

MISCELLANEOUS WAIVERS

CONDITION: OVERWEIGHT AIRCREW (ICD9 2780)

Revised June 2002

AEROMEDICAL CONCERNS: Aircrew overweight/obese status becomes a safety of flight issue when body shape affects manipulation of aircraft controls, safe aircraft egress, or wear of safety (ALSE) equipment. In addition, overweight/obese status resulting from a disqualifying underlying medical problem may also be of concern. The weight control program as outlined in AR 600-9 is not an aeromedical program but an administrative personnel program overseen by the aviation unit commander.

WAIVERS:

Initial Applicants:

Class 1A/1W, 2, 3, and 4: All initial applicants are administratively required to meet height/weight or body fat standards as defined in AR 600-9. Height/weight will be recorded on the FDME, but no medical disqualifications will be entered for failing to meet these standards. Entry into aviation training may be administratively barred for failing to meet these standards.

Rated Aviation Personnel (All Classes): No waiver action or aeromedical summary is required for exceeding the height/weight standards listed in AR 600-9. Adherence to the standards described in AR 600-9 is a command issue. Waiver/AMS is only required if the overweight condition is caused by an underlying medical problem. (See Applicable APL)

INFORMATION REQUIRED: Initial Applicants: Height/weight as recorded on initial FDME.

FOLLOW-UP: None.

TREATMENT: An effective weight loss program includes the establishment of a supportive rapport with frequent follow-up visits, the institution of a nutritional, well-balanced diet, and an aerobic exercise program. For weight loss of 10 lbs. or less, simple dietary changes which involve avoidance of fried foods, alcohol, soft drinks, sugar rich foods, and "junk" food and the greater reliance upon foods rich in complex carbohydrates - beans, grains, fresh fruits, vegetables, low fat dairy products and fish is recommended. For weight loss of greater than 10 lbs., caloric restriction must be included. The caloric intake must be over 1200 calories for females and 1500-1800 calories for males, but less than approximately 13 times the patient's ideal weight in pounds. Dietitian consultation is required. If weight loss is unsatisfactory, a psychological consultation with consideration of behavior modification should be obtained. Weight loss goals should be realistically set at 4 to 8 lbs. / month. Fad diets, excessive exercise programs, hypnosis, either OTC or prescribed weight loss drugs, and surgery should be avoided. Detailed guidelines are available at the websites listed below.

DISCUSSION: Initial applicants for all classes of flight duty or training must administratively meet basic height/weight standards. For rated aviation personnel, after training and entry into aviation service, aviation medicine is mainly concerned with obesity/overweight aircrew when it becomes a safety of flight issue as described above. AR 600-9 outlines a personnel program not related to safety. The standards listed in AR 600-9 do not by themselves constitute grounds for the basis of a disqualifying condition. The FS/APA should be ready to support the command with in-flight evaluation, advice on nutrition, detection of unhealthy eating habits at mess and flight line visits, counseling of individual aircrew, and diagnosis of underlying organic diseases. The FS/APA serves to assist the aircrew member in achieving unit height/weight goals.

Obesity is associated with a host of adverse health outcomes and places a severe burden on the U.S. health care system. National estimates in the United States show a striking increase in the prevalence of overweight people during the past decade. The U.S. National Health Interview Survey (NHIS) found that the prevalence of overweight increased from 21.6% in 1983 to 27.5% in 1990. Currently, obesity is epidemic in the United States with over 40% of adults over 18 years of age having body mass indexes of greater than 31 (obese). Factors such as dietary knowledge, attitudes, and practices, physical activity levels, and perhaps social, demographic, and health behavior factors are the most likely candidates responsible for these increases in prevalence. Various techniques to lose weight may be initially effective; however, most individuals eventually gain this weight back. Because weight-related problems combine the physical and the psychological, multiple interventions are often appropriate. Although such programs as Optifast, Nutri-System, or Jenny Craig are thought to provide good motivational support, there has been little in the way of scientific analysis of their long-term effectiveness. If used, they should be combined with exercise and other behavioral changes. Using any anorectic drug currently is considered unsafe in the aviation environment due to potential side-effects. Their use, even in the temporarily grounded aviator, is not a miracle cure. Unless this medication is part of a comprehensive approach to nutrition and behavior, the patient will simply regain the weight lost after completion of the drug program. Note: Long-term use of anorectic medications is not approved in the United States.

REFERENCES:

American Dietetic Association: www.eatright.org
National Heart, Lung, and Blood Institute:
www.nhlbi.nih.gov/guidelines/obesity/ob_home.htm