Workshops are now used as the vehicle to produce Society policy. This is certainly a better system than the previous approach of "someone" on the Society's Executive Committee being responsible for such policy development. These Workshops are advertised and anyone wishing to be involved, but being unable to attend, is invited to submit their views in writing. Consequently, there is no need for a review of the outcome of these Workshops through the Journal. This is clearly not the case here, as the membership was not informed of any intent by the Society to produce a policy on diving fitness certification. It follows that this policy is submitted as a draft and members and associates are invited to comment on the draft in writing through the Editor of the Journal. These comments will be considered by the Society Executive before the draft policy is accepted and forwarded to Standards Australia for inclusion in Standard AS 4005.1.

DRAFT SPUMS POLICY STATEMENT ON THE "CERTIFICATION" OF CANDIDATES FOR RECREATIONAL DIVING

A medical practitioner's statement of the compatibility of a candidate's health and recreational diving must include both an acknowledgment of "health risk" and an acceptance of liability by the candidate. The format on page 214 should be used.

Key words

Health surveillance, diving fitness

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LETTERS TO THE EDITOR

DIAGNOSIS OF A DIZZY DIVER

ENT Department
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Norway
13/7/95

Dear Editor

I read with interest Carl Edmonds' article "Diagnosis of a dizzy diver" in SPUMS J 1995; 25(1): 29-31. I agree entirely on his diagnosis and advice to cease scuba diving. However, I have a few minor comments.

Having been the holder of a private aircraft licence for many years I clearly envisage Edmonds' concern at being the passenger in an aircraft piloted by a potentially dizzy airman. However, after central compensation of a peripheral vestibular lesion, the system has become "recalibrated" and is probably not more prone to alternobaric vertigo than in persons with symmetrical peripheral vestibular function. At least I can not recall to have seen any documentation that they are, and nor in my experience in divers continuing to dive after such lesions. A test in a hypobaric chamber could decide that.

Eventually, the National Civilian Medical Aviation Board would have to decide on his flying ability when he applied for his medical recertification. The North American Federal Aviation Administration (FAA) Aero-medical Certification Division's (AMCD) current policy is: "An airman may receive a medical certificate if the condition is in remission and the airman can meet the medical standards for the class of certificate applied for. .....the condition has stabilized and the airman is asymptomatic".

Edmonds also advocates the use of a nasal decongestant (locally, I suppose) before sky diving. I do not think that will harm, but unless he has a blocked nose I am not convinced it will be of any help. I know it is being used by divers, but I have seen no documentation of its effect. In my own experience as a military sky diver with jumps from 13,000 feet and in excess of 1 minute free fall I have never had to perform equalisation manoeuvres, although I have been meticulous about that when diving in the sea. Neither have I heard of anyone else needing to equalise.

The ambient pressure at an altitude of 10,000 feet above sea level is 69.7 kPa. Sky diving to sea level from that altitude will correspond to diving from the surface to 3 msw. I always recommend divers to start pressure equalisation before reaching half that depth, so I do understand Edmonds' concern. However, during ascent in the aircraft prior to the jump the middle ear air will expand, so there should be no need for Edmonds' advice to inflate the middle ears by means of forceful Valsalva manoeuvres before the jump, since the middle ears will already be well inflated. Besides, I advise against the use of forceful Valsalva manoeuvres for middle ear inflation because of the theoretical risk of the resulting increased intracranial pressure being conveyed to the inner ear through the perilymphatic duct. I advocate the use of more gentle techniques, like the Frenzel manoeuvre.

Otto I Molvær

ANTIDEPRESSANTS AND THE DIVING MEDICAL

P.O. Box 635, North Adelaide,
South Australia 5006
10/7/95

Dear Editor

At a recent Diving Medical Examiner Course it was recommended that any person taking antidepressant drugs should be automatically classed as unfit for scuba-diving. Whilst this was a very reasonable disqualification in the past, recent therapeutic developments may merit a review of this general exclusion.

Until recently the only antidepressants that were prescribed in Australia were either members of the Tricyclic (TCA) or of the Monoamine Oxidase Inhibiter (MAOI) classes. The well-recognised side-effects of these drugs upon the cardiovascular system, irrespective of their additional adverse effects upon the autonomic and central nervous systems, are such that it is very reasonable to exclude any person using them from scuba-diving.

However, there are now new groups of antidepressant drugs available that are described as Serotonin Re-uptake Inhibitors (SSRI) or Reversible Inhibitors of MAO-A (RIMA) drugs. Fluoxetine (*Prozac* Eli Lilly), Paroxetine (*Aropax* Smith Kline Beecham) and Sertraline (*Zoloft* Pfizer) are available examples of the former and Moclobemide (*Aurorix* Roche) is the only example of the latter group. Extensive clinical and research experience of these drugs appears to exclude any significant risk of cardiac arrhythmia and they are clearly much safer in this regard than the TCA type of drug. They also do not seem to cause the drowsiness and sedation that is typically associated with TCAs.

Any person who is *currently* suffering from a Major Depressive Illness would almost certainly, irrespective of their medication, be considered unfit for scuba-diving. However, there is increasing recognition amongst psychiatrists of the prophylactic benefits of maintaining sufferers from *Recurrent* Depressive Disorder on antidepressants on an indefinite basis. Given the tolerability of the new classes of medications, this is now not only a valid clinical option but also one that is likely to be accepted by the many people prone to this debilitating disorder, who found the earlier medication difficult to bear.

It is thus increasingly likely that diving physicians will be approached by individuals with no current or recent history of a Depressive Episode, who are well stabilised on long-term antidepressant medication and are seeking clearance to go scuba diving.

Provided that person was taking one of the SSRI or RIMA antidepressants and was otherwise both physically and mentally fit I believe it would be difficult on theoretical grounds to justify excluding them from recreational scuba diving. However, whilst reassured by the literature on the newer antidepressants, I am unable to find any direct clinical references on this topic and wondered if any of my colleagues have any practical experiences to assist us in making such decisions.

John Couper-Smartt

IS THE SNORKEL STILL USEFUL?

201 Wickham Terrace
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10/8/95

Dear Editor

What would the diving industry do without Bob Halstead? His letter "'I Sink, Therefore I Am" (SPUMS J 1995; 25 (2 June): 106-109) is a classic with his witty and wicked observations as to what defines a diver. His letters should be compulsory reading for all divers.

Although I agree with the bulk of his observations, I do not share his insistence that one should dispense with a snorkel. I find a snorkel a most useful piece of equipment. It is no hindrance to ones diving except perhaps when entering wrecks or caves and there is always the occasion when a snorkel is more valuable and more comfortable than a regulator.

Two examples, first while waiting on the surface of the water to be picked up by a boat after a drift dive or, in the extreme instance where one has to ditch ones tank and weight belt and attempt to swim to safety or to stay in the one position. There have been many instances of divers being left behind by the dive boat (but not by the *Telita*) and being picked up the following day, if they are lucky !

For me, I will stick with my snorkel and reduce surface tension.

Bill Douglas