

from the Federal Air Surgeon's  
**PERSPECTIVE...**

BY FRED TILTON, MD

NEW OBSTRUCTIVE SLEEP APNEA  
POLICY

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disqualifying condition for airmen and air  
traffic control specialists.*

I HOPE YOU ALL had a happy and really scary Halloween, and that you will have a wonderful Thanksgiving. The purpose of this editorial is to alert you to a policy that we will be releasing shortly on obstructive sleep apnea (OSA). OSA is almost universal in obese individuals who have a Body Mass Index (BMI) over 40 and a neck circumference of 17 inches or more, but up to 30% of individuals with a BMI less than 30 have OSA.

OSA inhibits restorative sleep, and it has significant safety implications because it can cause excessive daytime sleepiness, cognitive impairment, cardiac dysrhythmias, sudden cardiac death, personality disturbances, and hypertension, to cite just a few. Untreated OSA is a disqualifying condition for airmen and air traffic control specialists (ATCSs), and it is a concern for the other modes of the Department of Transportation. It has also been a hot issue at the National Transportation Safety Board for several years.

Dr. **Nick Lomangino** has been working on this policy for quite a while, and I think he has developed an outstanding product. We have purposely moved slowly because we wanted to give everyone an opportunity to learn about some of the issues before we added major changes to the medical certification process. We began by publishing educational OSA pamphlets, talking about the issues at flying safety meetings, and adding an OSA session to the curriculum of aviation medical examiner (AME) seminars.

The next step will be to require AMEs to calculate the BMI for every examinee (both airman and ATCS) by using a formula that is located in the examination techniques section of

the *AME Guide* and to record the results in Block 60 of FAA Form 8500-8. Airman applicants with a BMI of 40 or more will have to be evaluated by a physician who is a board certified sleep specialist, and anyone who is diagnosed with OSA will have to be treated before they can be medically certificated. Once we have appropriately dealt with every airman examinee who has a BMI of 40 or greater, we will gradually expand the testing pool by going to lower BMI measurements until we have identified and assured treatment for every airman with OSA. Note: We plan to implement the same assessment and treatment protocol for ATCSs, but we have to finalize some logistical details before we can proceed.

While this policy focuses on obstructive sleep apnea, you as AMEs must also be on the alert for other sleep-related disorders such as insomnia, parasomnias, or restless leg syndrome; or other physical anomalies such as a retrograde mandible, a large tongue or large tonsils, or neuromuscular or connective tissue disorders, because they could also be signs of problems that could interfere with restorative sleep.

I hope this editorial is of some use to you. I excluded a lot of detail because my intent was only to announce the new policy. The complete directions will be fully explained in the *AME Guide*.

Remember, you, as aviation medical examiners, are our front line, and your daily interaction with pilots and controllers has an enormous impact on the safety of the national airspace. Thank you so much for what you do for the Federal Aviation Administration, the flying public, and the individuals you examine.

—Fred

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