



Depression or dysphoria (sad mood) is a common condition," says Dr. Quay Snyder, ALPA's aeromedical advisor, "and our society is slowly coming to recognize and accept that. Some reports postulate that as many as 20 percent of Americans will suffer from depression in their lifetime. The idea that depression and other mental health conditions are related to chemical imbalances in the brain, not weakness of character, has gained acceptance in the lay public."

So if you suffer from depression, whether now or sometime in the future, take heart—you're not alone; the ALPA Aeromedical Office helps more than 1,000 pilots per year with these concerns. You need to get the help you need, then deal with your medical certification. Delaying treatment doesn't do you any good; in fact, it can prolong your return to the cockpit.

"Many [pilots] do not recognize that using medications in the early stages of a significant psychiatric condition may actually *decrease* the time they are grounded," Snyder stresses. "Postponing treatment until the condition has seriously deteriorated may require a more prolonged course of treatment with reduced chances of cure."

Spectrum of depression

The word "depression" is used in association with a number of mental health conditions, ranging from "mild depressive disorder" to "major depressive disorder" and the rare "catatonic depression." Depression can be *exogenous* (caused by outside factors, such as grief, illness, financial problems, marital/family stresses, divorce, or substance abuse), *endogenous* (the result of internal causes, perhaps inherited, and probably biochemical in nature), or a combination of these.

The disease may also coexist with other mental illnesses, which can complicate diagnosis and treatment.

Depression can be acute (of short duration) or chronic (ongoing for a long period of time) and vary from mild to severe. The big question for the pilot, the physician, and the FAA is, "What is the degree of impairment caused by depression?"

Symptoms

The American Psychiatric Association has defined a cluster of symptoms that occur in clinical depression (needing treatment) and major depression (perhaps requiring hospitalization). These include

- ▶ feeling depressed throughout the day (worst in the morning) to an extent that may be overwhelming and disabling;
- ▶ loss of interest in normally pleasurable activities (anhedonia);
- ▶ tearfulness;
- ▶ fatigue;
- ▶ change in sleep patterns;
- ▶ pervasive sadness and grief, perhaps helplessness; proceeding to *hopelessness* conveys a high risk for suicide;
- ▶ change (usually loss) of appetite;
- ▶ irritability;
- ▶ feelings of undeserved guilt, worthlessness, or sinfulness;
- ▶ inability to concentrate or think clearly;
- ▶ indecisiveness;
- ▶ illogical thoughts and misinterpretation of reality (difficult or impossible to self-assess);
- ▶ physical symptoms (headaches, stomachaches, and backaches are the big three); and
- ▶ sometimes agitation (pacing, inability to sit still).

Treatment options

Many options are available for treating depression. Progressing from the least to the most aggressive approaches, they include

- ▶ **Self-help:** Stay busy, maintain regular social contacts, and get regular exercise (aerobic exercise has been proven to increase production of endorphins, natu-

Depression: When Your Mood Goes Night IMC

If depression lays you low, get help sooner, not later, to get back in the cockpit.

By Jan W. Steenblik
Technical Editor

FAA Approves Flight with Four Antidepressants

In April 2010, the FAA issued a new policy on antidepressant use that allows pilots to fly while taking one (and only one, not a combination) of four widely used medications—Celexa, Prozac, Paxil, or Lexapro. The pilot must have been, and continue to be, stable on a single dose of the medication for at least 12 months before applying for an airman medical certificate. The pilot must undergo a psychiatric evaluation and, if approved, receives a special issuance airman medical certificate.

Dr. Fred Tilton, the FAA Federal Air Surgeon, told attendees of the 2012 ALPA

Air Safety Forum that his agency may consider adding more antidepressants to the approved list in the future.

Contact the ALPA Aeromedical Office (see box, page 28) for more information.



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ral mood elevators, in the brain). Avoid consuming alcohol, which is a mood depressant. Ensure that eating right, staying hydrated, and getting enough sleep are among your top priorities. If you're stretched too thin with volunteer activities, drop some. Forgive yourself. Let your friends and family know you need emotional support, a backrub, and help with the dishes.

► **EAP/clergy counseling:** Confiding in a member of the clergy or speaking to employee assistance program (EAP) counselors need not be reported to the FAA, with rare exception.

► **Nonphysician counseling** (for example, with a licensed clinical social worker or clinical psychologist): The FAA requires pilots to report all visits to health-care professionals unless done in the context of marital or family counseling without a personal psychiatric diagnosis.

► **Physician counseling (no meds):** This means strictly talk therapy, usually with a psychiatrist. The pilot must report this counseling to the FAA, but it is not usually disqualifying for continued flight duties.

► **Physician counseling (with meds):** Major depression is generally treated with one of four types of medication: selective serotonin reuptake inhibitors (SSRIs), second-generation antidepressants, and rarely with tricyclic antidepressants (TCAs) or monoamine oxidase inhibitors (MAOIs).

FAA policy

Snyder says that a major reason why pilots do not seek assistance is fear of having to report any counseling or treatment to the FAA and permanently losing their medical certificate and perhaps their career.

"This fear is unjustified in the vast majority of cases," he says.

A diagnosis of clinical depression may result in automatic grounding for all classes of FAA airman medical certificate

Postpartum depression

If you're a woman pilot and are pregnant, planning to become pregnant, or on maternity leave, you need to know about postpartum depression (PD, more serious than "the baby blues"), how this medical condition can affect your and your family's health, and the implications for your FAA airman medical certificate. If you're a male pilot and a new father, or about to become one, you should be alert to the possibility of PD in your child's mother.

PD occurs in approximately one in 10 childbearing women and is thought to be considerably underdiagnosed. The peak age range for incidence of clinical depression in general is 18–44 years, which coincides with the prime childbearing years. While the exact mechanism underlying PD is unknown, most experts feel that fluctuating hormones play a significant role.

The baby blues are much more common, occurring in 26 to 85 percent of pregnancies. These milder symptoms may involve tearfulness for no discernible reason, highly changeable mood, and increased sensitivity and irritability peaking four to five days after delivery.

Unfortunately, when not short-lived, these symptoms can blossom into clinical PD. In extreme cases, psychosis can develop in which delusions or hallucinations are present that often involve the baby, such as thoughts that a baby might be possessed by a demon and should die. Because of the risk to the mother and the child, postpartum psychosis is a medical emergency.

PD tends to last much longer than the baby blues unless the woman receives appropriate treatment. Many mothers delay seeking help because of perceived societal pressures, shame, or fear. Moreover, many women feel they are "losing their mind" and are afraid of repercussions if they admit it. For aviators, the problem is even more pronounced from fear of jeopardizing their flying careers. Fortunately, those fears can be alleviated.

For more information and assistance, contact the ALPA Aeromedical Office. [↗](#)



if it is severe enough to interfere with safety duties or requires medication to treat. The good news, however, is that the FAA almost always returns pilots to flight status after successful treatment is concluded and a waiting period (usually 90 days) has elapsed without recurrence of the depression or use of a mood-altering medication. Not surprisingly, the pilot has to undergo a psychiatric evaluation and provide substantiating documentation to the FAA.

In 2010, the agency relaxed its policy on use of antidepressants to permit pilots to fly while taking certain antidepressants. However, certain restrictions apply (see sidebar on page 27).

This is a very general overview of a complex subject; for more information and personal assistance, contact the ALPA Aeromedical Office. [↗](#)

ALPA members can contact the Aeromedical Office at 303-341-4435, Monday to Friday, 8:30 a.m. to 4:00 p.m. mountain time, or at www.AviationMedicine.com.



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