

Headache

Aeromedical Decision-Making Considerations

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Introduction

Headache is a common neurological symptom in Aviation Medicine
It can be benign or can signal an underlying incapacitating condition

Objective:

Share CAA NZ's approach to Headache assessment and certification

Case study

- 23-year-old applicant, Initial application for Class 1 and 2
- Headache history declared in application for medical certificate
- Date of first headache episode: January 2015
- Most recent headache episode: March 2025
- Number of headaches in last 1 year – 6 , irregular frequency
- Duration – 2-4 hours
- Medication taken : Ibuprofen and Topiramate 50 mg (prevention) prescribed by specialist

Case study

- Reports symptoms as distracting, sometimes major distracting (when headache is severe)
- Associated with nausea and vomiting, only with severe headache
- No photophobia
- Has visual aura “blurring”
- Numbness in face and fingertips
- “can feel it coming on with visual blurring, sometimes cannot feel sensation in my face, numbness in face and fingertips, then headache. I can continue working most times, and only take Ibuprofen as required. Pain Severity is 5-8/10”
- Triggers – Stress and lack of sleep
- Diagnosed as Migraine (Neurologist in 2020, prescribed Topiramate 50 mg)
- Stopped all medication about 1 month ago
- No headache in the past month

Questions

- What are the considerations for assessment for this application for a medical certificate?
- What further information would you need?
- What is the aeromedical disposition?

Headache: There are many types!

The International Classification of Headache Disorders - ICHD-3

The Primary Headaches

- Migraine
- Tension type headaches
- Trigeminal autonomic cephalgia (TAC's)
- Other primary headache disorders

The Secondary Headaches

- Trauma
- Cranial or cervical vascular disorder
- Infection
- Substance use or its withdrawal
- Other secondary headache disorders

Neuropathies & Facial Pain and other Headaches

Civil Aviation Authority

- 23 June 202



CAA
CIVIL AVIATION AUTHORITY
OF NEW ZEALAND
Te Kaitiaki Takekōwhiri o Aotearoa

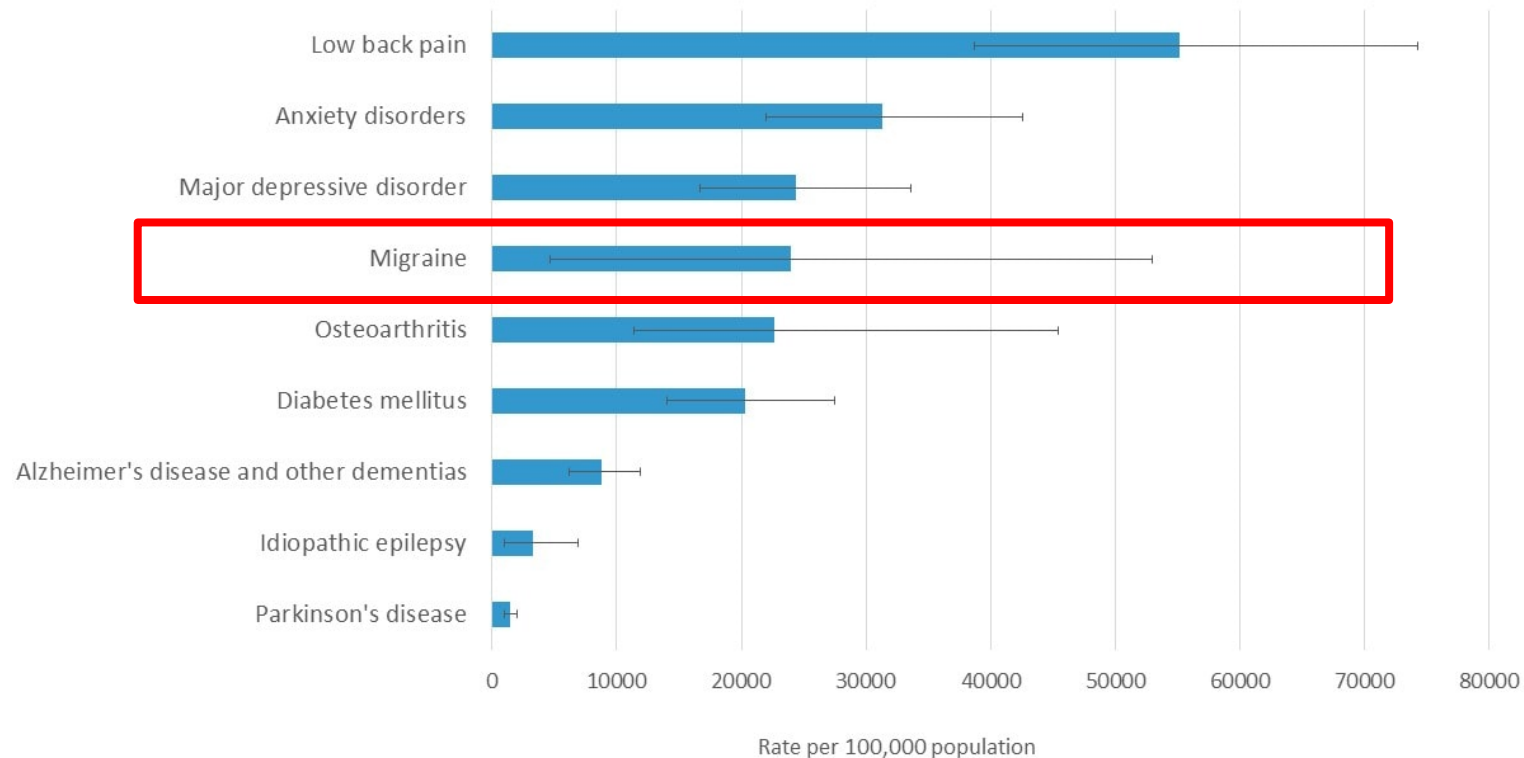
1.1	Eye or vision trouble	Y	<input checked="" type="radio"/>	N	<input type="radio"/>	1.37	Anxiety disorder/panic disorder	Y	<input type="radio"/>	N	<input checked="" type="radio"/>
1.2	Needed new glasses or contact lenses since last CAA medical examination	Y	<input type="radio"/>	N	<input checked="" type="radio"/>	1.38	Learning difficulty	Y	<input type="radio"/>	N	<input checked="" type="radio"/>
1.3	Eye or corneal surgery	Y	<input type="radio"/>	N	<input checked="" type="radio"/>	1.39	Attention deficit or hyperactivity disorder	Y	<input type="radio"/>	N	<input checked="" type="radio"/>
1.4	Hay fever	Y	<input checked="" type="radio"/>	N	<input type="radio"/>	1.40	Post traumatic stress disorder	Y	<input type="radio"/>	N	<input checked="" type="radio"/>
1.5	Middle ear infection	Y	<input type="radio"/>	N	<input checked="" type="radio"/>	1.41	Suicide attempt	Y	<input type="radio"/>	N	<input checked="" type="radio"/>
1.6	Sinusitis	Y	<input type="radio"/>	N	<input checked="" type="radio"/>	1.42	Any mental illness	Y	<input type="radio"/>	N	<input checked="" type="radio"/>
1.7	Hearing trouble	Y	<input type="radio"/>	N	<input checked="" type="radio"/>	1.43	Substance dependence or substance abuse	Y	<input type="radio"/>	N	<input checked="" type="radio"/>
1.8	Problems with balance	Y	<input type="radio"/>	N	<input checked="" type="radio"/>	1.44	Use of legal or illegal recreational drugs or substances	Y	<input type="radio"/>	N	<input checked="" type="radio"/>
1.9	Any other ears, nose & throat problems or surgery	Y	<input type="radio"/>	N	<input checked="" type="radio"/>	1.45	Alcohol dependence or abuse	Y	<input type="radio"/>	N	<input checked="" type="radio"/>
1.10	Asthma or wheezing	Y	<input type="radio"/>	N	<input checked="" type="radio"/>	1.46	Muscle, bone or joint injury	Y	<input type="radio"/>	N	<input checked="" type="radio"/>
1.11	Chronic cough	Y	<input type="radio"/>	N	<input checked="" type="radio"/>	1.47	Back pain, injury or 'back trouble'	Y	<input type="radio"/>	N	<input checked="" type="radio"/>
1.12	Any other lung problems	Y	<input type="radio"/>	N	<input checked="" type="radio"/>	1.48	Swollen or painful joints	Y	<input type="radio"/>	N	<input checked="" type="radio"/>
1.13	Any shortness of breath	Y	<input type="radio"/>	N	<input checked="" type="radio"/>	1.49	Suffered any pain severe enough to be disabling	Y	<input type="radio"/>	N	<input checked="" type="radio"/>
1.14	Pulmonary embolism or deep vein thrombosis	Y	<input type="radio"/>	N	<input checked="" type="radio"/>	1.50	Passed blood with or in urine or faeces	Y	<input type="radio"/>	N	<input checked="" type="radio"/>
1.15	Coughed or vomited blood	Y	<input type="radio"/>	N	<input checked="" type="radio"/>	1.51	Kidney, bladder or prostatic disease	Y	<input type="radio"/>	N	<input checked="" type="radio"/>
1.16	Any severe allergy	Y	<input type="radio"/>	N	<input checked="" type="radio"/>	1.52	Easy fatigue-ability or sleep in the day	Y	<input type="radio"/>	N	<input checked="" type="radio"/>
1.17	Heart problem	Y	<input type="radio"/>	N	<input checked="" type="radio"/>	1.53	Investigations for abnormal glucose tolerance, high blood sugar, or diabetes	Y	<input type="radio"/>	N	<input checked="" type="radio"/>
1.18	Vascular problem	Y	<input type="radio"/>	N	<input checked="" type="radio"/>	1.54	Medical Certificate for absence of 7 or more days from work or school	Y	<input type="radio"/>	N	<input checked="" type="radio"/>
1.19	Suffered any chest pain	Y	<input type="radio"/>	N	<input checked="" type="radio"/>	1.55	Rejection or premium loading for life or health insurance	Y	<input type="radio"/>	N	<input checked="" type="radio"/>
1.20	Rheumatic fever	Y	<input type="radio"/>	N	<input checked="" type="radio"/>	1.56	Rejection or retirement from employment on medical grounds	Y	<input type="radio"/>	N	<input checked="" type="radio"/>
1.21	High or low blood pressure	Y	<input type="radio"/>	N	<input checked="" type="radio"/>	1.57	Admission to hospital, psychiatric or in patient facility	Y	<input type="radio"/>	N	<input checked="" type="radio"/>
1.22	Severe abdominal pain	Y	<input type="radio"/>	N	<input checked="" type="radio"/>	1.58	Taken any type of medicine or alternative medicine for more than 2 weeks	Y	<input checked="" type="radio"/>	N	<input type="radio"/>
1.23	Hernia	Y	<input type="radio"/>	N	<input checked="" type="radio"/>	1.59	Had a positive laboratory test for HIV infection	Y	<input type="radio"/>	N	<input checked="" type="radio"/>
1.24	Oesophagus, stomach, liver, gall bladder or intestinal trouble	Y	<input type="radio"/>	N	<input checked="" type="radio"/>	1.60	Investigation for any disorder	Y	<input checked="" type="radio"/>	N	<input type="radio"/>
1.25	Diagnosed or treated for cancer, tumour, growth or malignancy (including skin cancer)	Y	<input type="radio"/>	N	<input checked="" type="radio"/>	1.61	Any major medical or surgical procedure	Y	<input type="radio"/>	N	<input checked="" type="radio"/>
1.26	Anaemia or blood disease	Y	<input type="radio"/>	N	<input checked="" type="radio"/>	1.62	Day surgery	Y	<input type="radio"/>	N	<input checked="" type="radio"/>
1.27	Headaches/migraines which have interfered in any way with daily living	Y	<input checked="" type="radio"/>	N	<input type="radio"/>	1.63	Any other illness, disability, debility, infirmity, treatment or surgery	Y	<input type="radio"/>	N	<input checked="" type="radio"/>
1.28	Headaches/migraines requiring medication	Y	<input checked="" type="radio"/>	N	<input type="radio"/>						
1.29	Dizziness or fainting spell	Y	<input type="radio"/>	N	<input checked="" type="radio"/>		FEMALES ONLY				
1.30	Unconsciousness for any reason	Y	<input type="radio"/>	N	<input checked="" type="radio"/>	1.64	Any troubling menstrual problems	Y	<input type="radio"/>	N	<input checked="" type="radio"/>
1.31	Head injury	Y	<input type="radio"/>	N	<input checked="" type="radio"/>	1.65	Other gynaecological problem	Y	<input type="radio"/>	N	<input checked="" type="radio"/>
1.32	Seizures/fits	Y	<input type="radio"/>	N	<input checked="" type="radio"/>	1.66	Any obstetric problem	Y	<input type="radio"/>	N	<input checked="" type="radio"/>
1.33	Stroke	Y	<input type="radio"/>	N	<input checked="" type="radio"/>	1.67	Breast lump or other breast problem	Y	<input type="radio"/>	N	<input checked="" type="radio"/>
1.34	Paralysis	Y	<input type="radio"/>	N	<input checked="" type="radio"/>	1.68	Pregnancy – Are you pregnant?	Y	<input type="radio"/>	N	<input checked="" type="radio"/>
1.35	Any other neurological disorder	Y	<input type="radio"/>	N	<input checked="" type="radio"/>						
1.36	Diagnosed depression	Y	<input type="radio"/>	N	<input checked="" type="radio"/>						

Migraine

- Common disabling primary headache disorder
- Affect 1 in 7 people globally
- Ranked second–highest cause of disability worldwide (Global Burden of Disease 2018)
- Affects three times as many women as men

New Zealand Data

Years lived with disability (YLD) for diseases in New Zealand, 2019



n=642,000

Social and economic costs –
approx. NZ\$ 5 billion a year



Based on Global Burden of Disease data (<http://ghdx.healthdata.org/gbd-results-tool>, accessed February 2022)

Migraine is more than a headache

“...capable of distraction or interfering with the visual, sensory and motor functions, affecting the ability to concentrate because of pain, nausea, vomiting, photophobia, and impaired motor function...”

“Rapid speed of onset, unexpected onset, long episode duration of few hours or longer, need for strong analgesia, and disruption/cessation of activities”

Overlapping Phases

- Premonitory phase – hours or days, non painful symptoms
 - Yawning, mood changes, difficulty concentrating, neck stiffness, fatigue
- Aura - transient focal neurological symptoms in a third of patients
 - Visual aura (90%), sensory aura (30-45%) and language aura (31%)
- Headache- throbbing pain, progressive, disruptive
 - Associated with nausea and vomiting, photophobia, phonophobia
- Postdrome – migraine hangover
 - Tiredness, drowsiness, hypersensitivity to noise, difficulty concentrating

Can last 4-72 hours

Aeromedical Considerations

Triggers

- Stress
- Fatigue
- Lack of sleep
- Hormonal changes
- Strong light
- Exertion
- Weather changes

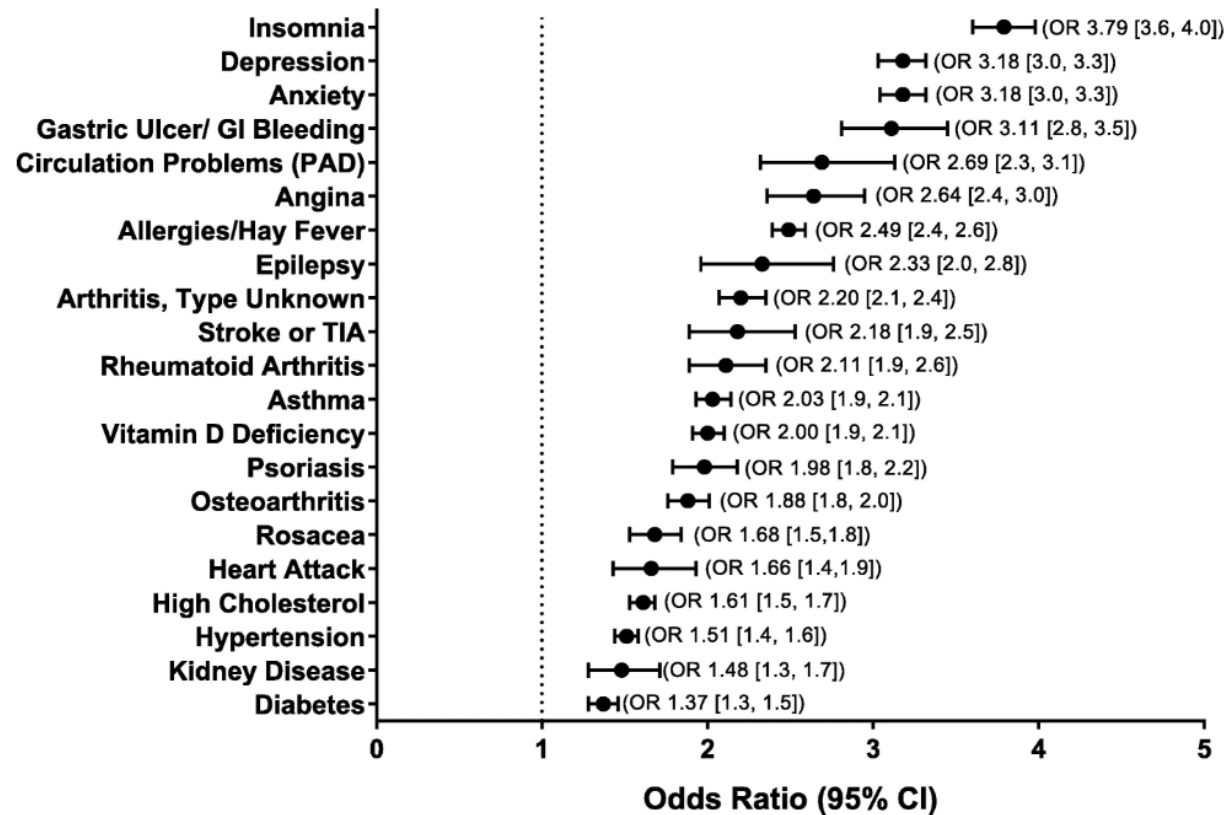
Challenges

- Triggers are common
- Clinical course cannot be predicted
- Definitive intervention not often possible
- Aviation environment can be provocative
- Medications and flying

Co morbidities

A good example of research into migraine and comorbid conditions was the MAST study, by Buse et al., (2020), which surveyed over 90,000 people, 15,133 who live with migraine. Not only did the study find a number of conditions associated with migraine (Fig 1.), they also found people with more headache days per month and worse pain have an increased risk for almost all conditions; most significantly, comorbid gastric ulcers/GI bleeding, diabetes, anxiety, depression, insomnia, asthma and allergies/hay fever.

Figure 1. Odds ratio for migraine vs. non-migraine for each health condition



[Image Courtesy Buse et al \(2020\) from Comorbidities - Migraine Australia](#)

Assessment approach

- AME initial evaluation: triage and escalation protocols
- Headache investigation report for all cases presenting with history of migraine or recurrent headaches and any episode of moderate or severe headache in recent years
- General Practitioner medical notes for a period of time
- Specialist neurologist report (as applicable)

Part 67 headache/migraine investigation report

Applicant Name: <input type="text"/>		CAA Participant Number <input type="text"/>
Class(es) of Medical Certificate sought		
Class 1 <input type="checkbox"/>	Class 2 <input type="checkbox"/>	Class 3 <input type="checkbox"/>
History		
Date of first attack <input type="text"/>	Date of the most recent attack <input type="text"/>	
Number of headaches in the last year <input type="text"/>	How long does an attack last? <input type="text"/>	
Medication		
For symptoms <input type="text"/>	For prevention <input type="text"/>	
Description of your headaches or other migraine symptoms and how they affect you (in applicant's own words)		Pain headache intensity scale (Applicant mark on line using "1" to "10")
<input type="text"/>		<div><div>1</div><div>5</div><div>10</div><div>(Mild)</div><div>(Severe)</div></div>
	Yes No	If yes, give details and degree of capacity
1. Avoidance of routine activity	<input type="checkbox"/> <input type="checkbox"/>	
2. Distraction	<input type="checkbox"/> <input type="checkbox"/>	
3. Nausea	<input type="checkbox"/> <input type="checkbox"/>	
4. Vomiting	<input type="checkbox"/> <input type="checkbox"/>	
5. Photo / phonophobia (light, noise intolerance)	<input type="checkbox"/> <input type="checkbox"/>	
6. Motor or sensory features	<input type="checkbox"/> <input type="checkbox"/>	
7. Aura / visual symptoms	<input type="checkbox"/> <input type="checkbox"/>	
8. Acute medical / hospital treatment needed	<input type="checkbox"/> <input type="checkbox"/>	
9. Any other symptoms e.g. mood changes, sleep disturbance or hangover effects	<input type="checkbox"/> <input type="checkbox"/>	
Severity Criteria		
Distracting Distracting (able to continue but may impair performance) <input type="checkbox"/>	Major Distracting Able to continue activity but performance is impaired <input type="checkbox"/>	Incapacitating Unable to continue routine activity <input type="checkbox"/>
Predictability Factors		
Patterns	Yes No N/A	If yes, give details and degree of capacity
1. Premenstrual	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
2. Contraceptive medication	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
3. Hormonal medication	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Triggers		
4. Foods	<input type="checkbox"/> <input type="checkbox"/>	
5. Alcohol or other beverages	<input type="checkbox"/> <input type="checkbox"/>	
6. Stress	<input type="checkbox"/> <input type="checkbox"/>	
7. Other	<input type="checkbox"/> <input type="checkbox"/>	

Part 67 headache/migraine investigation report

Applicant Name: <input style="width: 150px;" type="text"/>		CAA Participant Number <input style="width: 100px;" type="text"/>
Class(es) of Medical Certificate sought		
Class 1 <input type="checkbox"/>	Class 2 <input type="checkbox"/>	Class 3 <input type="checkbox"/>
History		
Date of first attack <input style="width: 100px;" type="text"/>	Date of the most recent attack <input style="width: 100px;" type="text"/>	
Number of headaches in the last year <input style="width: 100px;" type="text"/>	How long does an attack last? <input style="width: 100px;" type="text"/>	
Medication		
For symptoms <input style="width: 150px;" type="text"/>	For prevention <input style="width: 150px;" type="text"/>	
Description of your headaches or other migraine symptoms and how they affect you (in applicant's own words)		Pain headache intensity scale (Applicant mark on line using "I")
		<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="width: 20px; border-bottom: 1px solid black;"></div> <div style="width: 20px; border-bottom: 1px solid black;"></div> <div style="width: 20px; border-bottom: 1px solid black;"></div> </div> <div style="display: flex; justify-content: space-between; align-items: center;"> 1 (Mild) 5 10 (Severe) </div>
	Yes No	If yes, give details and degree of capacity
1. Avoidance of routine activity	<input type="checkbox"/> <input type="checkbox"/>	
2. Distraction	<input type="checkbox"/> <input type="checkbox"/>	
3. Nausea	<input type="checkbox"/> <input type="checkbox"/>	
4. Vomiting	<input type="checkbox"/> <input type="checkbox"/>	
5. Photo / phonophobia (light, noise intolerance)	<input type="checkbox"/> <input type="checkbox"/>	
6. Motor or sensory features	<input type="checkbox"/> <input type="checkbox"/>	
7. Aura / visual symptoms	<input type="checkbox"/> <input type="checkbox"/>	
8. Acute medical / hospital treatment needed	<input type="checkbox"/> <input type="checkbox"/>	
9. Any other symptoms e.g. mood changes, sleep disturbance or hangover effects	<input type="checkbox"/> <input type="checkbox"/>	
Severity Criteria		
Distracting Distracting (able to continue but may impair performance) <input type="checkbox"/>	Major Distracting Able to continue activity but performance is impaired <input type="checkbox"/>	Incapacitating Unable to continue routine activity <input type="checkbox"/>
Predictability Factors		
Patterns	Yes No N/A	If yes, give details and degree of capacity
1. Premenstrual	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
2. Contraceptive medication	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
3. Hormonal medication	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Triggers		
4. Foods	<input type="checkbox"/> <input type="checkbox"/>	
5. Alcohol or other beverages	<input type="checkbox"/> <input type="checkbox"/>	
6. Stress	<input type="checkbox"/> <input type="checkbox"/>	
7. Other	<input type="checkbox"/> <input type="checkbox"/>	

- ✓ Symptoms
- ✓ Rapidity of onset
- ✓ Aura
- ✓ Frequency
- ✓ Duration
- ✓ Severity
- ✓ Incapacity
- ✓ Therapy and effectiveness

Warning Signs (pain/vision/tingling etc)			
Any warning signs of the headache		<input type="checkbox"/> Yes	<input type="checkbox"/> No
How long before the attack?			Describe the warning <input style="width: 100px;" type="text"/>
Medical Examiner to complete (assessment of headache/migraine symptoms and management)			
Management of symptoms		Management of triggers	Treatment management (if applicable)
<input type="checkbox"/> Excellent	<input type="checkbox"/> Excellent	<input type="checkbox"/> Excellent	
<input type="checkbox"/> Good	<input type="checkbox"/> Good	<input type="checkbox"/> Good	
<input type="checkbox"/> Sub Optimal	<input type="checkbox"/> Sub Optimal	<input type="checkbox"/> Sub Optimal	
Additional Information (please attach to this as available)			
GP notes (required if obtainable) <input type="checkbox"/>	Neurologist <input type="checkbox"/>	Special Eye Report <input type="checkbox"/>	Other (please specify) <input style="width: 100px;" type="text"/>
Examiner's Declaration: I hereby certify that I personally identified and examined the applicant named on this medical report and that this report, with any attached notes, embodies my examination completely and correctly.			
Examiner Name <input style="width: 150px;" type="text"/>			
Signature <input style="width: 150px;" type="text"/>		Date of Application <input style="width: 100px;" type="text"/>	
Medical Examiner comments about aeromedical risks associated with headache/migraine			

Diagnosis

- Based on IHS Classification of The International Classification of Headache Disorders 3rd edition

1. Migraine

1.1 Migraine without aura

1.2 Migraine with aura

1.2.1 Migraine with typical aura

1.2.1.1 Typical aura with headache

1.2.1.2 Typical aura without headache

1.2.2 Migraine with brainstem aura

1.2.3 Hemiplegic migraine

1.2.3.1 Familial hemiplegic migraine (FHM)

1.2.3.1.1 Familial hemiplegic migraine type 1 (FHM1)

1.2.3.1.2 Familial hemiplegic migraine type 2 (FHM2)

1.2.3.1.3 Familial hemiplegic migraine type 3 (FHM3)

1.2.3.1.4 Familial hemiplegic migraine, other loci

1.2.3.2 Sporadic hemiplegic migraine (SHM)

1.2.4 Retinal migraine

1.3 Chronic migraine

1.4 Complications of migraine

1.4.1 Status migrainosus

1.4.2 Persistent aura without infarction

1.4.3 Migrainous infarction

1.4.4 Migraine aura-triggered seizure

1.5 Probable migraine

1.5.1 Probable migraine without aura

1.5.2 Probable migraine with aura

1.6 Episodic syndromes that may be associated with migraine

1.6.1 Recurrent gastrointestinal disturbance

1.6.1.1 Cyclical vomiting syndrome

1.6.1.2 Abdominal migraine

1.6.2 Benign paroxysmal vertigo

1.6.3 Benign paroxysmal torticollis

Certification considerations: Generic guidance

A history of headaches / migraines should be assessed as being of aeromedical significance unless:

- There is absence of nausea, vomiting, photophobia, phonophobia, aura, sensorial or motor features; and
- There is an avoidable triggering cause;
- There is no need to take medication other than Paracetamol or a NSAID;
- There is no need to attend for acute medical treatment; and
- There is no inability to carry on with a task when suffering from an episode of headache / migraine; and
- The **headaches / migraines are infrequent, occurring less than twice per year; or**
- The headaches / migraines have **not occurred in the past 5 years; or**
- The headache / migraine was a single event related to a temporary benign illness.

Flexibility process (Accredited Medical Conclusion)

- Through the flexibility process many cases of migraines / headaches have a favourable outcome.
 - A **Class 2** applicant with migraines that are predictable and infrequent, have auras of slow onset, do not interfere with function, and are not accompanied by severe headaches, vomiting or neurological impairment, is likely to obtain a medical certificate **...with operational restrictions**.
 - A **Class 1** applicant is less likely to be issued a certificate. However a young applicant, with a similar history of mild migraines / headaches, who has been **free of symptoms for over two years**, is more likely to obtain a medical certificate following the flexibility process. **Operational restrictions may apply**.
- Risk Based, evidence informed, focusing on medical as well as operational mitigations

Certification decision making pathway

- Initial AME evaluation
- Red flags and escalation criteria
- Additional information and investigations
- Certification outcome – limited vs full certification, conditions for surveillance and operational conditions
- Review of conditions in the future

Headaches / Migraine*

ALL CRITERIA **MUST BE MET**

- ☐ Diagnosis (confirmed as classic migraine)
- ☐ Nature of aura (**minimal impact on flying**)
- ☐ **No** neurological signs /symptoms
- ☐ Onset (**more than 30 min**)
- ☐ Degree of incapacitation (**less/ nil**)
- ☐ Triggers (**known and avoidable**)
- ☐ Frequency – low if < **2 per year**
- ☐ Medication (**acceptable**), monotherapy
- ☐ Response to acceptable medication (**good, no side effects**)
- ☐ Pilot experience and operations *

Yes

Recurrence free duration
(Minimum 6 months. Shorter
observation period may be
acceptable following discussion
with CAA)

Yes

Class 2, all criteria met
May consider certification with restrictions

No

Class 1 initial / renewal or Class 1 and 2 with any of the criteria NOT met**
including unclear diagnosis, migraine variants – then flexibility (AMC) pathway

No

Information required:

- ☐ CAA Headache investigation report
- ☐ Copy of GP records at least 2 years
- ☐ Treatment details
- ☐ Neurologist report (Class 1 first time applicant or atypical migraine or unclear diagnosis or clinical concerns)

*Fixed wing / Helicopter / Single crew/ Multicrew /Type of operations /Pilot Experience

**If any of the following factors are present – assess as aeromedically significant (flexibility (AMC) pathway recommended)

- 1) Diagnosis is not confirmed or unclear
- 2) Significant aura including nausea, vomiting, photophobia, phonophobia, sensory or motor symptoms
- 3) Onset less than 30 min
- 4) Significant incapacitation
- 5) No consistent avoidable triggers
- 6) Frequency more than 2 per year
- 7) Not acceptable medication or poor response to acceptable medication or stopped medication recently or changed medication recently or uses more than 1 medication or uses injectables

Comparative analysis

	Features	Recurrence free
CAA NZ	Usually flexibility process, some cases ME can issue Favourable features: predictable, slow onset, not interfering, not severe headaches, vomiting or neurological features	Class 1 – 2 years Class 2 – minimum of 1 year Usually with restrictions *Operational aircrew (case by case)
CASA	Demonstrated stability with acceptable medications Favourable features: known and avoidable triggers, sufficient warning of impending symptoms	Minimum of 3 months Restrictions may apply
CAA UK	Last attack disabling or not Favourable features: obvious and avoidable precipitating factor	Class 1 – minimum of 6 weeks to 3 months before certification can be considered, initially restricted for Class 1 Initial Class 1 – minimum of 1 year
FAA	Acceptable types with acceptable medication, AME can certify	Certification possible with no more than 1 episode / month

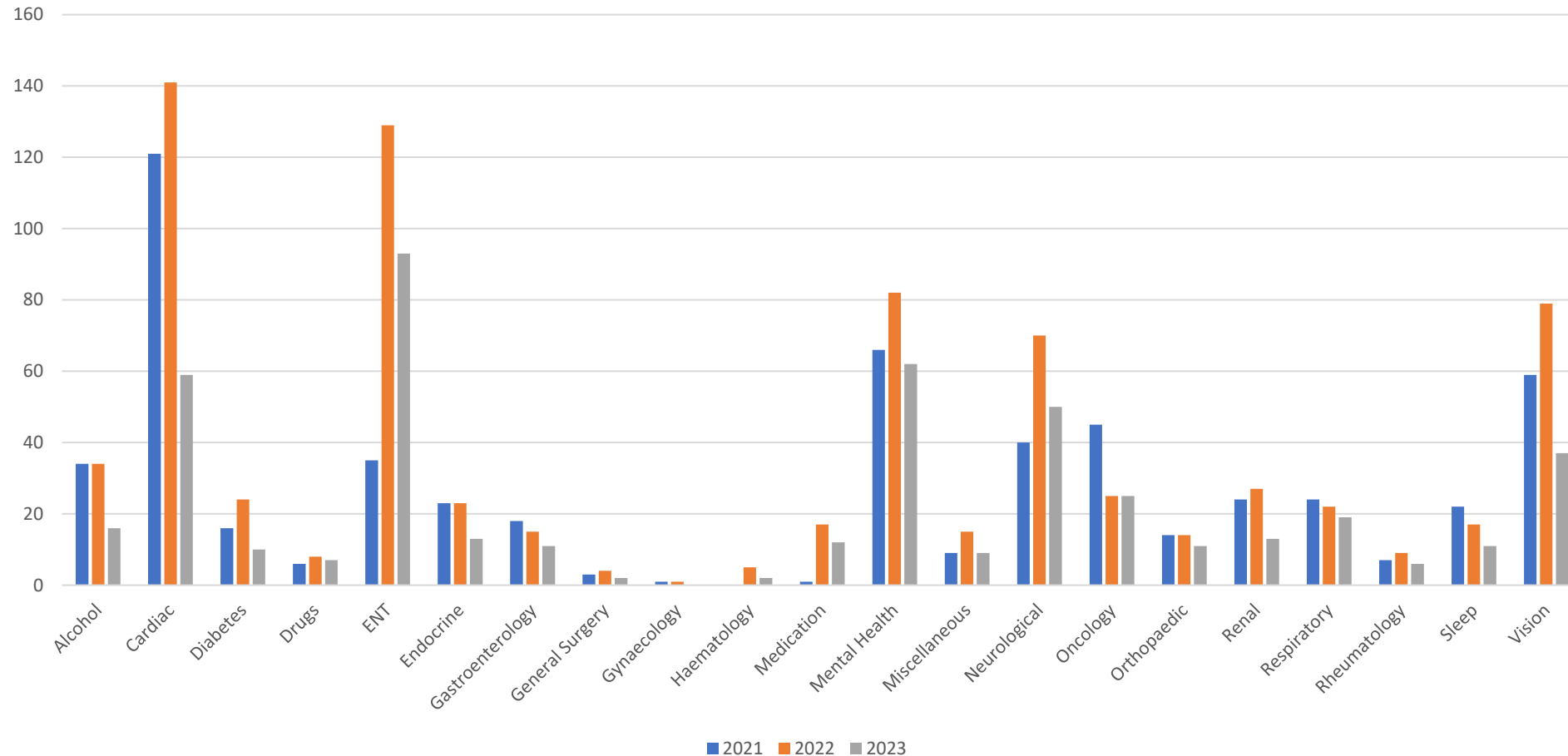
Aeromedical Considerations

- Application
 - Class 1 / Class 2 / Class 3 (ATC)
 - Initial or Renewal
 - Type of operations
- Condition
 - Severity (symptoms/impact)
 - Frequency of recurrence
 - Recurrence free duration
- Treatment / Effectiveness of treatment
 - Symptom management (individual response varies)
 - Relapse prevention
 - Side effects
 - Stable dose
 - Duration of use
 - Acceptability



Accredited Medical Conclusion

AMC Clinical Categories 2021 - 2023



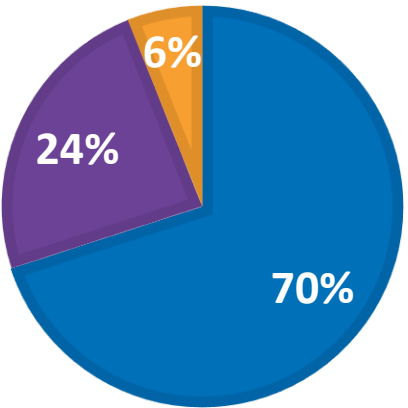
NOTE: many AMCs have multiple clinical categories – total per year will not match AMCs recorded

Accredited Medical Conclusion Data (2021 - 2023)

Application	n
Class 1 and 2	35
Class 2	12
Class 3 (ATC)	3

APPLICATION

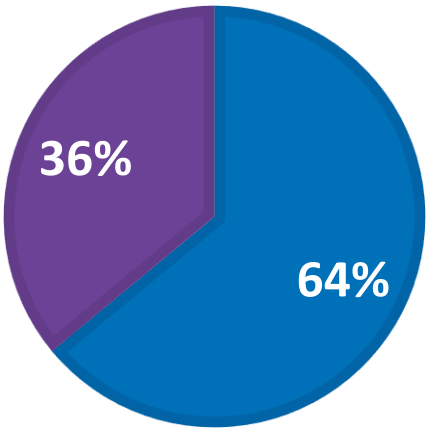
■ Class 1 and 2 ■ Class 2 ■ Class 3 (ATC)



Experts	n
CAA	32
ME	18

AMC EXPERTS

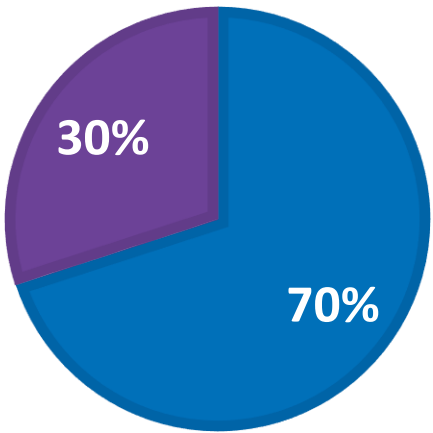
■ CAA Expert ■ ME Expert



Certification	n	
Certified	35	Includes the Class 3 (ATC), with restrictions
Not certified	15	3 withdrawn

CERTIFICATION

■ Certified ■ Not certified



Lessons Learnt

- Development of clear triage protocols and decision support tools
- Training of AME with realistic case scenarios during our AME training session
- Reducing delays in certification process
- Evidence informed certification
- Benchmarking with other regulators
- Continuous improvement

Case study

- 23-year-old applicant, Initial application for Class 1 and 2
- Date of first headache episode: January 2015
- Most recent headache episode: March 2025
- Number of headaches in last 1 year – 6 , irregular frequency
- Duration – 2-4 hours
- Medication taken : Ibuprofen and Topiramate 50 mg (prevention) prescribed by specialist
- “can feel it coming on with visual blurring, sometimes cannot feel sensation in my face, numbness in face and fingertips, then headache. I can continue working most times, and only take Ibuprofen as required. Pain Severity is 5-8/10”; distracting, sometimes major distracting (when headache is severe)
- Associated with nausea and vomiting, only with severe headache, No photophobia
- Triggers – Stress and lack of sleep
- Diagnosed as Migraine (Neurologist in 2020, prescribed Topiramate 50 mg)
- Stopped all medication about 1 month ago
- No headache episodes since

Questions for discussion

- What are the considerations for assessment for this application for a medical certificate?
- What further information would you request?
- What is the aeromedical disposition?

Resources

CAA NZ Medical Manual [Migraines and headaches](https://aviation.govt.nz/migraines-and-headaches) | aviation.govt.nz

CAA NZ [24067-215 - Headache/migraine investigation report](https://aviation.govt.nz/24067-215-headache-migraine-investigation-report) (aviation.govt.nz)

CASA [Headache \(including migraine\)](https://casa.gov.au/headache-including-migraine) | Civil Aviation Safety Authority (casa.gov.au)

CAA UK [Neurology guidance material GM](https://caa.co.uk/neurology-guidance-material-gm) | Civil Aviation Authority (caa.co.uk) and [migraine-flow-chart-v2.pdf](https://caa.co.uk/migraine-flow-chart-v2.pdf)

FAA [HEADACHE or MIGRAINE](https://faa.gov/headache-or-migraine) (faa.gov) and [CACI - Migraine and Chronic Headache Worksheet](https://faa.gov/caci-migraine-and-chronic-headache-worksheet) (faa.gov)

Headache Classification [The International Classification of Headache Disorders - ICHD-3](https://www.who.int/classifications/icd-10-tr/migraine)

Headache diary [Keeping a headache diary - The Migraine Trust](https://migrainetrust.org/keeping-a-headache-diary)



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