

Seasons of Discontent

For many people, myself included, seasonal allergies are an unpleasant fact of life. Some people get them in the spring, others in the fall, and some unfortunate souls at both times of year. As we enter the brief respite between potential allergy seasons, I wanted to take a moment to discuss a concerning and persistent trend we are seeing in accident data. A few years ago my predecessor, Dr. Tilton, wrote about the dangers of flying while taking, or shortly after taking, certain medications specific to combating allergies. During the General Aviation Joint Steering Committee (GAJSC) review of loss of control accident data, the working group evaluated a random sample of 90 accidents occurring between 2001 and 2010. About 12 percent of these accident investigations found medications prohibited by the FAA as causal or contributory to the mishap. This seems to be a persistent problem for us.

The Nature of the Problem

The main offender in this case is diphenhydramine, commonly known by the trade name *Benadryl*®, but also found in many other medications. Diphenhydramine tends to impair what we call the “executive functions” of the brain, such as the ability to pay attention, planning, multi-tasking, memory, and problem solving. These functions are so critical to flying that any level of impairment to them is a major safety concern.

Diphenhydramine is also a key component of many, if not most, “PM” labeled medications and standalone sleep aids. Take a stroll down the over the counter (OTC) medication aisle of your local pharmacy or grocery store and read the ingredients label on the above mentioned medications to get an idea of the scale of the issue faced by pilots. Use of diphenhydramine is widespread. This isn’t to say diphenhydramine is a bad drug — it’s not — it is just that you need to be aware of its side effects and some of its primary uses beyond allergy relief. Simply put, you wouldn’t take a sleeping pill right before you got in the cockpit, so why are you taking an allergy pill that is also used as a sedative?

So what do you do if you are still stricken by those allergies? The best strategy is to find an alternative medication, which we will discuss in a moment. If you can’t find an alternative, you need to know how long to ground yourself before you’re safe to fly. Our current guidance is to wait until five times the maximum dosing interval has elapsed. In the case of a medication that is directed to be taken every four to six hours, that would be 30 hours after the last dose (5x6=30).

A Different Way Forward

If you’re anything like me, the idea of facing seasonal allergies without some form of medication is a daunting one. This doesn’t mean you have to choose between a season-long grounding and allergy relief, however. There are non-drowsy alternatives to diphenhydramine. One is loratadine (common trade names: *Claritin*®, *Alavert*®, *Wal-itin*®, and *Agistam*®), which work well for me. Other options include fexifenadine (*Allegra*®) and desloratadine (*Clarinex*®). These alternatives could offer better, non-impairing, options to treat your allergies. Still, we all have differing reactions to different drugs and different drug allergies. So please consult your personal physician or AME for recommendations in your specific case. Please help us spread the word on this topic. It remains a persistent problem for all of us (FAA, stakeholder groups, and the GA public), but it is a very solvable problem if we can get this message out. If you have any questions, don’t hesitate to contact your AME or Regional Flight Surgeon.

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For More information:

Pilot Safety Brochure: Medications and Flying

www.faa.gov/pilots/safety/pilotsafetybrochures/media/Meds_brochure.pdf

IM SAFE Checklist Airman Information Manual (Chapter 8): www.faa.gov/air_traffic/publications/atpubs/aim/aim0801.html

Drugs and Alcohol in Civil Aviation Accident Pilot Fatalities 2004-2008:

www.faa.gov/data_research/research/med_humanfacs/oamtechreports/2010s/media/201113.pdf