



AVIATION MEDICAL BULLETIN™

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MISTAKES EVERYONE MAKES WHEN THEY START A NEW YEAR'S DIET

New Year's Day comes but once a year, offering you a fresh start to get it right, get it tight, and finally reach your weight loss goals (if that's what you're working on).

But, following a diet that cuts out food groups and allows for zero wiggle room puts you in a worse situation than you started in. And that yo-yo dieting will damage your metabolism, putting you on track to rebound binge and then start yo-yo-ing again. That means you'll get stuck in that vicious dieting cycle. If you want to lose weight, there's no shame in cleaning up your diet in hopes of a healthier 2018. But to, successfully transition from two weeks of eggnog cocktails to 30 days of kale smoothies; make sure you're not making these mistakes:

1. Eating Foods You Don't Actually Like

If you think you're suddenly going to become a fan of brussels sprouts because it's January 2nd and you haven't eaten anything green in the past three weeks, you're setting yourself up to fail. One reason why diets don't work is that they force people to eat things they don't like. So if the kale smoothie isn't working out for you, try sautéed kale, kale chips, or better yet, ditch the kale and try spinach, collard greens, Swiss chard, or another vegetable. Another key to eating healthy without hating life is to experiment with spices.

2. Expecting Immediate Results

The celebrating you did over the holidays is not going to be undone after a week—or even a month of getting it together (i.e. healthy eating). The surest way to fall short of your goal or resolution is to make it unattainable. For instance: resolving to never eat your favorite takeout food again, or aiming to lose 10 pounds in one month. These will backfire because not allowing yourself the foods you enjoy leads to eventually bingeing on them when you can't take the torture anymore.

3. Not Making Your Meals Ahead of Time

One of the reasons why we overeat around the holidays is that there's an abundance of food out that's easy to grab. When the celebrating is over, make it easy to choose healthy options by preparing healthy food ahead of time. That way, you can get to it when you're hungry, instead of making a game-time decision when you're ravenous.

4. Not Checking Labels at the Grocery Store

Being a bit more particular about the foods you buy at the store can help you get back on track after eating everything without question. Read the food labels on the ingredients you're using to make a more informed decision about whether or not it belongs in your diet. It is especially important to pay close attention to serving sizes. Other important factors to consider are the amount of fiber and protein in your meals. Shoot for eight grams of fiber and 20 grams of protein in every meal to stay full.

5. Not Having a Backup Plan for Moments of Weakness

Putting a plan in place to change your diet is great. But, you've also got to plan for roadblocks. Take stress eating during a particularly annoying day, for example. If you know you're tempted to make yourself feel better with the help of ice cream, find a backup plan.

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FAST FACTS ON SITTING

Data and research overwhelmingly show that prolonged sitting is detrimental to your health. Here are some key facts:

- ✓ A recent study conducted in England shows that prolonged sitting is linked to a greater risk of death from all causes, but the strongest link is to diabetes.
- ✓ Excessive sitting has a negative impact on your body's metabolic system.
- ✓ Research reveals that a sedentary lifestyle increases the risk of cardiovascular disease. Some cardiologists have even stated that sitting most of the day is about as harmful and places you at about the same risk of heart disease as smoking.
- ✓ Global studies show, on average, we sit 7.7 hours a day, and some results estimate people sit up to 15 hours a day.

YOUR DIET & DIABETES: THE PREVENTION CONNECTION

With close to 29 million U.S. adults living with type 2 diabetes and a staggering 86 million in danger of being diagnosed, the need to start making healthy choices is more critical than ever.

Our everyday behaviors can determine if we develop this serious condition or not. Data from the Nurses' Health Study suggests that 90% of type 2 diabetes can be attributed to lifestyle choices including: excess weight; lack of exercise; a less-than-healthy diet; smoking; and excessive alcohol use. And, a more recent study published in *PLoS Medicine* indicates that diet, in particular, may play a key role in diabetes prevention. The study followed more than 200,000 people over a 20-year period and found that:

- People who chose diets that were predominately of plant-based foods developed type 2 diabetes 20% less often than the rest of the study subjects.
- For those with the very healthiest plant-based diets (including fruits, vegetables, nuts, beans, and whole grains), the reduction in type 2 diabetes was 34%.
- Those who made less healthy choices (such as sugar-sweetened beverages and refined grains) developed type 2 diabetes 16% more often than the rest.

It's important to note that you can follow a healthy diet all your life and still develop diabetes. And, not everyone who chooses an animal-based diet that is high in refined sugars will develop diabetes. However, the data does show that healthy dietary choices play a strong role in diabetes prevention.

What You Can Start Doing Today

You can start making healthier diet choices this very minute and it's not as hard as you may think! Try by incorporating as many of these strategies as you can:

- Include at least one fruit or veggie at every meal. Fill up half your plate with fruits and vegetables. They are rich in dietary fiber, antioxidants and vitamins and minerals.
- Swap refined carbs for whole grains. There is convincing evidence that diets rich in whole grains protect against diabetes, whereas diets rich in refined carbohydrates (white bread, crackers, chips, etc.) lead to increased risk. Brown rice, quinoa, oats and bulgur are all excellent sources of whole grains.
- Reduce your intake of saturated fat, sodium and added sugar. Try reducing your consumption of processed foods to reduce the amount of added sugars and sodium you eat.

DIABETES: DID YOU KNOW?

- According to the Centers for Disease Control and Prevention, 29.1 million Americans, or 9.3% of the population, has diabetes.
- Of these 29.1 million 8.1 million are undiagnosed.
- Research suggests that 1 out of 3 adults has prediabetes. Of this group, 9 out of 10 don't know they have it. People with prediabetes are at increased risk for developing type 2 diabetes and for heart disease and stroke. Other names for prediabetes are impaired glucose tolerance and impaired fasting glucose.
- More than 20% of health care spending is for people with diagnosed diabetes.
- Diabetes remains the 7th leading cause of death in the United States.

ELIMINATE HOLIDAY WEIGHT GAIN

Talk more, eat less. If you're at a holiday party focus on socializing, rather than the food. You'll likely get more enjoyment out of the gathering that way, and you'll save a lot of calories!

Get on the scale a few times a week. It's a simple and easy way to ensure you stay on track.

Try to exercise in the morning. It can help you make healthy choices. A study published in the journal *Medicine and Science in Sports and Exercise* found that when women worked out in the morning they not only moved more the rest of the day, but they also responded less to pictures of tempting food compared with the days they didn't do a morning workout.

Drink a glass of water, and then evaluate if you're truly hungry. Dehydration symptoms can mimic the feeling of hunger.

Choose smaller plates and cups. Less on your plate means fewer calories. This doesn't count of course if you go back for seconds and thirds!

Add protein to the plate. Holiday meals are typically rich in carbs (think potatoes, stuffing, chips, breads, etc). Make sure you're including healthy protein like chicken, turkey or salmon to your plate—it will help you feel full and satisfied.

Keep in mind that a taste here and a taste there adds up. If you're cooking or at a lot of holiday parties, frequent taste testing can quickly add up. Be mindful, and set aside time to eat, as opposed to constant tasting and grazing.

TOASTING TOO MUCH?

During the holidays, there's usually plenty of occasions and reason to raise your glass. Unfortunately, many American adults may be overdoing it. According to the National Survey on Drug Use and Health, 26.9 percent of people ages 18 or older reported binge drinking on at least one occasion a month, and 7 percent reported that they engaged in heavy alcohol use on a monthly basis.

Excessive alcohol intake can increase your risk for several chronic conditions, including liver disease and some cancers. Alcohol abuse can also have a negative impact on your job, relationships and safety—both yours and those around you.

Keep Your Cocktails in Check

If you drink, the following tips can help ensure you're not overdoing it, and only drinking in moderation.

Track your drinking. You may be drinking a lot without realizing it. Every time you have a drink, write down the day, time, location and how much. Do this for a few weeks or a month. This journal will help you become mindful of your drinking, and it will help you identify how much you may need to cut down.

Set goals and limits. Based off your tracking, set goals and limits to your drinking. If you drink daily, you may want to pick a day or two during the week not to drink. Or you may want to completely abstain for a week or longer. Taking a break from alcohol can be a good way to start drinking less.

Follow "best practices" when you drink.

When you drink, follow these strategies:

» Drink slowly; sip your drink

» Drink water before and after having an alcoholic beverage

» Don't drink on an empty stomach

Go public and ask for support. Let friends and family members know that you're making an effort to drink less. Ask for their support during this time. Letting them know can help reduce temptation (i.e., they will be less inclined to invite you out for drinks or offer you drinks).

Expect setbacks, but don't give up. As with trying to form any habit, it's common to have a setback. It often takes several attempts to successfully cut down or stop drinking altogether— so stick with it. If you're still finding it difficult to cut back on your drinking, contact your doctor or health care provider

ALCOHOL'S IMPACT ON YOUR BODY

Although there's some evidence that moderate drinking can offer some health benefits, chronic and excessive alcohol consumption can wreak havoc on your body. Here are some key findings reported by the National Institute on Alcohol Abuse and Alcoholism.

- In 2013 (the most recent data available), of the 72,559 liver disease deaths among individuals ages 12 and older, 45.8 percent involved alcohol.
- Among males, 48.5 percent of the 46,568 liver disease deaths involved alcohol. Among females, 41.8 percent of the 25,991 liver disease deaths involved alcohol.
- Among all cirrhosis deaths in 2013, 47.9 percent were alcohol related. The proportion of alcohol-related cirrhosis was highest (76.5 percent) among deaths of persons ages 25–34.
- In 2009, alcohol-related liver disease was the primary cause of almost 1 in 3 liver transplants in the United States.
- Drinking alcohol increases the risk of cancers of the mouth, esophagus, pharynx, larynx, liver, and breast.

HOW MUCH DO YOU KNOW ABOUT YOUR FAMILY HEALTH HISTORY?

A family health history is an important resource to have handy to share with your health care provider. Some conditions and diseases are hereditary, which means that if relatives or ancestors have or had them, you might be at increased risk for them.

Armed with your family health history, you can look for potential problems, and your provider can order screenings to keep on top of your health status. If you can, gather information going back at least 3 generations. Get information about your grandparents, parents, uncles, aunts, siblings, cousins, children, nieces, nephews and grandchildren.

Need help compiling a family health history? For a link to

the Office of the Surgeon General's online family history tool, go to <https://familyhistory.hhs.gov/FHH/html/index.html>.

DON'T BURN THE CAREGIVING CANDLE AT BOTH ENDS

If you're 1 of the more than 65 million adults in North America caring for an elderly, chronically ill or disabled loved one, you know how challenging — and exhausting — it can be.

- Lack of energy.
- Overwhelming tiredness.
- Sleep problems (too much or too little).
- Changes in eating habits; weight loss or gain.
- Increased alcohol consumption.
- A feeling of hopelessness.
- Withdrawing from, or losing interest in, activities you once enjoyed.
- Neglecting your own physical and emotional needs.
- Feeling as if caregiving is controlling your life.
- Becoming unusually impatient, irritable or argumentative — with the person you're caring for and with others.
- Anxiety about the future.
- Depression or mood swings.
- Difficulty coping with everyday things.
- Headaches, stomachaches and other physical problems.
- Lowered resistance to illness.

If you start to show any burnout signs, take time for yourself. Ask for help. Give yourself permission to take a break. Visit with friends. Exercise. Eat well. Don't sacrifice sleep.

VINEGAR FOR WEIGHT LOSS?

Through the ages, vinegar has been credited as a remedy for several conditions and illnesses from the flu to indigestion to getting rid of warts. Now, intriguing new science suggests that it may be of particular benefit on the weight control front. Past studies have already shown that it slows the glycemic response (rise in blood glucose) when consumed with carbohydrate-rich foods. In other words, combining vinegar with carbs can help you feel fuller for longer. More recently, research published in the *Journal of Agricultural and Food Chemistry* revealed that vinegar suppressed body fat accumulation in lab rats fed a high-fat, high calorie diet. Japanese researchers in this study found that vinegar's acetic acid may turn on certain proteins that stimulate the oxidation (burning) of fat.

Incorporating Vinegar Into Your Diet

One of the best and healthiest ways you can incorporate vinegar into your diet is by using it as a dressing (combined with oil and herbs) on your salad and veggies.

Here are five science-backed benefits to start this habit:

- ✓ Having a salad and veggies before or with your meal will likely reduce your caloric intake (salad and veggies are full of fiber and will help you feel fuller faster).
- ✓ The fat in the dressing's oil delays stomach emptying (which boosts satiety).
- ✓ The oleic acid in the olive oil triggers a quick and robust release of the appetite suppressive hormone CCK.
- ✓ The vinegar can help prevent carbohydrates from being fully digested and raising your blood sugar (the glycemic response).
- ✓ The vinegar may even turn on our fat-burning machinery!

What Should You Look For?

There are several varieties of vinegar, but the most common that you'll find include balsamic, apple cider and rice wine. When choosing a vinegar, take a look at the ingredient label for some indicators of quality or lack thereof. There is no need for extracts, sugars, colorings, artificial colorings or preservatives in vinegar. Vinegars with these added ingredients are generally masking a lesser quality vinegar.

YOUR DIET CAN HELP PROTECT YOU FROM STROKE

You may know a stroke happens when oxygen-rich blood is blocked from getting to part of your brain, but did you know your level of risk for a stroke is related to your diet? Every 30 seconds someone in the United States has a stroke, and someone dies from a stroke every 4 minutes, according to the National Stroke Association. For stroke prevention, choose a well-balanced, healthful diet, placing the emphasis on natural, whole, and unprocessed foods. Everything we do to reduce the risk of heart attack is also going to reduce the risk of stroke. A healthy diet will help you avoid high blood pressure and high cholesterol— negative influences that increase your risk of stroke. Here are diet tips from protein sources to potassium needs that can help you prevent a stroke.

Scratch the Sodium From Your Diet

About 80 percent of people who have their first stroke also have high blood pressure, and your blood pressure is affected by your diet choices. For example, a high-sodium diet is a major contributor to high blood pressure. This is because the excess sodium increases your blood volume and with it, the strain on your heart and blood vessels. To prevent a stroke, opt for a low-sodium diet of fresh foods you prepare yourself without adding salt. Skip processed and packaged foods notorious for their high salt content.

Pick Healthier Protein Sources

Increasing your intake of high-quality proteins by 20 grams (gm) a day may cut your stroke risk by as much as 26 percent. Lentils, nuts, and seeds are good sources of protein as well as other nutrients and fiber. Lean is the operative word when choosing meat, since your liver makes more cholesterol when you eat saturated fat, and limiting cholesterol is important in preventing stroke. Salmon and other fatty fish are rich in omega-3 fatty acids yet low in saturated fats, making them healthy choices for a diet to prevent stroke.

Add More Fruits and Vegetables to Your Diet

For every additional 200 gm (about 7 ounces) of fruit you eat each day, you might decrease your stroke risk by 32 percent. And, your stroke risk could drop by 11 percent for every additional 200 gm of vegetables you eat too. Leafy vegetables, citrus fruits, apples, and pears offer particularly good protection. Fruits and vegetables carry so many healthful vitamins and minerals, along with fiber, that you simply don't want to do without them.

Power Up Your Potassium Intake

People with the highest daily consumption of the mineral potassium were 27 percent less likely to have an ischemic stroke, particularly if they did not have high blood pressure. Having more potassium was also linked to a lower overall stroke risk, and lower risk of dying prematurely for any reason. This may be because potassium relaxes your blood vessels, rids your body of sodium, and lowers blood pressure. White and sweet potatoes, white beans, spinach, bananas, and fish are potassium-rich additions to your diet to help prevent stroke.

Focus on Fiber in Your Diet

Whole grains, nuts, seeds, fruits, and vegetables are excellent sources of fiber, and that may aid in prevention. Researchers found that for each additional 7 gm of fiber consumed daily, stroke risk decreased by 7 percent. One serving of whole-wheat pasta offers about 7 gm of fiber, as do two servings of vegetables or fruits. Other good fiber sources include beans, legumes, whole-wheat bread, brown rice, and air-popped popcorn.

Try the Mediterranean Diet

Following the mostly plant-based Mediterranean diet could decrease your risk by 30 percent. This diet focuses on fruits, vegetables, whole grains, legumes, potatoes, nuts, and seeds. Doctors recommend the diet to patients to help prevent stroke. Extra virgin olive oil and red wine are also included, with moderate amounts of fish, poultry, dairy, and eggs.

Avoid Heavy Drinking, Using Drugs, and Smoking

Excessive alcohol consumption puts you at higher risk of

having a stroke. A study noted that heavy drinking could lead to a stroke an average of five years sooner than in people who don't over-indulge. Illegal drugs also pose a particular risk for stroke. Cocaine can cause spasms of the blood vessels and lead to heart attack and stroke. Legal substances can be dangerous, too. Using tobacco can cause a stroke; cigarettes can increase blood clotting and spasms in the blood vessels and damage cells lining the blood vessels.

DECADES OF WEIGHT GAIN

The average daily calorie intake of American adults increased by about 500 calories between the early 1970s and the early 2000s, and by 350 calories for children. That is more than enough to explain the 19 pound average weight gain in adults and 9 pound gain in kids during this period.

HOW MUCH DO YOU KNOW ABOUT WEIGHT AND AGING?

Thinner is better as you get older.

True or False

The Correct Answer: False You want to be healthy, not frail. For older adults, what matters most is how active you are and whether you can do all your everyday activities. While it's important to stay at a healthy weight, how much of your weight is muscle instead of fat is also key. Your doctor can tell you if your weight is on track.

Your metabolism starts to slow down when you're in your:

20s

30s

40s

50 or later

The Correct Answer: 20s Starting in your 20s, you burn about 150 fewer calories per day. A big reason is that your body starts to shift its makeup -- more fat and less muscle -- if you're not active. Muscles burn more calories than fat, so if you let your muscles go, you won't burn as many calories as you used to.

Gaining weight is a fact of aging.

True or False

The Correct Answer: False You can keep your weight steady as you age. It does get harder, but it's possible. Those corners you cut when you were younger (huge portions, happy hours, little to no exercise)? You can't get away with them anymore. But age doesn't have to equal weight gain.

Eating too much is the No. 1 reason for gaining weight as you get older.

True or False

The Correct Answer: False Aging changes your body. Your metabolism slows down. You have to work harder to keep your muscle mass. So even if you're eating exactly the way you did when you were younger, age-related changes stack the deck in favor of gaining weight. Food still matters, but it's not shifting the numbers on your scale by itself.

Menopause makes women gain weight.

True or False

The Correct Answer: False Menopause is when a woman stops having menstrual periods. It happens around age 51 on average. Around the same age, many people -- women and men -- find that they're gaining weight. The biggest reasons for the extra pounds are a slower metabolism and less muscle mass, not menopause. Exercise still helps!

How many calories per day should you get after age 50 if you're moderately active?

1,600 for women and 2,000 for men

1,800 for women and 2,000 to 2,200 for men

2,000 for women and 2,400 to 2,800 for men

The Correct Answer: 1,800 for women and 2,000 to 2,200 for men. At any age, the number of calories you should get each day depends on how active you are. In this case, "moderately active" means walking 1.5 to 3 miles a day at 3 or 4 miles per hour. "Very active" would be walking more than 3 miles a day at that pace.

What can lead to muscle loss as you age?

Being less active

Changes in hormones

Unhealthy diet

All the above

The Correct Answer: All the above. When you lose muscle as you get older, doctors call that condition sarcopenia. The fix for it is exercise and nutrition.

Once your muscle mass starts to go, it's too late to do anything about it.

True or False

The Correct Answer: False You can save muscle mass by strength training. You can use weight machines at a gym or handheld weights, resistance bands, or your own body weight (think yoga poses, pushups, squats, and other basic moves). Get a certified trainer to show you how to do the moves right.

Your sense of taste can fade with age.

True or False

The Correct Answer: True When some older adults lose their appetites, it might be partly because their senses of taste and smell aren't what they used to be. Tasty food can help with this -- and good company at meals can, too.

JOGGING BEATS WEIGHT LIFTING FOR LOSING BELLY FAT

"Aerobic exercise is better than resistance training if you want to lose the belly fat that poses a serious threat to your health," researchers say.

That's the finding of their study that compared the effectiveness of aerobic exercise (such as jogging), resistance training (such as weight lifting), or a combination of the two activities in overweight, sedentary adults aged 18 to 70. The participants in the aerobic group did the equivalent of 12 miles of jogging per week at 80 percent maximum heart rate, while those in the resistance group did three sets of eight to 12 repetitions three times per week.

The Duke University researchers looked at how these types of exercise reduced the fat that's deep within the abdomen and fills the spaces between internal organs. This type of fat -- called visceral and liver fat -- is associated with increased risk of heart disease, diabetes and some types of cancer.

Aerobic exercise significantly reduced visceral and liver fat and improved risk factors for heart disease and diabetes, such as insulin resistance, liver enzymes and triglyceride levels. Resistance training didn't deliver these benefits. Aerobic exercise plus resistance training achieved results similar to aerobic exercise alone, the investigators found.

"Resistance training is great for improving strength and increasing lean body mass," lead author and exercise physiologist Cris Slentz said in a Duke news release. "But if you are overweight, which two-thirds of the population is, and you want to lose belly fat, aerobic exercise is the better choice because it burns more calories." Aerobic exercise burned 67 percent more calories than resistance training, the researchers found.

DIET REPORT CARD

How are Americans doing on eating habits? Since the early 1990s, the U.S. Department of Agriculture has been tracking what we're consuming. Every few years, the data is used to size up the American diet. Here's America's report card:

D Beverages. In 1997, soda became the most popular American drink, and it continues to be. We now drink roughly 50 gallons per person per year. The soft drink industry is doing well.

D Dairy products. Say "Cheese." And, many Americans do. Cheese consumption is up 200 percent since 1970.

Cheese is everywhere: in pizza, tacos, nachos, soups, salads. Cheese has now passed beef as the number one source of saturated fat.

B Flour and cereal. Bread, bagels, pasta, pancakes, cakes, cookies, doughnuts. Only a tiny fraction comes from whole grains.

B Added Fats & Oils. We're eating slightly less butter, margarine and much more oil. The biggest new consumable is trans fat, from partially hydrogenated oil.

F Sugar. We now produce 152 pounds of added sugar for every man, woman and child in America. That's 25 percent more than in 1970. Soft drinks account for one-third of our intake of sweets; so-called "fruit" drinks another 10 percent.

B Meat, Poultry, & Seafood. After a steep climb in the 50s and 60s, beef consumption peaked in the mid-1970s. While chicken consumption has grown in recent years, we still eat far more red meat (111 pounds per year per person) compared to 83 for poultry and seafood.

A Fruits & Vegetables. We are eating more fruits and vegetables than we did 30 years ago, but we still don't eat enough. There's an upswing in bell peppers, broccoli, carrots, cucumbers, mushrooms, onions, spinach, squash, and tomatoes (but not in brussels sprouts, cabbage, celery or sweet potatoes). We're eating more bananas, grapes, mangos, melons, pears, pineapples, and strawberries (but not apples, apricots, cherries, grapefruits, oranges, peaches, or plums).

C Milk. Whole milk and 2% milk consumption is down, but we still drink twice as much of these fattier milk varieties than 1% and fat-free.

COMING CHANGES TO DOT DRUG TESTING OF IMPORTANCE TO PILOTS

On November 13, 2017, the Department of Transportation (DOT) released their "Final Rule" regarding changes to their drug testing panel that are to go into effect on 01 January, 2018. Four (4) additional medications will be added to the current five panel drug test.

The specific medications, with some examples prescription medication trade names are: *

- **Hydrocodone** (Vicodin, Lortab, Lorcet, Norco)
- **Hydromorphone** (Diluadid, Exalgo)
- **Oxycodone** (OxyContin, Roxicodone, OxyFast),
- **Oxymorphone** (Opana, Numorphan).

* Note that the trade names of these example prescription medications are in no way complete. If

questioned, the generic names (in **bold** above) should be used as reference.

Testing will continue for the five categories of substances of abuse, namely marijuana, amphetamines, cocaine, PCP (Phencyclidine) and codeine (which tests for codeine and morphine metabolites).

Why the change?

For over 30 years, the DOT has been testing for the five substances of abuse that were considered the most hazardous back in the 1980s. However, during this period many synthetic forms of pain medications (opioids) have been developed and added to the medical marketplace. The four medications added are synthetics that would not be detected using the previous panel.

With the epidemic of opioid abuse, dependence and death, in the United States, the DOT elected to expand the testing panel to provide a greater assessment of hazardous drugs in the workplace.

As a Pilot how does this impact me?

Under FAR 61.53 Pilots should check with their physicians regarding the use of medications and how it could impact their flight performance. Regrettably, too many physicians are not aware of what medications the FAA prohibits Airmen from using. It can be expected that the changes to the DOT drug panel from five (5) to nine (9) medications will not become common knowledge among healthcare providers for some time.

Therefore, it is even more important that a Pilot contact a medical resource that is knowledgeable on DOT testing and aeromedical certification standards for questions about prescription medications they are prescribed. Such resources include your Aviation Medical Examiner (AME), your Federal Express Aeromedical Advisors at Harvey W. Watt & Company (1-800-241-6103), your ALPA Aeromedical Advisors, or the FAA at (405-954-4821).

What happens if I test positive for one or more of these new medications added to the DOT drug-testing panel?

As with the current protocol, if the Pilot is found to be positive for one of more of the drugs on the nine panel DOT test, they will be contacted by a Medical Review Officer (MRO) to investigate possible reasons for the result.

For most employee groups tested under the DOT program, positive test results are due to the employee

being on a valid and current medical prescription. If such a prescription can be validated by the MRO, then the test is determined to be negative.

However, given the higher standards imposed on Pilots by the FAA, Airmen should not have a prescription for these controlled substances and be on active flight status.

Bottom-line: While DOT positive drug tests are rare among Pilots, the addition of these four synthetic opioid medications to the test-panel need to be appreciated by Airmen. Further, it cannot be assumed that prescribing healthcare providers will be aware of these changes.

Should you have questions regarding any medications and how they could impact your fitness for flight, contact an aeromedical resource to get the information you need.

Written by Harvey Watt Physician Dr. Tom Faulkner

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WHAT'S THE DIFFERENCE?



We are often asked, “If we have Long Term Disability (LTD) coverage for our pilots, why do we/they need Loss of License (LOL) coverage”? The answer lies in an explanation of the difference between LTD and LOL.

Traditional LTD carriers don't recognize what we call the licensing risk. That's the risk of an FAA licensing grounding that can extend well beyond the resolution of the health issue/problem that initially triggers a disability benefit. Further, they generally don't recognize at all, those health related licensing safety issues that cause a pilot's loss of income, but never trigger an LTD benefit. Below is an example:

A pilot has to have a stent. After 45 days, his cardiologist releases him to go back to work. The LTD carrier reasons that his health problem has been solved, and his doctor released him, so they deny or cease further payment of benefits.

Here's the problem: The FAA won't even consider letting him fly until at least six months has elapsed between the event and his request to go back on flight status. And, it's incumbent on the *pilot* to prove to the FAA that he/she is fit to fly after the six month mark. So, he has to know the FAA requirements, have extensive testing, and have his case presented to the FAA Cardiac Review Board for a "Special Issuance". (And, by the way, the board only meets every other month.) So, in the real world of aviation, it can be seven to twelve months before this pilot can fly again even though the LTD carrier stopped benefits after 45 days. A LOL contract would continue to pay him long after the LTD plan stopped.

The bottom line is that traditional disability insurance will not typically consider a pilot disabled once your treating doctor or the insurance company's doctor say "he's good to go." Hence the reason Loss of License Insurance was created and our experience shows it pays nearly 1 in 20 covered pilots every year.

With 65 years experience, Harvey Watt & Co provides the *only* US pilot disability plans for individuals and small groups we know with a FAA Medical Licensing definition of disability for commercial pilots.

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