Guidance Material For Medication Used By Pilots

Medication can have side effects which may impair flying performance.

Symptoms of colds, sore throats, diarrhoea and other abdominal upsets may cause little or no problem whilst on the ground but can distract and affect performance whilst on flying.

The in-flight environment may also increase the severity of symptoms which may only be minor whilst on the ground.

Consider the underlying condition and that symptoms may be compounded by the side effects of the medication.

Ensure the medical practitioner or pharmacist advising you about medication or prescribing medication is aware that you are a pilot.

These "3 basic questions" should be answered as 'YES' before flying:

(1) **Do I feel fit to fly?**

(2) **Do I really need to take medication at all?**

(3) **Have I given this particular medication a personal trial on the ground of at least 48 hours to ensure that it will not have any adverse effects on my ability to fly?**

Inform your AME if you are intending to start medication and seek their advice if there is any doubt about whether the medication is acceptable for aeromedical certification.

Antibiotics

The use of antibiotics usually indicate an infection is present, which normally means a pilot is not fit to fly and should seek the advice of an AME.

Anti-malaria drugs

Most of the anti-malaria drugs (atovaquone plus proguanil, chloroquine, doxycycline) are compatible with flying duties.

Mefloquine is not acceptable due to possible adverse effects e.g. spatial disorientation, lack of fine co-ordination, insomnia, strange dreams, mood changes, nausea, diarrhoea and headache.

See also Malaria
https://www.caa.co.uk/aeromedical-examiners/medical-standards/pilots-easa/conditions/infectious-disease/malaria/

Antihistamines

Some antihistamines can cause drowsiness. They are widely used in 'cold cures' and in the treatment of hay fever, asthma and allergic rashes. They may be in tablet form or a constituent of nose drops or sprays. Only non-sedating anti-histamines are acceptable.

Cough medicines

Antitussives which contain codeine, dextromethorfan or pseudo-ephedrine are not acceptable for flying.

Mucolytic agents (e.g. carbocysteine) are acceptable.

Decongestants

Non-sedating nasal decongestants are acceptable.

If there is difficulty in equalising the pressure in the ears or sinuses, the underlying condition is incompatible with flying duties and advice should be sought from an AME.

Nasal corticosteroids

These are commonly used for hay fever and allergic rhinitis and are acceptable.

Common pain killers

Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) and paracetamol may be acceptable, but this will also depend on the underlying condition. The "3 basic questions" listed must be satisfactorily answered before using the medication and flying.

Strong analgesics, containing codeine or other opiate derivatives, can impair performance and are not permitted.

See also Medications Used in Musculoskeletal Conditions

https://www.caa.co.uk/aeromedical-examiners/medical-standards/pilots /conditions/musculoskeletal/medication-used-in-musculoskeletal-conditions/

Anti-ulcer medicines

Gastric secretion inhibitors such as H2 antagonists (e.g. ranitidine, cimetidine) or proton pump inhibitors (e.g. omeprazole) are acceptable following satisfactory assessment of the underlying condition.

See also Medications used in GI conditions
https://www.caa.co.uk/aeromedical-examiners/medical-standards/pilots/conditions/gastrointestinal/medication-used-in-gi-conditions/

Anti-diarrhoeal drugs

Loperamide is acceptable, however the underlying diarrhoea is incompatible with flight duties.

See also Medications used in GI conditions

https://www.caa.co.uk/aeromedical-examiners/medical-standards/pilots/conditions/gastrointestinal/medication-used-in-gi-conditions/

Hormonal contraceptives and hormone replacement therapy with no adverse effects are acceptable.

See Hormone Replacement Therapy
https://www.caa.co.uk/aeromedical-examiners/medical-standards/pilots/conditions/obs-and-gynae/obstetrics-and-gynaecology-guidance-material-gm/

Erectile dysfunction medication

These can cause disturbance in colour vision and dizziness and adequate time has to elapse for medication elimination so there should be at least 12 hours between taking sildenafil and flying; and 36 hours between taking vardenafil or tadalafil and flying.

See also Acceptable treatment and medication for Erectile Dysfunction.

https://www.caa.co.uk/aeromedical-examiners/medical-standards/pilots/conditions/genitourinary/genitourinary-guidance-material-gm/

Smoking cessation

Nicotine replacement therapy is acceptable. However, other medication affecting the central nervous system (buproprion, varenicline) are not acceptable.

See also Centrally acting medication.

https://www.caa.co.uk/aeromedical-examiners/medical-standards/pilots/conditions/mental-health/mental-health-gm/

High blood pressure medication

Some anti-hypertensive medications are compatible with flying duties.

See CAA Hypertension flowchart for a list of specific medications.

https://www.caa.co.uk/media/4leldjqa/hypertension-fc.pdf

Asthma medication

Respiratory aerosols or powders, such as corticosteroids, beta-2-agonists or chromoglycic acid are acceptable.

However, oral steroids or theophylline derivatives are not compatible with flying. See CAA Asthma guidance.
https://www.caa.co.uk/aeromedical-examiners/medical-standards/pilots/conditions/respiratory/respiratory-guidance-material-gm/

Tranquillisers and sedatives

These are not acceptable as they impair reaction times and the underlying mental state usually entails unfitness.

See also Centrally acting medication

https://www.caa.co.uk/aeromedical-examiners/medical-standards/pilots/conditions/mental-health/mental-health-gm/

Sleeping tablets

Some sleeping tablets can dull the senses, cause confusion and slow reaction times. The duration of effect may vary from individual to individual and may be unduly prolonged. See CAA Guidance on Hypnotics for specific sleeping tablets that are permitted.

See also Centrally acting medication

https://www.caa.co.uk/aeromedical-examiners/medical-standards/pilots/conditions/mental-health/mental-health-gm/

Melatonin

Melatonin is a hormone produced nocturnally by the pineal gland. It serves as a circadian time cue promoting sleep. With age, melatonin production declines and the prevalence of sleep disorders, particularly insomnia, increases. Prolonged release melatonin has shown good results in treating insomnia in older adults and the European Medicines Agency has approved *Circadin* 2 mg (prolonged-release *melatonin*) for patients aged 55 or over for the short-term treatment of primary insomnia. However, there is no evidence that *melatonin* is effective in treating secondary sleep disorders or sleep disorders accompanying sleep restriction, such as jet lag. *Melatonin* preparations are not always pure pineal extract and may contain herbs such as valerian and chamomile, together with amino acids, calcium and magnesium. It is not acceptable for medical certification.

See also Centrally acting medication

https://www.caa.co.uk/aeromedical-examiners/medical-standards/pilots/conditions/mental-health/mental-health-gm/

Coffee and other caffeinated drinks are acceptable, but excessive coffee drinking may have harmful effects, including disturbance of the heart's rhythm.

Other stimulants including caffeine pills, amphetamines, etc. (often known as 'pep' pills) used to maintain wakefulness or suppress appetite are not acceptable.

Anaesthetics

Following local, general, dental and other anaesthetics, a period of time should elapse before a return to flying. A pilot should not fly for at least 12 hours after a local anaesthetic, and for at least 48 hours after a general, spinal or epidural anaesthetic (see MED.A.020).

Over the counter medication

Many preparations contain a combination of medicines. It is essential that if there is any new medication or dosage, the effect should be observed on the ground prior to flying. It should be noted that medication which would not normally affect pilot performance may do so in individuals who are 'oversensitive' to a particular preparation. Individuals are, therefore, advised not to take any medicines before or during flight unless they are completely familiar with their effects on their own bodies. Advice should be sought from the AME.

Other treatments

Alternative or complementary medicine, e.g. acupuncture, homeopathy might be acceptable depending on the active constituent in the treatment and the underlying medical condition.
Advice should be sought from the AME.