Pilots with Atrial Fibrillation: Guidance for Certification/Assessment of Stroke Risk for Cardiologists and AMEs

Refer to the CAA's guidance material/flowchart for the cardiac investigation requirements for Atrial Fibrillation.

The cardiology report on applicants with atrial fibrillation should include a risk assessment of the risks/benefits of anticoagulation taking into account the CHA₂DS₂Vasc score and, if > 0, the HASBLED score in accordance with the guidance published by the European Society of Cardiology. HASBLED >= 3 requires individual assessment.



Calculate CHA2DS2Vasc score

| Factor | Score | Notes |
|--|--------|--------------------|
| Cardiac failure/ LV dysfunction | 1 | Likely to be unfit |
| Hypertension (treated or untreated) | 1 | |
| Age 65-74 =1, Age >75 =2 | 1 or 2 | |
| Diabetes | 1 | |
| Vascular disease (coronary, carotid, peripheral) | 1 | Investigate |
| Female gender | 1 | |
| Stroke or TIA | 2 | Likely to be unfit |

| Calculate | HASBL | .ED score |
|-----------|-------|-----------|
|-----------|-------|-----------|

| Factor | Score | Notes |
|---|--------|--------------------|
| Hypertension (BP>160mmHg) | 1 | Likely to be unfit |
| Abnormal renal and/or liver function (1 Point each) | 1 or 2 | |
| Stroke or TIA | 1 | |
| Bleeding tendency | 1 | |
| Elderly (>65) | 1 | |
| Labile INRs on Warfarin | 1 | |
| Drugs/med ⁿ or XS alcohol (1 point each) | 1 or 2 | |

The certification matrix set out below is based on the following aspects of risk:

- 1) The risk of embolic strokes or TIAs caused by atrial fibrillation
- 2) The benefits of any risk reduction due to taking anticoagulants to reduce (1)
- 3) The serious side effects of anticoagulants likely to cause acute incapacitation.

Note: Warfarin therapy is well established and can be monitored, whereas the Direct (Novel) Oral Anticoagulants (DOACs) are new. While there is some evidence that some of the bleeding risks are lower in DOACs, longer term experience of the use of these medications is required. All DOACs require monitoring of renal function. Applicants treated with warfarin must comply with CAA increased testing/ surveillance requirements.

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|--------------|----------------------|---|--|--|--------------|
| CHA₂DS₂ Vasc | Unrestricted Class 1 | Class 1 OML or Unrestricted Class 2 | Unrestricted LAPL | Class 2 OSL | LAPL OSL/OPL |
| 0 | No Certification | Nil anticoag ⁿ acceptable, Anticoagn Treatment <u>not applicable</u> | | | |
| 1 | No Certification | Nil anticoag ⁿ acceptable, Anticoagn treatment acceptable | | | |
| 2 | No Cert | Nil anticoagn <u>not acceptable</u> , Anticoagn Treatment acceptable | | Nil anticoagn acceptable, Anticoagn treatment acceptable | |
| 3 | No Certification | | Nil anticoagn acceptable, Anticoagn treatment acceptable | | |
| 4 & 5 | No Certification | | Nil anticoagn <u>not acceptable</u> Anticoagn Treatment acceptable | Nil anticoagn acceptable, Anticoagn treatment acceptable | |
| >5 | >5 No Certification | | | Individual risk assessment of multiple pathology/treatment | |