

# Class 1/2 certification - Hypertension

**Hypertension  
(Note 1)**

Unfit or Certificate issue delayed if  
BP exceeds 160 systolic and /or 95 diastolic

**Assessment (notes 1&2)  
and  
Treatment (note 3)**

## NOTES:

### 1) DIAGNOSING HYPERTENSION

If blood pressure (BP) >140/90, take second measurement during examination. If second measurement substantially different, take a third measurement. Record the lower of the last 2 measurements on Med 161. If BP >140/90, perform 24hr ambulatory BP. Use mean value of at least 14 measurements during waking hours. If 24hr ambulatory BP cannot be tolerated or for class 2 certificate holders, home blood pressure monitoring is acceptable (for each blood pressure recording, take 2 measurements 1 minute apart, take 2 recordings a day for at least 4 days, discard 1<sup>st</sup> day measurements and use average value of remaining measurements).

### 2) ASSESSMENT

See NICE guidelines. (<http://www.nice.org.uk/nicemedia/live/13561/56015/56015.pdf>)

Check for end organ damage: echocardiography should be performed if ECG shows LVH, repolarisation changes or LA overload; hypertensive retinopathy or chronic renal disease

Check urinalysis and urea, creatinine and electrolytes.

Assess cardiovascular risk (using <http://qrisk.org/> or BNF tables).

Certificate holders with hypertension should be referred to their GP (Class 2) or Cardiologist (Class 1) for Investigation and treatment

### 3) BLOOD PRESSURE MEDICATION:

For pilots already established on a thiazide-like diuretic whose blood pressure is stable and well controlled, treatment can be continued, but if treatment plan is reviewed then alternative acceptable medications should be considered.

|                          |   |
|--------------------------|---|
| Acceptable medication:   | Non-Loop diuretics<br>ACE inhibitors (e.g. Ramipril)<br>Angiotensin II / AT1 blocking agents (sartans)<br>slow-release calcium channel blocking agents<br>beta-blocking agents (e.g. Atenolol)  |
| Unacceptable medication: | Centrally acting agents (e.g. methyl dopa)<br>Adrenergic blocking drugs (e.g. guanethidine)<br>Alpha-blocking drugs (Doxazosin may be acceptable in exceptional cases, providing not used as first line treatment- consult AMS)<br>Loop diuretics (e.g. furosemide) |

4) A full report from cardiologist (Class 1) or GP (Class 2) to the AME should confirm that the BP has stabilised on acceptable treatment (for a minimum of 2 weeks) and that the pilot has no treatment-related side-effects. If satisfactory a fit assessment can be made and/or a medical certificate issued. For Class 1 holders, reports should be copied to the AMS.

5) Pilots with complications of hypertension or multiple risk factors may need to be referred to (Class 1) or discussed with (class 2) the AMS. Class 1 pilots with multiple risk factors (10 year cardiovascular risk  $\geq 10\%$ ) should undergo periodic exercise testing. An OML may be required.

6) Pilots should provide evidence of BP stability to their AME at their periodic medical examinations.

**Satisfactory  
Reports to  
AME  
(note 4)**

**Fit Class 1/2  
(Note 5)**

**Follow-up  
(note 6)**

**PLEASE PRINT THIS DOCUMENT AND TAKE TO YOUR SPECIALIST ADVISOR**



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