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 hypersonnolence, 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.