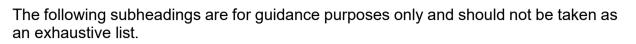
# **Specification for Hypertension Reports**

The UK regulations and CAA's guidance material for fitness decisions, acceptable treatments and required investigations (if specified) can be found in the medical section of the CAA website (<u>www.caa.co.uk/medical</u>). For many conditions, there are also flow charts available for guidance on the assessment process.



# Diagnoses

## History

- Presenting symptoms
- Nature of condition, circumstances surrounding onset, precipitating factors
- Other relevant medical history (for example, diabetes)

#### Examination and investigation findings

Blood pressure stabilised within acceptable parameters (British Hypertension Guidelines):

- Three BP readings each taken more than 18 hrs apart or a 24 hr BP recording.
- Readings should be taken no sooner than two weeks after commencing anti- hypertensive medication.

Blood tests:

- Urea and electrolytes, eGFR
- Liver function
- Lipid profile serum total cholesterol and HDL cholesterol
- HbA1c

Confirmation of no end organ damage:

- Renal disease: Urinalysis (albumin-creatinine ratio and haematuria)
- Hypertensive retinopathy

Cardiovascular risk assessment:

- Family history, smoking, alcohol history, weight (BMI)
- Resting ECG
- Exercise tolerance test report (please refer to <u>Bruce Protocol</u>) where indicated (for example, Class 1 multiple risk factors), to include walking time, symptoms experienced, ECG changes, summary & conclusions
- Echocardiogram where indicated:
  - Valve structure & function
  - Standard chamber dimensions
  - Ejection fraction (indicate measurement technique)
  - Summary & conclusions

Please note: where investigations are abnormal or borderline, the hard copy traces / images are likely to be required for review.



# Treatment

- Current and recent past medication (dose, frequency, start date), including HRT, OCP, NSAIDs
- Confirmation no side effects from medication
- Lifestyle interventions

# Follow up and further investigations / referrals planned or recommended

• Plan of management and anticipated follow up.

## **Clinical Implications**

• Any concerns regarding disease progression, treatment compliance or risk of sudden incapacity.