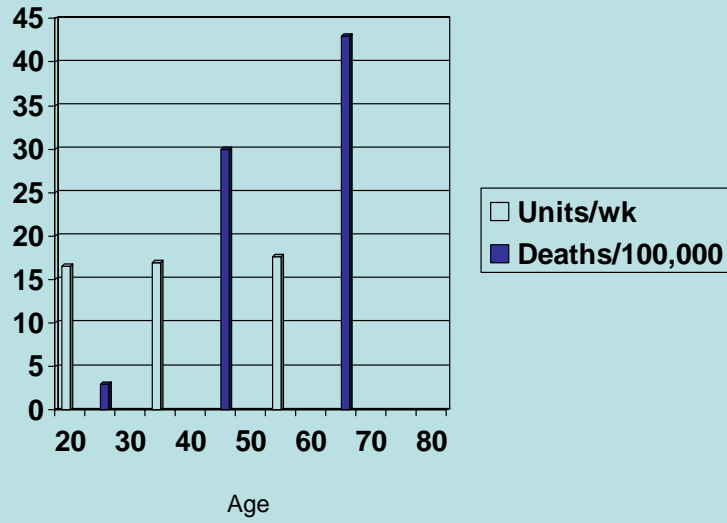
- **6.3.2.2.1 Recommendation.**— *An applicant with depression, being treated with antidepressant medication, should be assessed as unfit unless the medical assessor, having access to the details of the case concerned, considers the applicant's condition as unlikely to interfere with the safe exercise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

UK male alcohol related death rates per 100,000 population, by age group and year

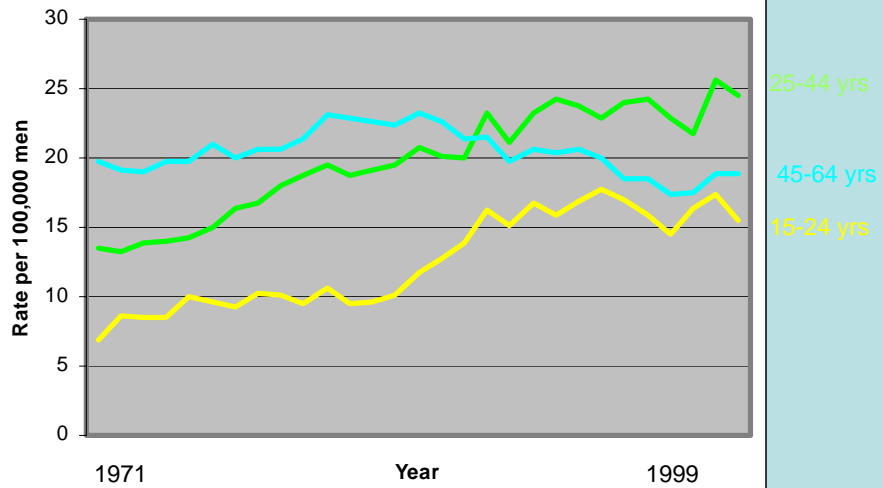


UK Office for National Statistics

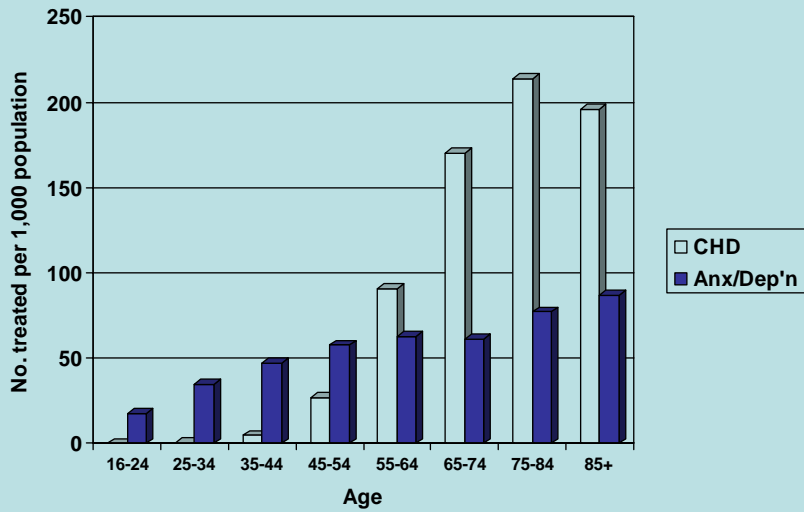
Mean rates for units drunk per week and OH related deaths per 100,000 per year



Suicide rate men, UK, 1971-1999
Office for National Statistics



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



UK Office for National Statistics

Illicit drug use by pilots??

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

Assumption

- Psychiatric and behavioural issues are probably becoming more prevalent in the pilot population

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 sertraline again
- Good effect
- After six months ready to return to flying-still taking sertraline
- 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?

Case 2

- 54 year old airline captain
- Reported by cabin crew as smelling of alcohol during pre-flight brief at 1130
- Taken off flight and found to have blood alcohol concentration of 32 mg/100 ml (0.032%)
- Denies drinking for over 12 hours
- Assessed temporarily unfit

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

? Decision

Issues

- No problems with flying
- Not an alcohol problem?
- ? Personality disorder
- Psychological tests?

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