*ABC of Healthy Travel*ERIC WALKER
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ADVICE

Mode of travel

Destination and stopovers

The health of travelling companions

Past and present medical history

Previous immunisations

Current medications

Likely life style and occupation

Are the expected conditions abroad likely to aggravate existing health problems ?

What drugs and other forms of medical care are likely to be required and will they be available ?

When a traveller has an existing health problem a medical consultation before departure can be especially valuable. If the intended lifestyle abroad is likely to aggravate existing illness seriously it may be appropriate to advise that the trip should be cancelled. Usually, however, the advice will be on how to adapt the trip to the patient's abilities, on suitable precautions, and on contingency plans for any problems that may arise. The earlier a consultation takes place the easier it will be to organise these arrangements.

The emphasis in this section is on living in tropical areas, where, as well as climatic stresses, drugs, medical facilities, and transport may be in short supply. Illness in transit has been discussed previously.

Emotional and psychiatric disorders

Difficulties may occur while abroad

When there is a past history of:

Serious psychiatric disorder

Dependence on alcohol

Regular use of tranquillisers or hypnotics

or when

A non-employed spouse is socially isolated

Language difficulties are great

There is no appropriate schooling for children

Relatives at home have opposed the move or become ill

Despite changes in living conditions such as more frequent home leave, illnesses with a psychiatric basis still account for many repatriations on medical grounds. There is some evidence that people with personality disorders are more likely to be sent abroad or want to work there. Assessing whether an intended trip is psychologically appropriate is difficult, but an attempt is worth while, especially for those intending to live abroad for long periods. It can be helpful to interview spouses and children, on occasions independently. Some firms and organisations make their own assessments of an individual's suitability for an overseas post.

It may be necessary to seek specialist advice—for example, if the patient has a psychotic illness.

Heart disease

Stress

Postural hypotension

Salt depletion

The stresses of adapting to new surroundings may increase symptoms of cardiac ischaemia, cardiac failure, and hypertension. Hot climates may aggravate postural hypotension resulting from the use of antihypertensives, and diuretics may make the salt depletion that occurs during acclimatisation more severe. Once this initial period is over, however, living abroad is not usually harmful.

Gastrointestinal disorders

Respiratory disease

Other conditions

Patient Identification				Photograph	
Surname		Given or Christian names		Birthdate	
Address		Sex		Day	
Area code phone number		Religion		Marital status	
Social insurance number		Hospital insurance number		Citizenship	
In emergency notify		Relationship		Area code phone number	
Emergency Medical Data					
Diagnosis					
Current medication					
Allergies					
Blood Type					
Diagnostic Summary					
If your patient is a diabetic and is taking insulin, please have him sign the card below:					
If your patient is taking Anticoagulant drugs for a Cardio-Vascular condition, please have him sign the card below:					
Traveller Clinical Record					

Long term medications and previous surgery

Hernias, haemorrhoids, and pain of dental origin which may have been tolerated at home are usually best treated before departure.

Symptoms from peptic ulceration are less common among expatriates than previously, perhaps because of more effective management. The availability of emergency surgery must be considered in case complications should occur. Alcohol and spiced foods may also exacerbate symptoms from oesophagitis and oesophageal reflux.

Bowel infections can make the management of chronic disorders such as ulcerative colitis more difficult. There is evidence that relapses may be provoked by intestinal infective agents such as *Salmonella*. Similarly, patients with the irritable bowel syndrome may expect an increase in symptoms and may take longer than others to recover from traveller's diarrhoea and specific infections such as giardiasis and amoebic dysentery.

There is no escape in the tropics from the many respiratory infections prevalent in temperate countries. In general, they should be no more severe than they would be at home, although secondary bacterial infection may be more common. The response of asthma to changes of climate and surroundings is unpredictable. People with chronic bronchitis tend to find life in the tropics detrimental, perhaps because of dust and increased smoking.

Renal calculi—Despite attempts to maintain a high urine flow, people with renal calculi tend to suffer worse symptoms in hot climates. If symptoms are severe or frequent and there is no treatable cause such as hyperparathyroidism or gout they will be exacerbated by long periods in the tropics.

Musculoskeletal disorders—Many people find that aches and pains of muscular or ligamentous origin improve in hot climates. Changes in lifestyle may be partly responsible. Ankylosing spondylitis tends to improve but the effect on rheumatoid arthritis is less predictable.

Lack of physical fitness—Activities such as skiing, sea bathing, or even sight-seeing can be very strenuous, and tiredness leads to accidents. Appropriate training before departure can be advised.

Obesity—Gross obesity can make life in the tropics difficult because of a greater tendency to heat exhaustion, excessive sweating, dermatitis, and skin infections.

Skin disorders—Psoriasis usually improves but severe eczema and acne are often worse in the tropics. Those already prone to skin infections will need to take special care. Excessive salt loss through the skin in cystic fibrosis can make heat adaptation more difficult.

If a traveller has a serious allergy or is taking anticoagulants, steroids, insulin, or other drugs where regular doses are required and uncontrolled dosage or withdrawal is potentially dangerous, the problem can be displayed by carrying a card or wearing an engraved bracelet or necklace.

A traveller's clinical record containing a medical history including details of previous surgical operations and current drug treatment can be of great help to new medical attendants.

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