



## Recurrent / Protracted Travel

- c. **Altitude** - elderly travelers must avoid rapid ascent to high altitude and be aware that above 8,000 feet anemia, cardiovascular disease, and lung disease may cause serious physical impairment and performance deterioration. Also, beta-blockers may interfere with the natural adjustment of heart rate (increase) to low oxygen at high altitude, resulting in a seriously risky physical state if there is underlying disease.
- d. **Dysentery** - this must be dealt with aggressively, especially in elderly individuals who are often on vital medications; the rapid bowel transit times associated with diarrhea may impair or prevent absorption of meds from the GI tract.
- e. **Motion Sickness** - scopolamine transdermal patches are routinely prescribed for motion sickness treatment and prevention; in elderly patients it may cause severe constipation, urinary retention, and/or mental confusion.

### 5. Special Considerations

- a. **Foot Care** – some travelers may have poor arterial circulation in the feet or sensory nerve impairment from diabetes or other disorders. The increased walking during a trip can result in infections, non-healing soft-tissue ulcers, stress fractures, etc. A relatively short trip can lead to long-term or permanent problems threatening mobility.  
**Key points:**
  1. No bare feet, ever, with diabetes mellitus; inspect feet twice a day (carry a small mirror for the bottoms).
  1. Never break-in new shoes on a trip.
  2. Change socks twice daily.
  3. In humid regions, consider topical anti-fungal powders preventively.
  4. Carefully select your working/walking footwear for function rather than style.
- b. **Vision** – Take extra eyeglasses and/or contact lenses.  
Take extra contact lens cleaner fluid; remember that water purified with iodine may stain lenses brown.  
Carry a copy of your eyewear prescription.
- c. **Hearing** – Take extra hearing-aid batteries.
- d. **Dental** – Carry extra denture adhesive; it may be difficult to find overseas.
- e. **Special Diets** – Those with diabetes, heart disease, high blood pressure, kidney disease, etc. may require special diets. Airlines must be notified 1–2 days pre-departure of medical restrictions and requirements.
- f. **Chronic Disease Travel Groups** – Medical societies and specific disease organizations (i.e. American Diabetes Association) can provide information on travel groups comprised exclusively of individuals afflicted with the disease so as to accommodate all their special needs.
- g. **IAMAT** – The International Association for Medical Assistance to Travelers (Ontario, Canada) provides lists of foreign, English-speaking physicians who are considered medically qualified.
- h. **Portable Oxygen** – Airlines may or may not accommodate a medical condition requiring supplemental oxygen in transit. Implementing this is laborious, often taking 3-4 weeks to arrange. It is probable that the following issues will pertain:
  - Airline will probably require independently arranged oxygen supply in place up to the time of boarding and at the disembarkation point.
  - Physician Order – airline will probably require a notarized order conforming to an established protocol specific to the airline. Additionally, the airline may require an audiotaped brief interview with the physician verifying his orders.

### 6. Post - Travel Medical Examination

If an individual has been overseas for over 3 months or suffered illness or injury during their trip, it is wise to consider a brief check-up with a physician upon return home. If there had been fever, diarrhea, or other unexplained persistent or protracted medical problems associated with traveling, medical evaluation is advisable. If travel included exotic or developing countries, a qualified travel medicine specialty physician evaluation may be of value.

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