

DERMATOLOGY WAIVERS

CONDITION: PSORIASIS (ICD9 696.1)

Revised August 2002

AEROMEDICAL CONCERNS: Psoriasis is a chronic, proliferative epidermal disease affecting an estimated 2-8 million people in the United States. Its most common course is one of discreet, localized plaques that respond well to treatment; however, extensive or even generalized involvement may develop; and in some, its severity is incompatible with the military aviation environment and deployments. The condition will be exacerbated by the stress and anxiety brought about during a deployed situation. In addition, some forms of therapy have side effects incompatible with aviation duty.

WAIVERS:

1. Initial Applicants:

a. Class 1A/1W: A history of or an active case of psoriasis is considered disqualifying for initial flight applicants. Exception to policy is not generally recommended.

b. Class 2F/3/4: Waivers for psoriasis are considered on a case-by-case basis. A mild case of psoriasis localized to an area not affecting the aircrew member's ability to wear or operate safety garments, mask, or helmet and controllable with occasional use of topical steroids such as vitamin D analogs is readily waived. More severe cases are considered on an individual basis.

2. Rated Aviation Personnel (All classes): Waivers for psoriasis are considered on a case by case basis. A mild case of psoriasis localized to an area not affecting the aircrew member's ability to wear or operate safety garments, mask, or helmet and controllable with occasional use of topical steroids is readily waived. More severe cases are considered on an individual basis.

INFORMATION REQUIRED:

1. Aeromedical Summary (AMS),
2. Dermatology Consultation; and,
3. If requested by USAAMA, photographs of affected areas.

FOLLOW-UP: Annual dermatology consultation.

TREATMENT: Use of topical steroids applied qd to bid to localized lesions are quite useful, especially in reducing scaling and thickness. Overnight or 24-hour occlusive therapy with these medications will initiate involution in most lesions. Caution: Prolonged use of fluorinated corticosteroids leads to skin atrophy, striae, and telangiectasia. Ultraviolet light is of substantial benefit in a garrison situation, but of little practical use when deployed to remote areas. Topical vitamin D analogs such as

calcipotriene (DOVONEX) are a useful adjunctive treatment to topical corticosteroids. Calcipotriene is used topically BID and is useful in reducing the total amount of topical corticosteroids needed and does not require a waiver. Other topical therapies include tazaratene (TAZORAC), a topical retinoid. Special precautions in females of child bearing age must be taken with use of tazaratene. Other treatments such as tar products and dithranol produce staining and are not considered compatible with flight status. Antimitotic drugs such as methotrexate (can cause ataxia or hallucinations) and retinoic acid (can cause liver toxicity, dry mouth, sore lips, and conjunctivitis) and cyclosporine (hypertension, hematologic abnormalities, and neurologic abnormalities – tremor) are also incompatible with flying.

DISCUSSION: Psoriasis typically does not manifest itself until the 3rd decade of life, though it may develop at any time. A family history of psoriasis is found in 30 percent of patients. It is less common in sunny climates and in those with darker skins. Psoriasis patients have fluctuating courses of spontaneous remissions and relapses making estimations of a cure totally unpredictable and unreliable. Complications include psoriatic arthritis and psoriatic trachonychia (nail involvement).

REFERENCE:

Andrew's: Diseases of the Skin – Clinical Dermatology 9th Edition, W.B. Saunders 2000. Chapter 10, ISBN-0-7216-5832-6.

Comprehensive Dermatologic Drug Therapy – Stephen E. Wolverton W.B. Saunders 2001 ISBN-0-7616-7728-2.

Emedicine – <http://www.emedicine.com/derm/topic365.htm>

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