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In exercise of the powers conferred by Rule 39B and 133A of the Aircraft Rules, 1937, the following requirements are hereby issued for information, guidance and compliance.



KANU GOHAIN
DIRECTOR GENERAL OF CIVIL AVIATION

DISPOSAL OF CASES OF HYPERTENSION IN CIVIL AIRCREW

1. A blood pressure recording of 140/ 90 mm of Hg will be accepted as the upper limit of normal. Phase V of Korrotkoff sounds (disappearance) will be used to indicate diastolic pressure for purpose of uniformity. For mildly elevated office readings, before a diagnosis of hypertension is made and treatment initiated, additional blood pressure data should be obtained from serial clinic readings and ambulatory 24 hour blood pressure monitoring. The confirmation of the diagnosis of hypertension may be done by 24 h Ambulatory BP Monitoring, done at IAM, AFCME, MEC (E) or Medical Department of the concerned airlines. The report must be countersigned by the authorised medical attendant (AMA) in the case of pilots employed by commercial airlines. In case hypertension is confirmed by 24 h ambulatory BP monitoring, the pilot will be taken off flying duties & treated by his AMA, till satisfactory control of blood pressure is achieved.

2. For student & private pilot license holders (SPL & PPL) holding a Class II Medical certificate, Class II Aeromedical examiners may get the ambulatory BP recorded at a reputed centre and dispose the case accordingly. In case facilities for the same are not available, the individual should be declared temporarily unfit for flying for 04 weeks and advised next review at IAM / AFCME only. Full details should be endorsed on the form CA 34 / 34A and the same should be dispatched by fastest means to DMS (CA) at DGCA, Opposite Safdarjung Airport, New Delhi 110003.

3. Investigations & Assessment. All cases diagnosed as hypertension will be evaluated as per following guidelines: -

- (a) Extensive history & thorough physical examination
- (b) Clinical examination to exclude secondary causes, if any.

- (c) Thorough examination to establish / exclude target organ involvement & secondary cause of hypertension.
- (d) The following investigations will be done:-
 - (i) Routine haemogram.
 - (ii) Urine routine exam including microscopic examination.
 - (iii) ECG resting.
 - (iv) X-Ray Chest (Postero-Anterior View).
 - (v) Complete biochemical profile [Blood Sugar (Fasting and 2 hours after 75 g of oral Glucose), Urea, Uric Acid, Creatinine and Cholesterol with lipid profile].
 - (vi) USG Abdomen.
 - (vii) Fundoscopy.
 - (viii) Echocardiography.
 - (ix) Any other relevant investigations, considered appropriate by the President Medical Board.

4. Disposal of Flight Crew.

- (a) If Ambulatory BP recordings are within normal limits, the flight crew will be declared fit for unrestricted flying.
- (b) In case the flight crew is confirmed to have hypertension, he / she will be placed under observation as temporary unfit for flying duties. The President Medical Board may endorse the following “Temporarily Unfit for flying duties. Review four weeks after optimal blood pressure control, subject to conditions laid down in the AIC”. During this period flight crew will be directed to the AMA / company doctor for investigations and treatment of hypertension. Aircrew may be reviewed at IAM, AFCME or MEC (E), 04 weeks after the blood pressure control is achieved with or without medication & 24 h Ambulatory BP record show optimal control.
- (c) Cases of White Coat Hypertension will be treated as being normotensive, but endorsement made on CA-34, for follow up action. Such cases will have a 24 h Ambulatory BP recording done once in two years, for subsequent reviews, to reduce the chances of the diagnosis of hypertension being missed.

5. The P1 status pertains to pilots fully fit for all flying duties, including instructional duties & P2 status pertains to fit for all flying duties except instructional duties and trainer captain in flight. Subsequent disposal will be as follows: -

- (a) Flight crew who are asymptomatic, controlled with non-pharmacological measures only (including and alcohol & tobacco avoidance, yoga, low-salt diet & weight reduction) and without target organ involvement, can be considered fit for full flying duties without limitations (P1 Status). All such flight crew will be required to undergo the next renewal medical examination at IAM / AFCME / MEC (E) only. Subsequent reviews may be permitted at any of the renewal centers, subject to optimal control & monthly blood pressure records maintained by AMA / medical department of the concerned airlines being normal, along with an opinion of treating cardiologist & AMA, at the discretion of the President Medical Board at IAM / AFCME / MEC (E).

(b) Flight crew whose blood pressure is controlled with permissible drugs with no involvement of target organs may be recommended limitation “Fit for all flying duties except instructional duties and trainer captain in flight” (P2 Status). All such cases will be reviewed at IAM / AFCME / MEC (E). Subsequent reviews may be permitted at any of the renewal centers, subject to optimal control & monthly blood pressure records maintained by AMA / medical department of the concerned airlines being normal, along with an opinion of treating cardiologist & AMA, at the discretion of the President Medical Board at IAM / AFCME / MEC (E). Subsequently, this flight crew may be permitted full flying duties without limitations (P1 status) subject to optimal control of BP with permitted medication & normal 24 h Ambulatory BP record.

(c) Flight crew with uncontrolled hypertension or those who have target organ involvement will be recommended unfit for flying duties unless the situation reverses. In the latter case the flight crew may be reassessed for flying fitness, in a graduated manner depending upon control of hypertension & functional disability as a consequence of target organ involvement.

(c) Flight crew with mild concentric hypertrophy of the ventricles & no other target organ damage may also be given P1 status, at the discretion of the President Medical Board.

6. Permissible Medication. Flight crew with symptom less and uncomplicated hypertension, where other secondary causes have been excluded, can be started on anti-hypertensive drugs.

- (a) Diuretics (excluding loop diuretics).
- (b) Cardio selective beta-blockers.
- (c) ACE inhibitors and ACE Receptor Blockers.
- (d) Calcium channel blockers.

Commercial pilots flying transcontinental routes will be advised by their AMA, about changes in drug intake pattern / timing while staying away from home base.

7. This AIC is applicable for initial issue of license medical examinations also.