

# Self-Medication

By LCdr. Bruce Hay

Here's the story of a friend who tempted the gods in preparation for a good-deal cross-country. My friend had arranged an all-JO flight back east for the Easter holiday, after an at-sea workup. During work-ups, he got a head cold that kept him from flying. If he couldn't make the flyoff from the boat detachment, he couldn't make the cross-country.

We repeatedly are told during flight training and physiology briefs, that we are not to self-medicate, even for a headache—no aspirin, no decongestants, no nothing. Every training-command safety stand-down includes a story of a student blowing his sinuses or eardrums while trying to hack it. Aviators almost become numb from the endless stories of pain, suffering and downtime. You would think savvy fleet aviators would be the last group of folks to tempt fate and fly while on medication, especially medication not prescribed by the flight doctor. Well, that would make for a boring *Approach* article, wouldn't it?

A few days before the flyoff, my friend decided to take matters into his own hands. He supplemented the medications the flight surgeon had given him with a collection of sundry, witch-doctor tricks. If you've ever read the label on a bottle of Sudafed, you know it says to take a dose every four to six hours. Well, my friend started taking his medications every four hours. Since nothing adverse happened, he decided every three-and-a-half hours would be OK.

As he went around the squadron, he complained of difficulty sleeping, excessive perspiration, and increased heart rate. If you aren't familiar with the Physician's Desk Reference, I'll bring you up to speed. Those symptoms are classic of Sudafed overdose.

Just hours before the flyoff, my friend went to the flight surgeon after taking a couple of hits of Afrin—you know, "just in case." He nearly blew out his eardrums trying to valsalva for the

doc, but he did it. As an added measure, after the visit to medical and before the brief, he put a little Vicks VapoRub under each nostril. Sounds like a train wreck waiting to happen, doesn't it?

Everyone snickered during the brief, but no one intervened. Once airborne, the flight got in formation, with all four of the squadron jets desperately trying to remain VMC, despite the forming thunderclouds. Each new wave of weather changes was met with another climb and an increase in cabin altitude. Of course, my friend met each climb with trepidation: He knew he'd have to pass through all the pressure changes on the way down. Before descent, he took a couple of hits of Afrin, but still he developed a minor ear block on the approach into Whidbey.

The next morning was more of the same—more Sudafed and Afrin. The first leg was into Grand Forks AFB, then on to NAS Willow Grove. The descent was relatively painless, but the fun started on the takeoff after the gas-and-go. The air-conditioning turbine seized and cabin pressure rapidly spiked to ambient: about 20,000 feet. After limping back to Grand Forks



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to troubleshoot, my friend was in pain—not intolerable but pain, nonetheless.

The next day, the crew limped the jet back to Whidbey. They flew two legs, and the highest they could go without cabin pressurization was 10,000 feet. Each ascent and descent was another sinus-crushing event.

You may think this story ends with a six-month down time and sinus surgery, but, fortunately, for my friend, he didn't do any permanent damage. He was down for two weeks, mostly of his own will, by not seeing the flight surgeon until he fully had recovered.

There is one good outcome to this story, my friend no longer self-medicates. He was fortunate, but you might not be. ✈️

LCdr. Hay flies with VAQ-139.

*With friends like yours, you are going to need more friends because the others appear to be near suicidal. Why in heaven's name would they risk their lives by overdosing on a medication that can cause irregular heart rhythm and sometimes death? Compound that problem with a situation that overpressurizes an infected sinus or ear cavity. When changes in cabin pressure try to shove disease-causing bacteria into the circulation that connects to their small brain, you definitely have a good chance of needing another friend.*

*—Capt. Nick Webster is the staff flight surgeon at the Naval Safety Center.*

*P.S., I'm not flying with your friend.*



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