

### **INTRODUCTION:**

- US Army School of Aviation Medicine (USASAM) has conducted altitude physiology training for military air crew since the early 1970s (Fig. 1)
  - On average, USASAM completes 50-60 chamber flights per year, with up to 16 students per flight
  - Flights up to 25,000ft allow students to experience the effects of high altitude and hypoxia
- There are inherent physiologic risks with this training, including Decompression Sickness (DCS)
- To date there is no comprehensive medical model to determine with certainty whether an individual will develop an adverse event during high altitude exposure (Conkin, 2013)
- This pilot study provides summary observational data and • Despite standardization of training and high USASAM training descriptive epidemiology of hypobaric chamber training-related throughput, an extensive review of historical data for adverse adverse events events has not been conducted
- This retrospective epidemiologic study sought to stimulate further inquiry into the safety of chamber flights in aviation training

### **METHODS**:

- Historical training records were retrieved through an IRB exemption for FY 2014-2016
- De-identified data, maintained at USASAM, were reviewed for:
- Incidence of evolved gas dysbarism (DCS Types 1 or 2)
  - Adverse physiologic event (Phys)
  - Early discontinuation (D/C) of flight profile prior to reaching 25,000ft

### **RESULTS**:

- 2395 student training records were reviewed
  - 2134 males, 259 females, 2 undocumented gender

  - Ages: 18 to 70 years (military and civilian aircrew) Three flight profiles: IV (Fig. 2), IV + RD (rapid decompression), V; 1208, 768, 419 students respectively
- Of all students trained, records indicate:
  - Zero DCS events
  - 60 total events (2.51%): 48 males, 12 females
    - All physiologic events were minor and most were identified as trapped gas dysbarism of the ears, teeth, or sinuses
    - Eight of the 51 Phys were female and four of the nine D/C profiles were female
    - Of the 2134 males, 2.01% and 0.23% experienced Stepanek J, Webb JT. Physiology of decompressive stress. In: Phys and D/C, respectively; of the 259 females, Davis JR, Johnson R, Stepanek J, Fogarty JA, editors. incidence of these events were 3.09% and 1.54% Fundamentals of aerospace medicine. 4<sup>th</sup> ed. Philadelphia, PA: (Fig. 3) Lippincott Williams & Wilkins; 2008.
    - By age, Phys events were highest in the largest groups: ages 24-29 years and 30-35 years (Fig. 4)

# **US Army Hypobaric Chamber Exposure:** Descriptive Epidemiology of Adverse Events, 2014-2016 A. K. Vargo, C. A. Myatt, D. J. Preczewski, J. J. Pavelites, S. J. Gaydos

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Figure 1. USASAM Hypobaric Training



### **DISCUSSION:**

- The absence of DCS events and the rare occurrence of minor physiologic insults is reassuring with regards to the safety of the USASAM altitude training program
- Limitations:
  - Non-standardized record keeping and event recording, to include non-descriptive events (e.g. "reactor")
  - Post-chamber flight follow-up typically limited to same-day
- Possible future research:
  - Statistical testing to determine the significance of age and gender differences in rates of events
  - Comparing rates of events with other services or federal agencies
  - Using this study as a basis for longitudinal studies to track age and gender differences
  - Process Improvement Project to better standardize reporting

### **CONCLUSION:**

Preliminary data suggests the USASAM hypobaric chamber training program is low risk, most likely due to the altitude restriction of 25,000ft, education, and medical prescreening involved with chamber operations.

### **DISCLOSURE:**

I have no financial relationships to disclose. **REFERENCES**:

- Conkin J, Gernhardt ML, Abercromby AF, Feiveson AH. Probability of hypobaric decompression sickness including extreme exposures. Aviat Space Environ Med. 2013 Jul;84(7):661-8.
- 3. Training Circular (TC) 3-04.93: Aero Medical Training for Flight Personnel.

## Figure 2. Chamber Flight Profile (Type IV)



### Figure 3. Incidence of Adverse Events by Gender





