

SLEEP APNEA EVALUATION SPECIFICATIONS

Obstructive Sleep Apnea - Review of multiple specialists reports and medical publications indicate sleep apnea is a condition with significant complications such as, daytime hypersomnolence, also referred to as Excessive Daytime Sleepiness (EDS), cardiac dysrhythmia personality disturbances and significant hypertension. Those complications could present a risk to flying safety. The AMCD staff physician make the following recommendation:

I. Initial work-up should include:

- a. Sleep studies (overnight polysomnography). The evaluator should comment on any cardiovascular or psychological aberrations and provide the results of any test deemed necessary.
- b. Maintenance of Wakefulness Test (MWT), after therapy has been initiated. If a favorable current status report indicating effective treatment such as CPAP or surgery has been provided with the initial report, a current MWT will not be required.

II. Acceptable treatment includes:

- a. **SURGERY**
If surgery has been the treatment of choice, documentation of satisfactory results, to include post-op sleep study, current status report or a MWT evaluation should be done as soon as surgical wounds have healed or as recommended by the treating physician. If the treatment is successful, no follow-up is required.
- b. **CPAP**
A post treatment sleep study, MWT, or current status report should be provided to document effective treatment. Current status reports should be provided annually thereafter.

III. Unacceptable treatment includes:

- a. Tennis balls in sleep shirt.
- b. Weight loss only.

Difficult cases or cases denied seeking reconsideration may require review by a FAA specialist consultant.

IV. Suggested protocol for MWT:

- a. No dietary or medication manipulation is needed.
- b. The MWT consists of four twenty-minute test periods at two hour intervals (e.g., 9:00 a.m., 11:00 a.m., 1:00 p.m., and 3:00 p.m.)
- c. Patients should be monitored in the standard polysomnographic manner (central and occipital EEG, digastric EMG, and eye movement recorder).
- d. Patients be dressed and sitting semi-recumbent on a bed in a dark room.
- e. Patients are asked to remain awake, but not to use extraordinary measures such as face slapping or singing.
- f. The endpoint of each test period is either a sleep (three consecutive 30-s epochs or Stage I of any single 30-s epoch of Stages 2, 3, 4, or REM) or the end of the twenty-minute time period. The patient is then asked to stay awake until the next test.