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 1st 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://grisk.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

ACE inhibitors (e.g. Ramipril)

Angiotensin II/AT1 blocking agents (sartans) slow-release calcium channel blocking agents

beta-blocking agents (e.g. Atenolol)

Unacceptable medication: Centrally acting agents (e.g. methyldopa)

Adrenergic blocking drugs (e.g. guanethidiine)

Alpha-blocking drugs (Doxazosin may be acceptable in exceptional cases,

providing not used as first line treatment- consult AMS)

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 ≥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.
- 7) Any changes in medication or dosage should be notified to an AME and will require a two week period of grounding. After two weeks the pilot should provide their AME with a report from their GP or treating specialist to confirm the changes, stability of BP and no treatment related side-effects.

Satisfactory Reports to AME (note 4)

Fit Class 1/2 (Note 5)

Follow-up (note 6)



UK Civil Aviation Authority Guidance Material Version 2.0 20/11/2013 www.caa.co.uk/medical