Effects Of Alternating East-West Rotations On Aircrew Fatigue

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Both authors are employees of Air France. Their opinion does not necesseraly reflect the views of Air France



Questionnaire

- During systematic occ.med. follow up
- Criteria:
 - At least 4 rotations during last 6 weeks
 - Exclusion return to work after sickness or on request exams
- Inclusion of 296 cabin crew, 61 captain, 96 F/O
- Main outcome: Samn-Perelli fatigue scale

Samn-Perelli fatigue checklist

- 1. Fully alert, wide awake
- 2. Very lively, responsive, but not at peak
- 3. Okay, somewhat fresh
- 4. A little tired, less than fresh
- 5. Moderately tired, let down
- 6. Extremely tired, very difficult to concentrate
- 7. Completely exhausted, unable to function effectively



Fatigue, Sleepiness, Sleep Quality : frequent complaints

	Cabin Crew n = 295	Captain n = 61	First Officer n = 96
Age	44.1	55.1	44.7
Commuting (mn/d)	118.0	89.6	109.3
Epworth Score	10.8	9.7 p	0 = 0.027 11.2
% Epworth > 10	51.2 %	42.6 %	54.2 %
Sleep quality	2.62	2.37	2.50
Sleep problems	50.0 %	41.0 %	41.7 %
On sleeping pill	17.6 %	11.5 %	20.8 %

Overall differences are not statistically significant (Except for internal comparison in pilots)



The Air France network : layovers mentionned in the questionnaire



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East-West alternances are common



Alternance are defined by a difference of minimum 3 h combined to an opposite jetlag between 2 consecutive layovers



Small relationship between SP score and count of E/W switches



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Combining jet lag and E/W alternance : the GK_i index



$\sum[|jetlag| \times (1 + EWswitches)] = GK_i$



GK_i properties



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No univariate relationship between GK_i and Fatigue ...



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...Neither in multivariate analysis



No relationship with the strain index

But some link with sleep quality, somnolence and being female



In summary

No link in multivariate analysis between fatigue, intensity of jet lag and E/W alternance during the last 6 weeks

According to crew, airlines should minimize E/W alternance at 1 per month

Despite these results, the occupational medecine department supports this recommandation on the basis of

- Bad baseline sleepiness and fatigue scores
- Fear of enhanced consumption of sleeping medications



Questions ?



