



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 (www.caa.co.uk/medical). For many conditions, there are also flow charts available for guidance on the assessment process.

The following subheadings are for guidance purposes only and should not be taken as an exhaustive list.

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 [Bruce Protocol](#)) 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.