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# Health Watch: Meds, FAA Policy, and You

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Earlier this year, the NTSB issued its “Most Wanted” list of transportation safety improvements for 2015. Among the 10 items was “End Substance Impairment in Transportation.”

The safety board’s recent study regarding drug use among fatally injured pilots showed that “*the most commonly found impairing substance in fatal crashes was diphenhydramine, a sedating antihistamine found in over-the-counter medications.*”[emphasis added]

Even though the overwhelming majority of these fatal accidents involved general aviation, the caution for ALPA members is the same: Whether you’re flying for your airline or doing any kind of military or general aviation flying during your time off, diphenhydramine (the active ingredient in over-the-counter Benadryl and many cold and allergy products) and other potentially impairing medications could put you in the accident database.

Moreover, based on recent research that showed some people metabolize some medications more slowly than previously thought, the FAA has extended the mandatory waiting time between last dose of potentially sedating or cognitively impairing medications and performance of flight duties. The agency’s new rule is that an airman must wait five dosing periods or five half-lives of the medication, whichever is longer, before flying or engaging in activities pertaining to flight such as flight planning or performing preflight inspections. The FAA previously required pilots to wait only two dosing intervals.

Of particular note, the FAA has extended the waiting time after taking Benadryl or other source of diphenhydramine to 60 hours. Dextromethorphan, the “DM” in many cough medications, requires a minimum waiting period of 48 hours for the same reason.

For example, for hay fever requiring antihistamines, the FAA’s *Guide for Aviation Medical Examiners* advises, “The nonsedating antihistamines loratadine [Claritin], desloratadine [Clarinex], and fexofenadine [Allegra] may be used while flying if, after an adequate trial period, symptoms are controlled without adverse side effects.”

However, an aviation medical examiner (AME) may certify a pilot “with seasonal allergies requiring any other antihistamine (oral and/or nasal)” only if the pilot refrains from flying until

- at least five maximal dosing intervals have passed. For example, if the medication is taken every 4–6 hours, the pilot must wait at least 30 (5 X 6) hours after taking the last dose to fly.
- at least five times the maximum terminal elimination half-life has passed. For example, if the medication half-life is 6–8 hours, the pilot must wait at least 40 (5 X 8) hours after taking the last dose to fly.

On a related note, pilots receiving desensitization injections for one or more allergies must wait four hours after the injection(s) before operating aircraft. The FAA allows the use of nasal steroid sprays when flying.

### **A few other cautions**

- Read carefully the literature that you receive with any medication; it should include warnings about any potentially harmful results of taking the medication with other medications. For example, sildenafil (Viagra) should not be taken with some blood pressure and heart medications because the combination can lead to a potentially dangerous drop in blood pressure. Certain foods can also greatly lengthen the time required for your body to metabolize a particular medication. When in doubt, contact the physicians at ALPA's Aeromedical Office.
- Be aware that medications obtained in or from other countries may contain unknown or illegal substances.

### **Medication database**

The FAA does not publish a list of "approved" medications for pilots. However, several of the federal aviation regulations, FAR 61.53 and FAR 67.113, specifically prohibit flying while having a condition or taking a medication that might affect flight safety.

ALPA's Aeromedical Office provides, on its website, [www.AviationMedicine.com](http://www.AviationMedicine.com), a database of medications that the FAA commonly allows pilots to use during flight and while performing aviation duties (e.g., conducting a preflight inspection), plus restrictions on medication use and medications that the FAA does not normally allow pilots to use. For detailed descriptions of the medical conditions that these medications are used to treat, please search for related medical articles in the Medical Articles Database on the website.

Remember—the *primary issue with the FAA is whether the medical condition for which you are being treated is compatible with safe flight*. The question of treating the condition with medication is of secondary concern. The FAA also will ground pilots who experience side effects from permitted medications.

Medications must be reported on each application for an FAA airman medical certificate on Block 17. Applicants should indicate the reason for using the medication and the absence of side effects. Consult an ALPA Aeromedical Office physician if you have a question about a specific medication or need a full explanation of current FAA policy.

### **I'm Safe**

The FAA-endorsed "I'M SAFE" mnemonic is still excellent broad guidance for pilots to use in assessing their own fitness for flight.

As the FAA Aeronautical Information Manual explains, "Aircraft accident statistics show that pilots should be conducting preflight checklists on themselves as well as their aircraft, for pilot impairment contributes to many more accidents than failures of aircraft systems."

Thus pilots should use the “I’M SAFE” personal checklist before every flight to confirm that they’re physically and mentally safe to fly:

**Illness**—Am I suffering from any illness or symptom of an illness that might affect me in flight?

**Medication**—Am I taking, or have I recently taken, any prescription or over-the-counter drugs?

**Stress**—Am I undergoing any psychological or emotional stresses that might affect my performance? Am I suffering from anger, grief, anxiety, depression, or other debilitating emotions?

**Alcohol**—Have I met regulatory and company requirements for time elapsed between drinking any alcoholic beverages and reporting for duty?

**Fatigue**—Am I sufficiently rested to be fit for flight?

**Eating/Hydration**—Did I consume appropriate food and liquids before the flight and do I have adequate supplies to complete the flight?

*ALPA members may contact the Aviation Medicine Advisory Service ALPA Aeromedical Office, free of charge, at 303-341-4435 Monday through Friday, 8:30 a.m. to 4:00 p.m. mountain time, or visit the Aeromedical Office website at [www.AviationMedicine.com](http://www.AviationMedicine.com).*

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