Health protection for the older traveller

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Increased age was once considered a contraindication to travel, but it is now thought that older travellers may have no greater risk of illness than those who stay at home. However, the following aspects should be considered before they depart.

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The extent to which it is necessary to assess an older person's general fitness to travel depends on whether the intention is a strenuous adventure trip or something more leisurely, such as a cruise.

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With the increasing ease of access to most places on the globe, more people are taking the opportunity to travel to both routine and exotic destinations. A 1999 survey of 500 travellers showed that the percentage of Australian travellers over 50 years of age had increased from 33 to 38% in three years.[1] While, in the past, increased age was generally considered to be a contraindication to travel, there is growing evidence to suggest that older travellers may have the same or lower risk of illness as their 'stay-at-home' counterparts. According to one large international study, the risk of death in travellers is approximately 1 in 100,000, much lower than in the general population.[2] An Australian study reported a similar risk in travellers to that seen in the general population, the only difference being the place of death.[3]

Regardless of risk, more people are now choosing to travel and there are a number of strategies that need to be implemented to protect their health.

Fitness

The traveller should be encouraged to have a complete medical examination with his or her general practitioner prior to travel. This should include a medication review and an assessment of the general fitness for the particular journey.

For example, for a strenuous trek on the Annapurna circuit in Nepal, it would be worthwhile excluding pre-existing anaemia and cardiovascular disease with a full blood examination, exercise ECG or thallium scan, and measuring oxygen saturation. In contrast, for more leisurely travel, such as a cruise or luxury safari, it may be sufficient to make a 'ball park' estimate of adequate fitness to travel, such as assessing the ability to climb two flights of stairs without developing angina or undue shortness of breath.

Of course, wheelchair access and portable oxygen have now made travel very realistic for many travellers with quite severe illness. Each case must be considered on its merits, with relative risks discussed with the traveller and a decision made with mutual consent.

Vaccinations

Many older people are out of date with their vaccinations. Tetanus (with diphtheria) and other routine immunisations should be brought up to date, with particular attention to the need for influenza and pneumonia vaccination. If more than 10 years have elapsed since the last tetanus shot, three doses need to be given two months apart. If there is no prior known

history of polio vaccination, the initial dose should be with the Salk vaccine.

All the usual vaccinations for travel need to be offered where appropriate, unless altered immunocompetence is a contraindication. If there is time, hepatitis serology should be requested because it is estimated that 75% of people born before 1945 have been exposed to hepat-itis A, and many will have met hepatitis B.

Contraindications to travel

Conditions considered unacceptable for travel by airlines and insurance companies include:

- Severe heart disease, such as heart failure and recent myocardial infarction
- Severe chronic airways disease
- Unstable psychiatric conditions
- Infectious diseases if spread may occur (e.g. pneumonia)
- Recent major surgery
- Delayed wound healing
- Air trapped in body cavity (e.g. pneumothorax) after myelography or major surgery
- Raised intracranial pressure or recent skull fracture
- Large mediastinal tumours
- Pregnancy after the 35th week
- Otitis media (middle ear infection) with blocked eustachian tubes

In-flight risk factors

The jury is still out on absolute proof of air travel *per se* being a cause of thromboembolism.[4] However, cabin-related risk factors include immobilisation, cramped position, insufficient fluid intake, low humidity and hypoxia. Most of these can be prevented with the appropriate advice including regular exercise, calf exercises, support hose and anticoagulant therapy for high risk conditions.

Cool climates

In cool climates, there is increased sensitivity to hypothermia. This can be minimised with the use of layered clothing and protection of the head and extremities.

Hot climates and rehydration

The effects of heat are greater in the elderly because of impaired thermoregulation, even more so with the presence of obesity, heart or blood vessel disease, diabetes, and the use of some medications.

In hot climates, recommendations include avoidance of excessive sun and strenuous activity. The elderly traveller should be advised to plan for frequent rests, access air-conditioned rooms, drink more fluids, wear loose clothing, and have cool baths and showers. Those with prostatism or urinary incontinence may be reluctant to drink, in the hope of reducing the need to search out public lavatories; nonetheless, they should be encouraged to maintain adequate fluid intake.

Specific details of amounts to be consumed should be discussed with the traveller, such as the number of glasses in a litre. Excess alcohol and caffeine can act as diuretics and should be avoided, particularly in dehumidified environments such as aircraft cabins.

Diarrhoea and constipation

Traveller's diarrhoea can be an added problem because of the increased susceptibility to dehydration and fluid and electrolyte imbalance. Early attention to self-treatment with oral rehydration solution, antidiarrhoeals and antibiotics, if appropriate, should be encouraged by providing the traveller with clearly written advice.

Constipation is a frequent problem at all ages, but worse with dehydration and immobility as happens with prolonged travel. An appropriate medication should be carried in the first-aid kit.

Varying risks of prophylactic medications

Illness from insect bites can be avoided by using skin repellents, such as Rid or Aerogard, and permethrin fabric impregnation kits. While mortality from a disease such as malaria is higher in the elderly, fewer side effects from prophylactic medications are seen.

In contrast, virtually all medications

Hints for the disabled traveller

- Wheelchairs and aircraft seating need to be arranged well before travel.
- For those with low vision, special arrangements need to be made for guide dogs.
- If hearing is reduced, travellers should use visual cues to avoid accidents from quiet vehicles such as electric luggage trolleys at airports and bus stations.
- Travellers with chronic illness or immunodeficiency (such as those with diabetes or on medication for organ transplants) need to carry a letter from their doctor detailing their medical conditions and medications.
- People with intellectual disability need to be self-sufficient or accompanied by someone familiar with their needs.
- Continuous oxygen can be arranged for the appropriate medical indications, such as chronic airways disease.
- It may be advisable to carry a Medic-alert tag.
- Patients should have information on medical facilities in the area they will visit.
- There are many resources now available both in print and on the web to help organise a trouble-free trip.

used for motion sickness have an increased risk of anticholinergic side effects and should be avoided if possible. Similarly, jet lag tends to be more of a problem in the elderly, as are the risks of side effects from the use of hypnotic medications; the benefits of melatonin remain unclear.

Other considerations

Other recommendations include the following:

- The traveller should consider dental and optometric review, and travel health insurance with pre-existing illness cover if appropriate.
- A spare pair of glasses, lens prescription and extra medications should be packed, along with a relevant medical first-aid kit.
- The traveller should also carry a doctor's letter detailing a list of relevant medical conditions, current generic medications, allergies and vaccination record, and including a copy of a recent ECG.
- For the higher risk traveller, it is a good idea to provide a list of medical contacts in the area to be visited.
- Luggage with built-in wheels may save back injuries as well as exhaustion.

Conclusion

Attention to the above considerations, with a view to avoiding common risks, will go a long way to ensuring that older travellers enjoy a lifetime experience. MT

References

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Further reading

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