Testosterone replacement therapy (applicable to Class 1 / 2 / 3 / LAPL)

Applicants suffering from symptoms of testosterone deficiency (also termed male hypogonadism) should consult their GP or an endocrinology specialist for an assessment.

The symptoms of hypogonadism are wide ranging (for example, fatigue, sleep and mood disturbance, amongst others). Applicants should liaise with their aeromedical examiner (AME) for an assessment as to whether their current symptoms are acceptable for on-going certification. An assessment of other causes of their symptoms should be undertaken.

Testosterone replacement therapy (TRT) is only acceptable in whom a formal diagnosis of primary male hypogonadism is made, either by a GP with a specialist interest or by a specialist endocrinologist. Only regimes and dosing of TRT recommended by recognised clinical bodies and / or national groups are acceptable, such as the British Society of Sexual Medicine and the Society for Endocrinology. Administration of human chorionic gonadotropin (hCG) with TRT or alone, may be acceptable, if this is clinically indicated.

The underlying cause of hypogonadism should be determined and considered, including the metabolic syndrome. Lifestyle measures to address the metabolic syndrome should be considered before TRT. Other causes of the applicant's symptoms should be considered and managed appropriately, if felt not due to primary hypogonadism.

The formulations of TRT available in the UK are topical and injectable. This guidance relates to these formulations alone.

Applicants seeking treatment with alternative therapies, such as selective oestrogen receptor modulators (SERMs) or aromatase inhibitors will require an endocrinology specialist report and referral to a Civil Aviation Authority (CAA) medical assessor.

Prior to commencing TRT: Applicants should undergo an appropriate satisfactory baseline haematological and prostate assessment (prostate specific antigen (PSA) and / or digital rectal examination), alongside assessment and optimisation of cardiovascular / metabolic risk factors.

Commencement of TRT: Applicants should cease flying / controlling for a period of one week where topical preparations are used, and four weeks where injectable preparations are used, to ensure no side effects are experienced. A fit assessment should subsequently be undertaken by the applicant's AME, unless there is an underlying secondary / combined hypogonadism disorder. Such cases require referral to a CAA medical assessor for review.

Monitoring of TRT: A report should be provided from the applicant's treating specialist to their AME at 3, 6 and 12 months, and 12 months thereafter, including testosterone levels, haematocrit and PSA results, as well as a comment of any impact on their mental health. Any abnormal results (such as haematocrit ≥ 54%) should be investigated and may require an unfit assessment until corrected.

Certification to unrestricted Class 1 / 2 / 3 / LAPL is possible by an AME provided the above criteria are adhered to.

Further information on use of oral phosphodiesterase type 5 inhibitors (PDE5i) can be found in the guidance material for phosphodiesterase type 5 inhibitors.

Testosterone replacement therapy in menopause

Further information can be found in the guidance material for the menopause and hormone replacement therapy.