



A BITTER PILL

Dr Chris King offers advice on medication and its implications on aviation rules and regulations, as well as a pilot's professional well-being.



Medication is an issue in the flying environment for a number of reasons.

It is one of the commoner reasons that I have to defer pilots' medical certification. This is a nuisance for the pilot and an inconvenience for the airline as the issue could easily have been resolved at a much earlier stage if the pilot had understood and followed the correct procedure.

The other problem is that medical practitioners outside the flying arena do not understand the aviation regulatory implications of some medical problems and many of their treatments with medication.

It would be too lengthy to list medications that are acceptable and those that are not; rather, I will try to explain the principles and thought processes in assessing whether a pilot is fit to fly with medication.

What has to be borne in mind is the prescribed effect of medication plus possible side effects, as well as the medical condition itself for which the medication is being taken, as well as any other medication concurrently taken. This needs to be added to the aviation environment with its odd shift patterns, jet lag, fatigue, irregular meals and hydration.

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Medication has the potential to affect the brain (sedatives, antidepressants and some antihistamines) and cause sedation and drowsiness. Conversely, some medication can cause euphoria and stimulation (amphetamine-type medication such as decongestants and oral steroids). Medication can alter the blood pressure when lying and standing (cardiovascular medication and certain medication for prostate problems). Medication can speed up or slow down the heart. Certain codeine-containing painkillers can cause constipation. It can therefore be seen that medication can affect the body in beneficial and

harmful ways, hence the need for vigilance and the stance taken by the regulatory authorities.

Rules of thumb

1. If there is any change in health which requires medication, the first question the pilot has to ask himself/herself is: “Should I be flying with this medical condition”, regardless of any medication prescribed.
2. Medication can be obtained from various sources these days and include medication prescribed by healthcare professionals, homeopathic remedies, herbal remedies, over-the-counter



remedies, and now increasingly medication of all sorts is available over the internet.

3. If any medication is taken for any reason, it is important it is obtained on proper medical advice with a clearly written prescription and dispensed by an approved pharmacist. It is only medication obtained in this way that can be guaranteed to have the intended pharmacological effect, standard and properties. Medication obtained from any other source cannot be guaranteed in any shape or form, or indeed could be contaminated and have no audit trail or batch number

to trace its source or manufacturer.

4. There is the possibility of interactions between multiple medications.
5. Medication can interact in a negative way with the illness, management or clinical situation worse.
6. Do not assume that just because you are taking the medication the condition will resolve. You need to monitor the response of the medical condition to any form of treatment. If there appears to be no improvement, seek further medical advice for a review of the situation.
7. For anything other than minor illnesses, in the aviation arena aircrew are better advised to seek formal medical advice from a recognised health professional (doctor, nurse or pharmacist). If you have any concerns about the illness, management or treatment, consult your aviation medical examiner or the CAA for further advice. If in doubt, do not fly until you are confident you have received the correct medical advice and treatment. Recent national press articles have highlighted an increase in incapacitation on the flight deck as a result of minor illness, a potentially costly exercise for the airline, and a ‘headache’ for the CAA.
8. I have also noted that pilots, often junior first officers on certain contracts, feel pressure to fly even when feeling unwell, something that has been reported to me by senior training captains.
9. As a rule of thumb, with any new medical condition other than minor illnesses, cold, flu, diarrhoea and vomiting, cystitis, conjunctivitis, sprains etc, you should consider discussing fitness to fly with your aviation medical examiner, especially if any regular ongoing medication is prescribed.
10. For family planning and minor gynaecological complaints, this would not apply.

It is important that pilots read the back of their medical certificates to see what the CAA/JAA regulations are in relation to any change in health and also the prescribing of medication.

Also see Pink AIC 99/2004 (Pink72) 14 October, ‘Medication, Alcohol and Flying’. ■