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ABSTRACT

Title: ANTICOAGULATON AND FITNESS TO FLY	
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<p>Introduction: JAA Requirements do not accept anticoagulation therapy for pilots. In the consultation process of the EASA NPA 17c we recommended to allow anticoagulation in multi-pilot operation (OML) or with safety pilot restriction (OSL) under special conditions. The "Working Group of the Chief Medical Officers of National Aviation Authorities" supported our proposal. In this paper we explain the rationale of this recommendation.</p> <p>Methods: Patients (pts) with anticoagulation have a risk related to the underlying disease and also a risk related to the anticoagulation itself. The risk of anticoagulation after valvular surgery, arterial or venous thrombosis, pulmonary embolism and in atrial fibrillation was analysed.</p> <p>Results: The annual risk of bleeding is 0.4-4% in pts with mechanical valves, and the risk of thromboembolism is similar, but with modern mechanical valves the latter is reduced to 0.5-0.7%. In venous thromboembolism, the risk of bleeding within three month varies enormously according to different studies, it is 0%-17%. The annual risk for bleeding is often <1% in atrial fibrillation. - In general, it is possible to filter out those pts who are at low risk by checking them for independent risk factors as age > 65 years, history of gastrointestinal bleeding, history of stroke and others.</p> <p>Conclusion: The risk in pts being under anticoagulation therapy cannot be ignored. But there is a subset of pts who are at low risk of thromboembolism and bleeding, and in these cases the assessment of fitness to fly with OML/OSL restriction is justified.</p>	
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