



# INDIAN DOCTORS FORUM, KUWAIT HEALTH GUIDE 2024 VOLUME XIX



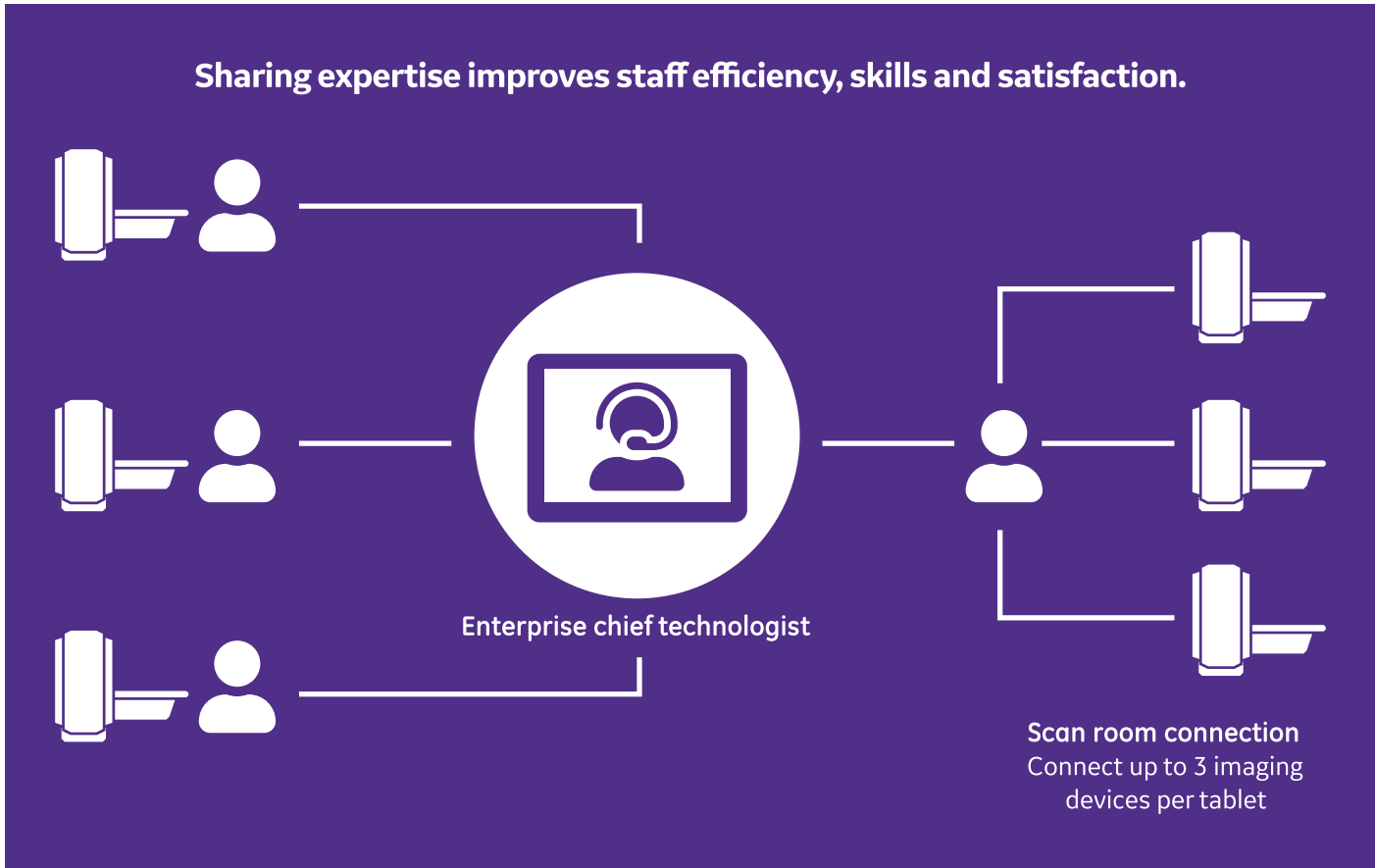
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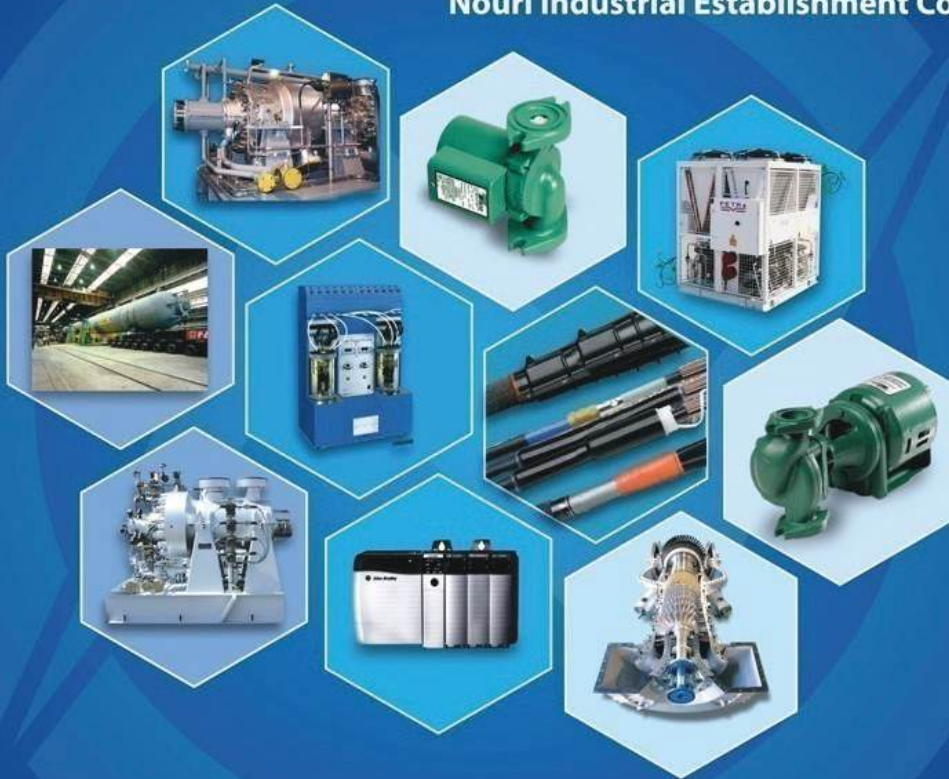
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Date : 2 / 5 / 2024 Ref. :

التاريخ : المرجع :

I am pleased to commemorate the 20<sup>th</sup> anniversary of the Indian Doctors Forum at Doc Fest 2024 on May 10. This significant event will also see the release of the Health Guide 2024, a testament to the ongoing mission toward healthcare excellence.

Indian doctors have been integral to our healthcare achievements in Kuwait. With decades of dedicated service, they have significantly contributed to our healthcare system. Their expertise, compassion, and dedication enhanced our medical practices and ensured the well-being of our community. Since 2004, the Forum served as an invaluable tool, continually enriching the knowledge and skills of our healthcare professionals.

This year, the Health Guide focuses on "Travel Medicine," a highly relevant topic in our increasingly interconnected world. As travel becomes a frequent part of our lives, understanding the health risks associated with international travel—from common ailments to exotic diseases—is imperative. This guide provides essential knowledge and tools to effectively navigate these potential hazards, ensuring safe and healthy travels for our community.

On this special occasion, I extend my gratitude to all Indian doctors for their resolute commitment and significant contributions to our healthcare system. As we celebrate these twenty years of success and collaboration, we look forward to building more impactful healthcare collaborations. Together, we are setting new standards in medical excellence, ensuring that Kuwait remains at the forefront of global healthcare. Your continuous efforts and dedication inspire future generations of medical professionals.

I eagerly anticipate our continued collaboration to advance healthcare in Kuwait under the wise patronage of H.H. Sheikh Mishaal Al Ahmad Al Sabah.

Dr. Ahmad Abdulwahab Al-Awadhi

Minister of Health - State of Kuwait



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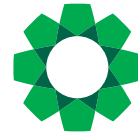
I am happy to learn that Indian Doctors Forum, Kuwait (IDF-Kuwait) is bringing out the next edition of its annual health guide titled "Travel Medicine".

2. As highly skilled professionals, Indian Doctors in Kuwait have been instrumental in bringing quality Health-care services to Kuwait. I am sure that the Health Guide 2024 would not only bring forth the recent advances in medical field of use to medical practitioners but also present actionable knowledge and practical advice for the benefit of the wider community.

3. I commend the President, Office-Bearers and members of Indian Doctors' Forum (IDF) Kuwait for their valuable service to the community and extend my felicitations to all those associated with the publication of IDF-Kuwait's Annual Health Guide- 2024.

Kuwait  
29 April, 2024

  
(Dr. Adarsh Swaika)



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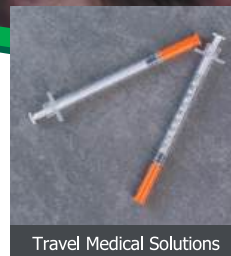
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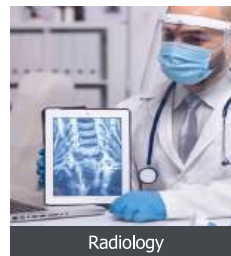
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## KMA President



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To,

**Dr Diwakara Chaluvaiah,**

**President,**

**Indian Doctors Forum – Kuwait.**

The Indian Doctors Forum (IDF), affiliated to Kuwait Medical Association is an organisation of Indian doctors with a stellar reputation in the community. Their relentless, selfless service in the areas of Health Camps for the underprivileged and Public Health Awareness Campaigns are highly commendable. Their gorgeous and innovative program like Docfest have gained immense popularity. IDF has undoubtedly contributed to fostering amity between Indians and Kuwaitis.

I am happy to learn that they have chosen “Travel Medicine” as this year’s topic of their most popular and helpful Health Guide. Traveling is the pathway of socialisation; it is the most effective practice to keep us happy. At the same time, it is certainly very much necessary to know how to counter the health problems during traveling. I understand the articles in the Health Guide have all been written by eminent doctors of IDF in a very simple language. This Health Guide has become a powerful tool for spreading and upgrading health awareness among the public.

I, on behalf of Kuwait Medical Association express my immense gratitude to the Indian Doctors for their invaluable contribution to medical services in Kuwait and for their effort in shouldering social responsibility in the field of health care.

**Dr Ibrahim AlTawalah**  
**President,**  
**Kuwait Medical Association.**

**Dr. Ibrahim Al Tawalah:**  
**President**

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## President

I am delighted to announce the release of our latest health guide, "Travel Medicine," a comprehensive resource aimed at ensuring safe and healthy travels for all. This guide is a testament to our commitment to providing valuable information and guidance to our community.

This milestone would not have been possible without the dedication and hard work of our editorial team, led by our esteemed editor, and the valuable contributions of all our members. I would like to extend my heartfelt gratitude to all for their hard work and dedication in compiling this guide. Their expertise and attention to detail have made this publication an asset for our members and the wider community.

I also want to express my gratitude to all the members of the Indian Doctors Forum Kuwait. Your support and active participation in our activities have been instrumental in our success. Together, we have created a platform that promotes health awareness and facilitates the exchange of medical knowledge.

Furthermore, I would like to thank His Excellency the Amir of Kuwait, HE Ambassador of India, Kuwait Medical Association and the Indian Embassy for their unwavering support & encouragement. Your support has been a source of inspiration for us, and we are grateful for your continued partnership.

As we celebrate this achievement, let us reaffirm our commitment to promoting health and well-being in our community. Together, we can make a difference.

I would also like to express my appreciation to our office bearers for their tireless efforts in ensuring the smooth functioning of our forum. Your dedication and enthusiasm are instrumental in driving our mission forward.

Thank you once again to everyone who has contributed to the success of our Health Guide and supporting the Indian Doctors Forum Kuwait in its endeavours to promote health and well-being in our community.

Jai Hind, Jai Kuwait.

Dr. Diwakara Chaluvaiyah  
President  
Indian Doctors Forum Kuwait



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## General Secretary

The leading sociocultural association of Indian doctors in the State of Kuwait is the Indian Doctors Forum (IDF), Kuwait. There are around 700 people who work in different Ministry of Health clinics and hospitals as well as private hospitals across the nation which make up the organization. The Government of India has awarded the esteemed PRAVASI BHARTIYA SAMMAN Award to just one association in Kuwait, IDF, in appreciation of the community services it provides.

One of the organization of the Kuwait government is the Kuwait Medical Association (KMA) and under its auspices the IDF has the opportunity to do its activities. We are grateful to the KMA for providing direction and support for all of our operations.

We are also very grateful for the unwavering support by the ambassador of India to Kuwait H.E. Dr. Adarsh Swaika and the embassy of India to all our activities.

Traveling is one of life's greatest joys, offering opportunities for discovery, connection, and personal growth. Yet, amidst the excitement of new destinations and cultures, it's essential to prioritize your health and safety. That's where "Travel Medicine" comes in, which is the topic for the 19th volume of this year's IDF's health guide

As you flip through these pages, you'll find practical advice, expert tips, and essential information to safeguard your health while exploring the world. Whether you're a seasoned globetrotter or occasional explorer this guide serves as your trusted companion, ensuring that your travels are not only memorable but also healthy and fulfilling.

I thank the chief editor Dr. Radhakrishna Panicker and all the members of the editorial team for taking their time and efforts towards this health guide. All the articles are written by various eminent doctors, working in various specialties and in easy-to-follow language so that this guide will be beneficial for the public.

One of the highlights of IDF are the regular medical camps which we conduct at least once or twice a month for the lesser privileged community, as well as conducting health seminars and school health programmes.

My profound thanks goes out to all of the IDF's founding members as well as its past presidents, who have all made significant contributions to the organization's current state. All of our programmes, whether they are social, cultural, or community service-oriented, are successful because of the outstanding work of our office bearers, executive committee, and members as a whole. I would like to express my gratitude to the IDF fraternity for their dedication and enthusiastic involvement in all IDF events.

I also want to express my gratitude to the sponsors who have helped us out with all of our events.

Without the leadership of the State of Kuwait, none of this would be possible and we would not have the chance to serve this wonderful country. We are grateful to His Highness the Amir of Kuwait, the Crown Prince and the government for their vision of a healthy Kuwait.

Long live Indo-Kuwait Friendship. Jai Kuwait. Jai Hind. Jai IDF.

**Dr. Thomas Koshy George**



**Standing L-R:**

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ALL, acute lymphoblastic leukemia; AYA, adolescent and young adult; BiTE, Bispecific T-cell Engager.

References: 1. Locatelli F, Zugmaier G, Rizzari C, et al. Effect of blinatumomab vs chemotherapy on event-free survival among children with high-risk first-relapse B-cell acute lymphoblastic leukemia: a randomized clinical trial. *JAMA*. 2021;325:843-854. 2. Brown PA, Ji L, Xu X, et al. Effect of postinduction therapy consolidation with blinatumomab vs chemotherapy on disease-free survival in children, adolescents, and young adults with first relapse B-cell acute lymphoblastic leukemia: a randomized clinical trial. *JAMA*. 2021;325:833-842.

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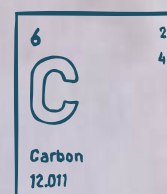
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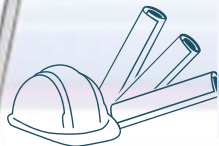
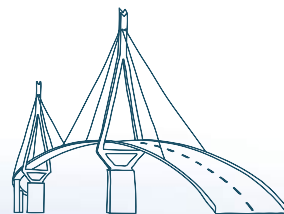
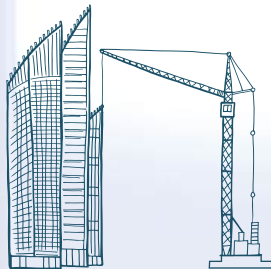
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- Member of the British Fertility Society - UK
- Member of the British Society of Colposcopy & Cervical Pathology



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### Dr. Jatinder Kumar

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- MD, PhD Cardiology (UK), MBA (UK)
- MRCP (UK), MRCP (Ireland), FRCP (UK)
- Member of Royal College of Physicians - UK
- Member of Royal College of Physicians - Ireland
- Fellow of Royal College of Physicians - UK



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## Editor's insights

Doctor, "I wish to travel for a trip abroad, however I am very much concerned about my health. Can I travel safe ? please advise me".

A common query that we come across, asked by many patients and even normal people.

This year IDF health guide is an answer to these concerns.

According to the latest data from the World Tourism Organization (UNWTO), an estimated 975 million tourists travelled internationally between January and September 2023, an increase of 38% on the same months of 2022.

In a world where exploration knows no bounds, safeguarding our journey begins with prioritizing our wellbeing. Our traveler's health guide is the compass to voyage that transcends borders while ensuring the health remains a steadfast companion. From essential vaccinations to expert advice on staying active and nourished on the road, embark on a seamless expedition with insights curated for modern travelling.

In an ever changing world, prioritizing health while travelling is an investment in the richness of experiences. Our travel medicine is a guide designed to empower with knowledge and tools necessary to embark on journeys with confidence, embracing the world while safeguarding wellbeing every step of the way.

The articles have been written by experts in the respective fields in a very simplified manner, so that it can enlighten a traveler regarding health issues and all practical steps while travelling.

I would like to extend my sincere gratitude to all co-editors, the authors for providing articles in time for this highly useful health guide. I would also like to thank President, associate editors, Office bearers and executive committee members of Indian Doctors Forum for their constant support along with the entire team of Print shop for all their assistance.

Bon Voyage !

Dr. Radhakrishna Panicker.

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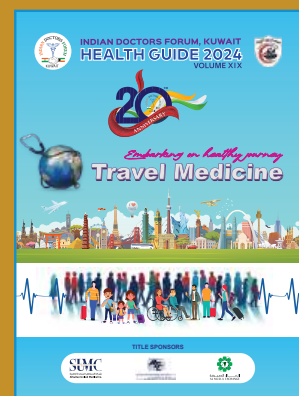
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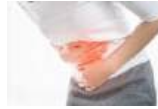
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*Embarking on healthy journey*  
**Travel Medicine**



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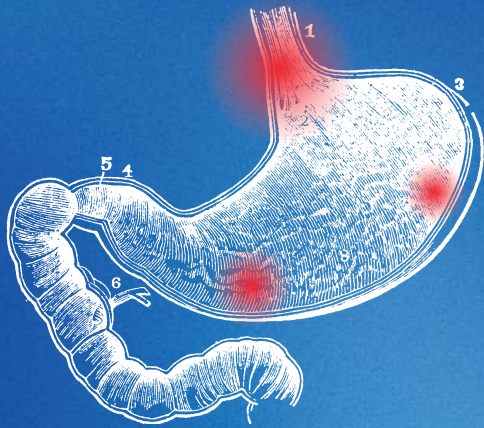
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## EAR BAROTRAUMA Pain During Flight

**Dr Imtiaz Nawaz**  
ENT Surgeon  
Farwaniya Hospital



**M**ost of the people experience ear pain during a flight, it is often not due to an underlying condition. Instead, it occurs mostly during take-off and landing and results from altitude changes and pressure changes.

A person may be able to successfully treat the condition with home remedies and over-the-counter (OTC) products. If a pre-existing condition is present, individuals may need to speak with a doctor to treat the underlying cause.

The following are some methods someone may find helpful in avoiding and treating ear pain during flights.

### **Avoid sleeping during take-off and landing**

Sleeping itself is not an issue during a flight. However, if a person sleeps during extreme pressure changes relating to take-off and landing, they cannot take any steps to actively prevent or treat the pain or discomfort.

If a person intends to sleep, a phone or watch alarm can alert them to the approaching landing.

### **Chew gum**

A person may find chewing gum can help ear pain during flights. This helps them become less susceptible to pressure changes from take-off and landing.



Chewing gum and swallowing activates muscles that open up the Eustachian tubes in the ears. This tube runs from the middle ear — the space behind the eardrum — to the back of the nose and throat and helps drain fluid. However, Eustachian dysfunction can occur if it develops an infection or inflammation. A person can also try yawning or sucking on a piece of hard candy to produce similar results from chewing gum.

### **Try decongestants**

Decongestants may help alleviate ear pain while flying. A person can consider taking one 30 minutes before a flight to give the medication a chance to activate. OTC options should also be suitable for flying. People can typically get them at their local pharmacy, grocery store, or online.

**Ear plugs**

Ear plugs can help block out extra noise during flights to help a person fall asleep or focus on work.

They can also help equalize pressure in the ears, which may help prevent discomfort when flying. A person can use earplugs after take-off if they intend to sleep or just for the duration of the flight to prevent any possible pain.

People can also use filtered earplugs, which can slowly equalize pressure and decrease noise while still allowing them to hear important plane announcements.

**Valsalva maneuver**

The Valsalva maneuver can help maintain pressure in the middle ear during pressure changes. To do the technique, a person can:

- pinch their nostrils shut
- close their mouth
- try and breathe out through the closed nose

A person can do this technique during take-off and landing or if they feel an ache in their ears during flight.

**Avoid flying when sick**

The common cold and other upper respiratory tract infections that cause congestion and ear infection are risk factors for airplane ear. If a person can avoid traveling during this time, it may help prevent ear pain.

If possible, an individual could reschedule their flight for when they feel better. Alternatively, drinking plenty of fluids and using cold medications may help with ear pain.

**How to treat ear pain in babies, toddlers, and infants**

Children may be more prone to earaches on planes. In part, this may be due to issues that include:

- An inability to swallow or yawn on command

- More frequent upper respiratory infections
- More tissue in the adenoids
- The tubes responsible for equalizing pressure being straight, not curved like they are in adults, making drainage more difficult.

Infants and toddlers also have small eustachian tubes, which are a risk factor for airplane ears.

To help a child with earaches relating to flights, a parent or caregiver can do the following:

- Avoid traveling when the child is sick or provide them with plenty of fluids before and during flight
- When they feel fullness in their ear when taking off or landing, give a baby a bottle and the older child juice or water to drink
- For older children, encourage chewing gum, swallowing, and yawning where suitable
- Wake up sleeping child or baby during take-off and landings
- Use a bulb syringe to help clear nasal congestion
- Treat cold symptoms following a doctor's advice

**How to treat if a person is unwell**

If an adult or child is not feeling well, experts recommend delaying flights.

However, if avoiding a flight is not feasible, a person may want to take some of the following steps:

- Drink plenty of fluids
- Take cold medications or decongestants before a flight
- Discuss other treatments or prevention strategies with a doctor

**When to contact a doctor**

A person can consider talking with a doctor if they experience more frequent pain or aching in their ears. This could signify a sinus infection, ear infection, or other ear issues.

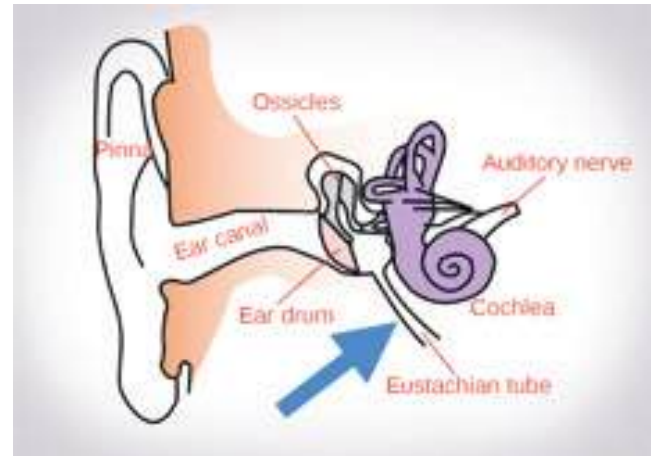
Ear pain may be intrinsic or start in the ear, which refers to primary pain, or due to a referred condition, which refers to secondary. Secondary ear pain occurs due to various nerve connections between the ears and other areas of the neck and head. A person can consult a doctor if they suspect an underlying health condition may be causing earache or pain. They can provide a prompt diagnosis and treatment according to the cause.

### Summary

Avoiding ear pain during flights often requires minimal interventions. Remedies and prevention include chewing gum, decongestants, the Valsalva maneuver, and not sleeping during take-off and landings.

A parent or caregiver can help children by encouraging similar techniques. However, a child may need slight adjustments, such as drinking during take-off and landings or using a bulb syringe to clear congestion.

If pain or aching persists, a person may want to consider speaking with a doctor to determine the underlying cause and possibly recommend additional treatments.





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# MOTION SICKNESS In the Globetrotting Era



**Dr. Soumya Ramanna Shetty**  
ENT Specialist  
Salmiya Clinic

Quoting Ibn Battuta “Travelling: it offers you a hundred roads to adventure and gives your heart wings!” But, for people with motion sickness, any travel can become a dreaded experience. Motion sickness (or kinetosis) describes a set of symptoms that occur due to the response of our body to any form of movement or travel, whether on land, air or at sea. Though any individual can experience motion sickness, some people might be more susceptible than others. As the modern transportation & technology is evolving, newer forms of motion sickness triggers are becoming increasingly relevant, from carsickness, seasickness, air-sickness to the “space sickness” or cyber-sickness.

### Why do we get motion sickness?

There are many theories proposed to explain the mechanism of motion sickness, but the most widely accepted one is the “sensory conflict theory”. Our body balance and posture is maintained by the brain by coordinating the sensory inputs from mainly 3 systems – our vision, vestibular system in the inner ear and the somatosensory system (the muscles, joints and skin). When the signals from these systems do not match each other, it initiates a cascade of motion sickness symptoms. An example would be watching the phone screen or reading a book while travelling in the backseat of a car. The vestibular system conveys the motion signal, but

the vision does not, thereby trigger the symptoms.

### Who are more at risk for developing motion sickness?

- Females are more susceptible, particularly during pregnancy and menstruation.
- Children between the ages of 6-12 years are more susceptible; however, this improves as they reach puberty. This also means that the symptoms of simulator-sickness/ cyber-sickness might be particularly significant in this group.
- Persons with family history of motion sickness in parents.
- Individuals with preexisting vertigo, migraine, Meniere’s disease.

### Symptoms of motion sickness

Belching	Fatigue	Yawning
Sleepiness	Irritability	Cold sweats
Heartburn	Fullness in stomach	Increased salivation
Dizziness	Nausea	Vomiting
Flushing	Increased urinary frequency	Apathy
Increased body warmth	Disinterest for work	Persistent retching
Inability to walk	Social isolation	Postural instability

### Managing motion sickness:

Prevention of motion sickness is more effective than treating the symptoms after they have occurred. Hence, it is advisable to identify situations that trigger the symptoms and initiate behavioral strategies to avoid or minimize the symptoms.

General principle	Behavioural strategy
Minimising the motion stimuli	<ul style="list-style-type: none"><li>• Avoid flights/sea travel in turbulent weather conditions.</li></ul>
	<ul style="list-style-type: none"><li>• Choosing the part of the vehicle with the least amount of motion.</li><li>• In a car: front seat or facing forward</li><li>• In trains &amp; buses: lower level window seats, facing forward.</li><li>• In an aircraft: seat between the wings.</li><li>• On a boat: near the surface of water, away from the bow, middle of the ship.</li></ul>
Synchronising the visual input	<ul style="list-style-type: none"><li>• Looking forward or at the true horizon (skyline) or a distant point.</li><li>• If not possible, close eyes and lie down.</li><li>• Avoid doing close work like reading or phones/computers.</li></ul>
Habituation to motion	<ul style="list-style-type: none"><li>• Slow intermittent habituation to travel.</li></ul>
	<ul style="list-style-type: none"><li>• Spending a day aboard a boat, acclimating in the harbor before going to the open sea.</li><li>• Support habituation e.g. with physiotherapy exercises.</li></ul>

### Medications for motion sickness:

Medications are most effective in preventing the symptoms, when taken before travelling or as soon as possible after the onset of symptoms. Some of them may cause drowsiness. Hence, it is important that travelers consult the health professionals and take a trial dose of medication at home before travel to find out what works best for them. Contrary to adults, these same medicines can make the children more active. Talk to your doctor before travelling to find out what is the best medicine and appropriate dosing for your child.

### Simulator-sickness:

Also known as cyber-sickness, this is a form of motion sickness that occurs as a result of exposure to immersive extended reality environments, more seen with virtual reality (VR) than the augmented reality (AR) applications. Cyber-sickness and motion sickness could be considered the same and the individual susceptibility has the same pattern as for the motion sickness. The best solution is to prevent the symptoms from occurring by taking simple steps:

1. Limiting the amount of time spent in front of screens.

2. Taking frequent short screen breaks and focusing eyes on a stable distant object.
3. Avoid using multiple screens simultaneously.
4. Reducing the speed of scrolling.

### Key points to follow before travelling:

- Avoid travel on empty stomach. Eat soft, low-fat, low-acidic food before travel.
- Having ginger or peppermint candies is known to help.
- Stay well hydrated throughout the travel.
- Relax and have a good sleep before travel.
- Always try to look forward; avoid looking at phones or reading while travelling.
- Mindful breathing, listening to light music and exposing to fresh air can help.
- Take short breaks during travel and walk around inside the vehicle when possible.
- Consult your doctor if the symptoms are very severe and take medications before travel as advised.

By better understanding of the motion sickness and taking preventive measures, we can make our travelling a thoroughly enjoyable experience with minimal discomfort.



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## ISCHEMIC HEART DISEASE A Guide for a safer journey



**Dr. Tashi Luke**  
Internal Medicine  
Jahra Hospital

**C**ardiovascular disease (CVD) is the leading cause of death from non-communicable diseases in Indians. Studies show that cardiovascular diseases strike Indians a decade earlier, are more rapid in progression and has a high mortality rate than the western population. Knowing more about these diseases will help in improving treatment, prevent complications and ensure a better quality of life.

### What is Ischemic Heart Disease?

Understanding ischemic heart disease (IHD) is crucial for safe travel. Ischemic heart disease is the most common form of heart disease and is the leading cause of heart attacks. Ischemia means that a body part is not getting enough blood flow and thus, suffers from a lack of oxygen. Ischemic heart disease most often occurs when cholesterol particles in the blood builds up in the arteries (blood vessels) that supply blood to the heart muscle and eventually cause the arteries to narrow. This narrowing can block the flow of blood leading to a heart attack. Other conditions like a spasm of the artery supplying the heart muscle or a severe illness that increases the heart's need for oxygen may lead to a heart attack as well.

If you have ischemic heart disease, you may experience chest pain or discomfort during exertion or excitement. This is because the heart requires greater blood flow during these times. This chest



pain is called Angina. Other symptoms which you may experience could be chest heaviness that radiates to the neck, arms or back, difficulty breathing, dizziness, fainting, pale or blue lips or a rapid heart rate. Some people can have ischemic heart disease without any symptoms. This condition is called silent ischemia.

Risk factors for ischemic heart disease include diabetes, high blood pressure, obesity, high cholesterol, physical inactivity, smoking, sleep apnoea and a family history of heart disease. Treatment of ischemic heart disease involves medications, lifestyle modifications and sometimes needs surgery. You can reduce the risk of ischemic heart disease by carefully managing your diabetes if you have the condition, following a healthy low-fat and low-sodium diet, being physically active,

avoiding smoking and maintaining a moderate body weight.

### **Traveling with Ischemic Heart Disease**

Traveling to a faraway place does not need to be off limits because you have heart disease or have had a heart attack. A few simple precautions can help make your trip a smooth one. The best way to think about this is to be equipped for your vacation like you would be at home.



#### **What should I do Pre-Travel?**

- Schedule a check-up with your cardiologist. Discuss your travel plans and ensure your condition is stable.
- Take a copy of your current medical records with you while traveling preferably with a translation of the document to the local language.
- Obtain sufficient medication for your trip, plus some extra in case of delays during travel.
- Carry a copy of your original prescription
- Preserve a photo of all your current medications on your phone. This will come in handy if you lose your prescription.
- Do your research. Be aware of the available medical facility at your destination.
- Consider obtaining travel insurance. Understand the treatments covered under insurance including possible coverage in case you need an emergency flight home.
- Consider getting a smart watch that monitors for irregular heartbeats.
- Carry a health information card that includes

your medical condition, medications, allergies, and emergency contacts.

#### **Are there any precautions to be followed on the airplane?**

- Sitting immobile on long plane flights can increase risk of blood clots in the legs especially with a history of heart failure. Get up and walk around when possible, especially for long flights
- Depending on your condition, your cardiologist may suggest precautions like using compression stockings to use en route.
- In case you have been advised additional oxygen during the flight, make sure you coordinate it with the airways in advance.
- Watch your fluid intake and avoid alcohol during the flight.
- Have emergency medications like nitroglycerine, readily accessible. Also carry a set of medications sufficient for 2 days with you in your carry-on luggage.

#### **What are the precautions to follow at my destination?**

- If traveling to higher altitudes, be aware that this could make you more symptomatic because of the thin air and low oxygen levels. Watch out for shortness of breath or other symptoms that could warn worsening of your condition.
- Be mindful of your fluid and salt intake especially if you have heart failure.
- Be aware of the local weather conditions and take appropriate clothing.
- If traveling to exotic locations, consider adjusting your destination based on better access to health facilities.

#### **How can I deal with any complications?**

Ischaemic heart disease can lead to various complications that may be life-threatening if unrecognised or if delayed treatment.

- Chest Pain (Angina): This is typically the chest pain that is experienced on exertion or excitement. Keep your nitro-glycerine tablets or spray handy to use when experiencing symptoms and watch for relief.
- Heart attack: Be wary of serious symptoms like severe chest pain, difficulty breathing or fainting. These could suggest that you are having a heart attack.
- Irregular heart rhythm (arrhythmia): You may feel dizzy while becoming aware of irregularities of your heart rhythm.
- Heart failure: Difficulty in breathing, worsening swelling of your legs, increasing abdominal fullness or decrease in your urine quantity could be related to heart failure.

Depending on the severity, these conditions will need consultation at the local health care facility.

### **What vaccinations are recommended before traveling?**

People with heart disease are at higher risk for serious complications from certain vaccine preventable diseases. Some vaccine-preventable diseases, like the flu, can even increase the risk of another heart attack. Be up to date with your vaccinations prior to travel. Some of the recommended vaccines are:

- COVID-19, Flu (influenza), and Tdap or Td) are recommended for all adults.
- Pneumococcal vaccine is recommended for patients with IHD and chronic illnesses.
- Chickenpox vaccine – for all adults born in 1980 or later.
- Hepatitis B vaccine – recommended for all adults 60 years of age and also older with known risk factors.
- HPV vaccine – recommended for all adults up through 26 years of age.
- MMR vaccine – recommended for all adults born in 1957 or later.
- Shingles vaccine (zoster) – recommended for all adults 50 years of age and older.
- Hepatitis A vaccines and Meningococcal vaccines and other optional vaccines such

as for typhoid, cholera, yellow fever and encephalitis maybe recommended depending on the disease prevalence at the destination. Consult with your doctor in advance to know more about required vaccinations prior to travel.

### **Emergency Contacts in Foreign Countries:**

Keep the contact details of your country's embassy or consulate handy. Research and note down the contact information of local hospitals and emergency services in your destination.

### **Endemic Diseases in the Destination Country:**

Educate yourself about diseases endemic to your destination. This includes understanding the risk of diseases like malaria or dengue fever and taking necessary preventive measures such as mosquito repellents or prophylactic medications.

### **Additional Travel Tips for IHD Patients:**

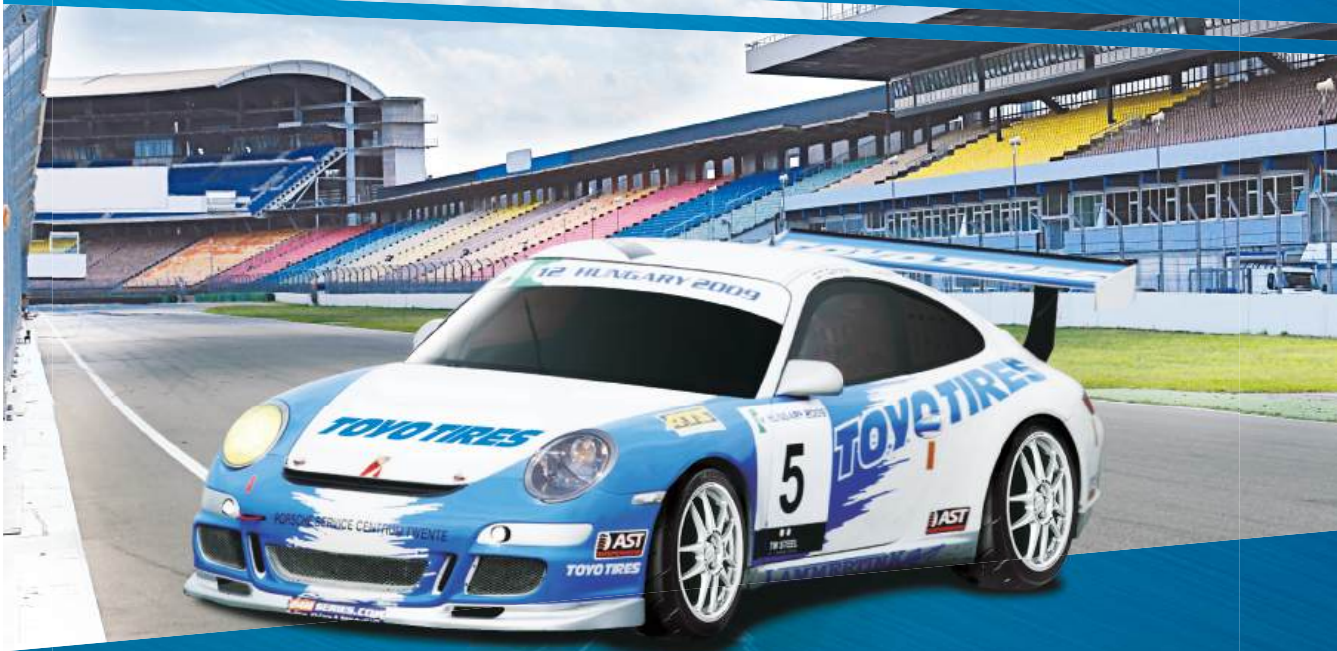
- Stress Management: Practice relaxation techniques to manage stress during travel.
- Activity Level: Engage in light physical activities but avoid overexertion.
- Alcohol and Caffeine: Limit intake as they can affect heart rhythm and blood pressure.
- Travel Pace: Plan a relaxed itinerary to avoid rush and fatigue.
- Local Food: Be cautious about trying new cuisines that might not align with a heart-healthy diet.
- Altitude Sickness: If traveling to high-altitude areas, consider medications to prevent altitude sickness, which can strain the heart.
- Travel Companions: Inform them about your condition and what to do in an emergency.

Traveling with IHD requires careful planning and awareness. Make sure to take your medicines regularly. Follow the advice of your cardiologist. Relax and enjoy your trip. Take these precautions, and you can enjoy safer and more comfortable travels.

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# ANAPHYLAXIS

## Severe Allergic Reaction



**Dr. Sriram Nathan**  
Allergologist and Immunologist  
ENT and Head and Neck Surgery  
Super Metro Specialised Medical Centre

Anaphylaxis is a serious, potentially fatal allergic reaction and medical emergency that is rapid in onset and requires immediate medical attention as it can be fatal as in severe anaphylactic shock. Anaphylaxis can be from mild reactions such as itching of eyes, nose and skin to severe symptoms such as nose block, lip swelling, eye swelling to the swelling of the larynx or the breathing tube which can lead to severe respiratory or breathing difficulty, shock and even death.

### Why anaphylaxis is important.

Severe anaphylactic reactions can be fatal if not treated on time. So every person with known history of allergy must be aware of his condition and must carry EpiPen Injection kit.

### Symptoms and Signs of anaphylaxis:

- itchy skin or a raised, red skin rash.
- swollen eyes, lips, hands and feet.
- feeling lightheaded or faint.
- swelling of the mouth, throat or tongue, which can cause breathing and swallowing difficulties.
- wheezing.
- abdominal pain, nausea and vomiting.
- collapse and unconsciousness

### What systems are affected by Anaphylaxis

Anaphylaxis is a multi system issue and can affect



all the vital systems of the body and can cause the systemic symptoms such as

- Integumentary symptoms: Skin or mucosal layer (rash, pruritus, erythema, hives, swelling of the face, lips, tongue, or uvula)
- Respiratory symptoms: Dyspnea, wheeze, stridor, hypoxemia, inability to maintain patency; persistent cough and/or throat clearing can be heralding symptom
- Hypotension: Systolic less than 90 mm Hg or a decrease of greater than 30% from baseline
- Gastrointestinal symptoms: Persistent painful cramps or vomiting

### What are the triggers of anaphylactic reaction or which substances can cause anaphylaxis?

Anaphylaxis in theory can happen with any substance but the common substances which are known to

cause anaphylaxis are Fish or sea food, Soya bean, Milk, Eggs, Peanuts or any nuts such as macadamia or almonds Wheat, Seeds such as sunflower or sesame, Medications such as Pain killers, Antibiotics or any medication, insect stings such as Bee, wasps and Hornets. Some substances such as gloves which use latex, damp areas with fungus can trigger an allergic reaction.

### **Who is at risk of anaphylaxis?**

People with known history of previous allergic or anaphylactic reactions, People with known history of allergic diseases such as allergic rhinitis, allergic skin diseases and allergic bronchitis or asthma. People with a family history of allergy or anaphylactic reactions or with known family history of allergic diseases.

### **How to prevent anaphylaxis?**

The best way is to know and avoid anything you are allergic to. Carry an ID stating that you have a history of allergy as well as the substances you are allergic to. Inform and educate people who are traveling with you about your allergy. Before consuming any new food item such as sea food or nut, make sure you know all the ingredients. Most food sold or given in airlines and reputed hotels mention the ingredients and also point out the presence or absence of common allergy causing food ingredient.

Before you try out new cuisine, make sure you understand the local names of the ingredients and that those are not the ones you are allergic to. Travel is a time for fun and new experiences but precaution is always better than cure. Raw, uncooked and cold foods generally cause allergic reactions, so it is better to avoid such foodstuffs during travel

### **What is the immediate treatment of Anaphylaxis?**

Inj.Epipen must be the first treatment and it is life saving and then seek medical emergency for the following.

Airway management is the most important aspect of management of Anaphylaxis. Thoroughly examine the patient for airway patency or any indications of

an impending loss of airway or difficulty in breathing. After the airway is secured, the decontamination of offending agents (if known) is the next priority to prevent continued exposure and clinical worsening. Remove any stingers, if present. Do not attempt gastric lavage in cases of ingestion, as this may not be effective and delays treatment.

### **What medications work in anaphylaxis?**

Epinephrine or adrenaline which comes in a pen form and also available in every emergency department or emergency kit is the only known treatment of anaphylaxis. In case you do not get the original ones, the generic ones are also effective. Anti allergy medications such as levocetirizine and loratidine also help in cases of mild allergy so these must be carried with you. A sequence of anaphylaxis is hypovolemic shock, so make sure you have adequate fluid or ORS (Oral Rehydration Solutions) packets with you before travel.

### **What is the treatment of Anaphylaxis?**

As mentioned before, only EPINEPHRINE or Adrenaline can effectively treat anaphylaxis so once there is a suspicion of the same, it must be administered as soon as possible. Breathing must be assisted or protected. In some cases of severe anaphylaxis, the doctor may even have to do a procedure called tracheostomy or intubation to assist in breathing. Adequate fluid and hydration must be maintained. After an attack of anaphylaxis, a future consult with an allergologist and immunologist is highly recommended.

### **What would an immunologist or allergologist do?**

The allergy specialist would do something called a skin prick test to determine your allergy profile and confirm your allergy. Then he or she would suggest what substances to avoid in the future and also prescribe medical alert bracelet or EPINEPHRINE pen for the future.

The allergy specialist may even advice you on Allergic Immunotherapy which is the only treatment of allergy apart from avoidance. The treatment makes you resistant to the allergens and you actually develop immunity to the agent.



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## KIDNEY PATIENTS Travel Tips

**Dr. M. Quadri**  
Pediatric Nephrologist  
Mubarak Al Kabeer Hospital



Is it possible to travel while i'm on dialysis? yes, it is possible for most dialysis patients to travel and to continue their treatment while being away from home.

### Travelling While on Peritoneal Dialysis (PD)

- Peritoneal dialysis (PD) patients can frequently have their supplies delivered to their travel destination, they often only need to bring their cyclor (if they're on Automated Peritoneal Dialysis).

### Travelling While on Home Hemodialysis (Home HD)

- Most home hemodialysis (Home HD) patients will need to arrange in advance to get in-center treatment at a center close to their travel destination.

### Travelling While on In-Centre Hemodialysis (In-Centre HD)

- If you are receiving in-center hemodialysis (In-Centre HD) treatments, you need to arrange in advance to be treated at a center close to your destination.

### Pre-travel preparation

#### Travellers with kidney failure on dialysis:

1. Travelling as a dialysis patient requires careful planning. Travellers should do research about



their destination carefully to know about the dialysis facilities available at the destination.

2. Travellers should keep an up-to-date treatment letter from your doctor (summarizing your health condition, recent blood results and list of your medications, extra supplies and copies of prescriptions) with you at all times.
3. It is recommended to keep a hard copy in your checked luggage, and an electronic copy in your email in case you lose the letter or need to send it to someone urgently.
4. Be strict with diet [low salt/potassium/phosphorous] and fluid intake as per the recommendations of kidney specialist and the dietician. To avoid fluid accumulation in the body and shooting up the blood pressure.

## Can a kidney patient have vaccinations?

- ✓ If you are on immunosuppressant drugs after a kidney transplant, or to treat an autoimmune disease (for example, vasculitis), it is not safe for you to receive certain holiday vaccines, called 'live' vaccines.
- ✓ Check the list below to see if the vaccinations you have been advised to receive before your holiday are safe for you.

✓ Vaccines which are SAFE to receive	⊘ 'Live' vaccines that you MUST NOT receive
Diphtheria	BCG
Hepatitis A	Measles, mumps and rubella
Hepatitis B	Oral polio
Immunoglobulins	Oral typhoid
Influenza (flu) injection	Influenza (flu) nasal spray (only licensed for under 18s)
Meningococcus	Yellow fever
Pertussis	Rubella
Inactivated polio injection (special order only)	Chickenpox
Pneumococcal	
Rabies	
Tetanus	
Typhoid injection	

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Hepatitis B vaccine:

- Hepatitis B vaccine is recommended for all those already on hemodialysis or renal transplantation programme or with chronic kidney failure.
- Booster doses should also be offered to any hemodialysis patients intending to visit countries with high hepatitis B endemicity.

### General advice for Travellers with any kidney conditions–

- Those who become unwell abroad should seek medical attention urgently for: Signs and symptoms of infection, particularly fever, prolonged diarrhea and/or signs of dehydration.

- Note: The above conditions are known to deteriorate further the kidney function.
- Medication and Prescriptions: Pack enough medication for the entire trip, plus extra in case of delays.
- Notify Airline Staff: Inform airline staff about your condition. Request an aisle seat for easier access to restrooms.
- Carry Medications in Your Carry-On: Always carry your medications in your carry-on bag.
- Get Travel Insurance: Consider purchasing travel insurance that covers medical emergencies. Ensure it includes coverage for pre-existing conditions.
- Follow Up with Your Doctor: Schedule a follow-up appointment with your healthcare provider after returning.

### Food and water borne risks - preventing traveler's diarrhea and dehydration:

- A. It's important to avoid getting sick and risking dehydration while on holidays.
- B. If you're unsure of the water quality in certain countries, it's best not to order any drinks with ice, and where possible purchase bottled water – or boil tap water for at least five minutes before drinking.
- C. Do not brush your teeth or wash your food with tap water either.
- D. As always, practice good hygiene. Wash your hands with soap and water after going to the toilet, and ensure your hands are clean and dry before eating or preparing any food.
- E. All Travellers should follow food and water hygiene and be aware of how to treat traveler's diarrhea.
- F. Travellers with kidney disease should also seek early medical help for management of diarrheal illness.
- G. This is particularly important for Travellers with kidney problems, which can cause a

deterioration of kidney function due to dehydration.

**Advise for Travellers with history of kidney stones:**

1. While you are traveling, drink plenty of water to lower your risk of forming new stones.
2. Aim to replace fluids lost when you sweat from exercise or in hot weather.
3. All fluids count, but try to drink water or mostly no-calorie or low-calorie drinks. This may mean limiting sugar-sweetened or alcoholic drinks.
4. Other tips for preventing kidney stones include reducing the amount of salt in your diet and eating at least five to nine servings of fruits and vegetables daily.
5. If your doctor believes your diet is increasing your risk for stones, they may tell you to eat less meat.

**Malaria and other vector-borne risks: Can I take malaria prevention medicines?**

- Before you travel, it is always best to check with your kidney specialist if you need tablets to prevent malaria (malaria prophylaxis).
- Some malaria medicines can interact (cause problems) with other medicines. If you have kidney disease, your type and doses of malaria tablets may differ from other Travellers.
- You should always check with your kidney doctor if you are not sure what dose to take.

**Other mosquito spread illnesses include dengue, chikungunya, West Nile and Zika: All Travellers should protect against insect bites.**

- This is particularly important for the patients with reduced kidney function who may be immunosuppressed due to their illness or medication and at increased risk of severe complications from mosquito spread infections.

**Other health risks in kidney disease/ kidney transplant patients:**

- There is an increased risk of bacterial, fungal, parasitic and viral infections in kidney patients who are taking immunosuppressive drugs. A detailed assessment of travel risks and planned activities should be undertaken.

**Sun protection : All Travellers should take care in the sun.**

- Travellers with renal conditions, especially those taking immunosuppressive medications, need to be aware their skin may be more sun sensitive and more likely to burn.

**Summary of Travel Tips: A Guide for Kidney Patients**

1. Travelling with kidney disease is possible with careful planning.
2. Kidney patients who become unwell abroad should seek medical attention urgently.
3. It's important to avoid getting sick and risking dehydration while on holidays.
4. Aim to replace fluids lost when you sweat from exercise or in hot weather.
5. It is possible for most dialysis patients to travel and to continue their dialysis treatment while being away from home.
6. Check the list of the vaccinations you have been advised to receive before your travel are safe for you.
7. Pack enough medication for the entire trip, plus extra in case of delays. Always carry your medications in your carry-on bag.
8. Consider purchasing travel insurance that covers medical emergencies. Ensure it includes coverage for pre-existing conditions.



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## FOR YOUR EYES Protect Your Vision On the Go

**Dr. Sujatha Krishnakumar**  
Ophthalmologist  
Jaber Al Ahmed  
Armed Forces Hospital



**W**hile traveling is an exciting experience, it's also essential to prioritize your health, including your eyes. In this health guide, we will address various eye conditions that may arise during your travels and provide practical tips for their prevention and management.

### A. Know Your Disease or Eye Condition:

Understanding your existing eye conditions is crucial. If you have any history of allergies, conjunctivitis, glaucoma, or have undergone any eye surgery, consult your eye care professional before your journey.

### B. Preparation/Planning Before Travel:

1. Spectacle and contact lens wearers: Carry an extra pair of your spectacles.



There are chances of your glasses getting broken or damaged while you're traveling. Contact lens wearers should switch to glasses for the duration of their trip. The routine care for glasses is much easier and carries few health risks. Not following a proper contact lens hygiene routine can expose your eye to germs and other dangers. By switching



to glasses, you can go about your day more quickly without risking your eye health. Besides removing and cleaning the contact lenses can be difficult while traveling.

2. Carrying Medicines: Carry artificial tear eye drops, your prescribed medications, and sunglasses.

### C. Emergencies During Journey and their management:

#### 1. Foreign Bodies:

Wash your eyes with cool filter water immediately if a foreign object enters your eye. Do not rub your eyes as this can cause scratches on your cornea which can cause serious infection resulting in scarring and reduced vision.

## 2. Conjunctivitis:



Both allergic and infective conjunctivitis are possible during travels. Infective conjunctivitis can spread from another patient or through contamination from the air or through water from the swimming

pool. Conjunctivitis can cause redness, watering and irritation of eyes. Wear sunglasses, use disposable tissues and avoid touching your face. Care: Wash your eyes with cool filter water and seek medical attention if symptoms persist beyond 24 hours.

Those with history of allergic conjunctivitis should consult their eye care professional before traveling and carry suitable medicines to prevent allergies.

## 3. Injuries to the eye:

Injuries and falls are possible during travels.

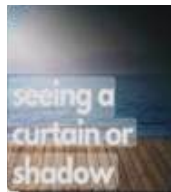
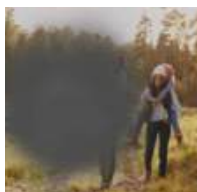
Care: Wash the area with cool filter water and cover the area with a sterile dressing.



Do not try to remove any foreign particles impacted inside the eye. Seek medical help at the earliest.

## 4. Sudden visual disturbances:

Any sudden decrease in vision seeing a shadow or a curtain should not be neglected especially in those on medications for diabetes, high BP and heart disease. Consult the nearest available eye specialist without much delay.



## D. Patients on eye medications:

Patients with glaucoma, should carry their medications

and follow the treatment schedule diligently.

Those patients who have undergone eye surgeries should consult their surgeon before traveling.

Air travel is not advisable after some retinal surgeries where gas has been injected into the eye.



## E. Vaccinations Before Traveling:

Check with your healthcare provider for recommended vaccinations, including those related to eye health.

## F. Awareness of Endemic Diseases:

Research and be aware of endemic eye diseases in the countries you're visiting. Take preventive measures accordingly.

## Frequent queries:

### 1. Q: Can I wear contact lenses during travel?

A: Yes, if you can practice good hygiene and carry your lens solution. If the place of travel is dusty and windy, it's preferable to use spectacles.

### 2. Q: What should I do if I experience sudden vision changes?

A: Seek immediate medical attention in case of sudden reduction in vision or seeing a curtain like shadow. It could indicate a serious issue.

### 3. Q: Can air travel cause retinal detachment?

A: Flying is not going to detach a retina or make retinal detachment worse. However, never fly without first authorizing it with your doctor if you've had retinal reattachment surgery.

### 4. Q: Can flying, scuba diving or mountain climbing, affect the eye pressure?

A: Certain activities, such as scuba diving, mountain



climbing, and flying, can affect the pressure your body is under. The change in pressure while inside a plane is fairly small despite the significant difference in altitude.

**Tips:**

**1. Protective Eyewear:** Wear sunglasses to shield your eyes from UV rays and dust. One useful tip for those who wear contact lenses is to wear glasses for the duration of their trip.

**2. Hydration:** Stay hydrated to prevent dry eyes. Air travel and air conditioning can aggravate dry eyes. Carry artificial tears eyedrops in case of long hours

of air travel

**3. Breaks for Eyes:** During long journeys, take breaks to rest your eyes. One may use artificial tears to get temporary relief from dryness which may be felt as redness and grittiness in the eyes.

**4. Remember to remove your contact lenses before resting.**

**Conclusion:** Prioritizing eye health during travel is essential for an enjoyable and worry-free experience. By following these simple guidelines, you can safeguard your eyes and make the most of your travel plans.



**HOW TO USE EYE DROPS WITH CONTACTS**

**WASH YOUR HANDS**

**REMOVE AND STORE CONTACTS (IF NOT USING DROPS MARKED AS SAFE FOR USE WITH CONTACTS)**

**APPLY EYE DROPS**

**WAIT FOR 10-15 MINUTES**

**PUT CONTACTS BACK IN**

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# TRAVELING WITH COPD

## Chronic Obstructive Pulmonary Disease



**Dr. King Kisku**  
Pulmonologist  
Al-Amiri Hospital

**H**aving chronic obstructive pulmonary disease (COPD) does not mean you have to give up traveling.

Many people with COPD still take vacations, visit friends and family, and see the world. It takes some extra planning, but you can go on safe, healthy, and fun trips.

### Basic Travel Tips for Someone with COPD

If you are thinking about traveling, start by talking with your health care provider.

This is especially important if:

You are newly diagnosed with COPD.

You have had a COPD exacerbation (flare-up) since the last time you traveled. You have had a change in medications or have started on supplemental oxygen since the last time you traveled. Tell your health care provider where you are going, how long you will be gone, and if you will travel by car, train, airplane, or cruise ship. Ask them if you are well enough to travel safely using that method of travel. Tell your health care provider about the weather, altitude, and climate of the place you will visit. Make a plan together for what to do if you become sick while traveling.

### What to take with you

Ask for a rescue pack of antibiotics and corticosteroids to carry with you in case of an emergency



Be sure to bring any over-the-counter (nonprescription) medications that you may need when you have a flare-up. Be sure to carry and use your regular inhalers - both for maintenance and rescue. Carry sufficient medications for the entire trip. If you use nebulizers, carry them along with sufficient medications.

Bring a folder containing important medical papers such as a list of the medications you are taking. If you are on supplemental oxygen, include your oxygen prescription. You may also want to include a letter from your health care provider. The letter should include a brief outline of your condition, and state that you are fit to travel.

Keep a list of important contact information and phone numbers. This list should include phone

numbers for your health care provider and your emergency family contact. It should also include contact information for the airline, train, or cruise line on which you are traveling. Keep this list in your travel folder.

**1. Get the name and location of a health care provider and hospital at your destination.** If you have planned a long visit, find a health care provider who can care for you while you're there. Your health care provider's office staff can help with this.

**2. Have all your medications refilled.** Leave home with enough medications to last your entire trip plus a little extra. If it is too early to get a refill, tell your pharmacy about your trip. They should be able to help you. No matter how you travel, keep all medications (including your inhalers and nebulizer if any) in your carry-on bag. All medications should be labeled and in their original containers. Unfortunately, luggage can be delayed or lost and never recovered. If this happens, medications can be hard to replace.

**3. Review your health insurance policy before you leave.** Some policies do not cover you while you are out of state or out of the country. You may want to get a temporary policy. A travel agent can help you with this.

**4. Have a travel partner such as a spouse, partner, or friend.** A travel partner travels along with you. He or she should know about your needs and be ready to help you if an emergency arises. Your travel partner should understand your medications, the oxygen system you use, and be able to change batteries and adjust the settings on your medical equipment.

## **Traveling with Oxygen**

### **Planning with Your Local Supplier**

If you are on oxygen therapy, you will need to make plans for having oxygen with you as you travel. It is helpful to have a contact person from your oxygen supplier. Tell that person your plans – where you will be and when – from the time you leave home to the

time you get home again. Write down a summary of what you discuss.

It is best to work with just one person from your oxygen supplier when possible. Tell that person your plans – where you will be and when – from the time you leave home to the time you get home again. Write down a summary of what you discuss. Send it to them through email or take it to them directly.

### **Planning with the Supplier at Your Destination**

Give your local supplier enough time to make the arrangements for you. Two weeks is usually enough but check with them to make sure. Talk about the supplies and equipment you'll need at each place and the plans for delivering the equipment. Oxygen suppliers are often members of a network or work with a national chain.

Ask your supplier to give you the name and phone number of the person they made the arrangements with at your destination. A day or two before you arrive, call that person to make sure that everything will be there and ready to use when you get there. This will give them enough time to fix any problems you find. The plans for traveling with oxygen can be complicated and detailed. But if you plan ahead, you will enjoy your travels more!

### **Working with the Hotel**

If you will be staying in a hotel, let them know about your oxygen needs. Tell them that the supplier will be delivering the equipment and that a hotel employee should sign for it. When you check in, have the oxygen delivered to your room. If it has not arrived yet, tell the front desk staff when it will be arriving.

### **Traveling by Plane**

#### **Altitude**

Airplane cabins are pressurized for high altitudes. This means there is less oxygen in the plane during a flight. This is not usually a problem for people with healthy lungs, but it can cause people with COPD to

be at risk of having low oxygen levels. If you need oxygen during exercise or sleep, you may also need it for air travel. Talk with your health care provider well before your trip. He or she will decide if you need to have oxygen on the plane.

A test called the high altitude simulation test can determine if you will need supplemental oxygen. Your health care provider may want you to take this test.

Note: The emergency oxygen masks on a plane cannot be used by people who need oxygen during a routine flight! This oxygen is for emergency use only if the plane loses cabin pressure.

### **Bringing Your Own Oxygen on a Flight**

If your health care provider says you need to have oxygen on the plane, you must take your own. Portable oxygen concentrators (POC) will produce as much as three liters per minute (lpm), giving you oxygen continuously. Most POCs run only with an oxygen conserver or pulse dose, meaning you will get oxygen only when you breathe in. You should know your oxygen needs for different types of activity, and get a POC that will meet your needs.

Most domestic airlines have a form that your health care provider must complete. You can download the form for free from their websites. Each airline's form is unique so you will not be able to use a form from another airline.

You must also call the airline's health desk and tell them that you will be flying with a POC. They will want to know the brand of the POC and the liter flow you plan to use. Some airlines may require you to carry a specific amount of backup battery capacity based on this information. This is a good time to ask about wheelchair assistance in all airports.

You might be asked for your paperwork at check-in, when you board, and also by a flight attendant. You may also be told you must sit in a window seat,

though some airlines allow you to sit in an aisle seat as long as you don't use your oxygen for taxi, takeoff, or landing.

### **Battery Power**

You must bring enough batteries to last from the first takeoff through the final landing plus 50 percent of that time. If you use supplemental oxygen all the time, you will need more battery time for any layovers or delays. Keep your charging equipment with you in your carry-on. Most airports have plenty of electrical outlets to allow charging between flights. Carry an electric outlet extender.

### **Using a Wheelchair at the Airport**

When you make your air travel reservations, consider asking for a wheelchair. It can be a long walk to your gate and if you use a POC that will use additional battery time. You might also have a long wait at the security check-in. Being in a wheelchair will get you through security much more quickly.

A wheelchair is helpful if you have a connecting flight. Riding instead of walking will save your energy and reduce your stress. The airline will provide you with a wheelchair and attendant, or they may have a motorized cart waiting for you at your gate. Tipping your wheelchair attendant is suggested.

### **Reducing the Risk of Infections**

The air in a plane is fairly dry. This can put you at an increased risk of getting a lung infection. Being close to other passengers can also put you at risk.

#### **To reduce your risk of infection:**

Drink plenty of water. Avoid coffee, tea, and alcohol. Ask to be moved to another seat if you are near someone who is coughing or sneezing. Consider wearing a mask. This will act as a barrier against airborne droplets. Take prescribed antibiotics with you. This will allow you to quickly treat any infection and may keep you from getting much sicker. Wash your hands often and carry hand sanitizer.

**Traveling by Train**

Train travel can be an easy-to-use option. If you use supplemental oxygen, it does require most of the same planning ahead as when traveling by plane. As with any other travel, you should discuss your oxygen needs with your health care provider and your oxygen supplier.

You can often bring your own oxygen equipment on the train without an additional charge. Train companies have weight limits for oxygen equipment. Be sure to check with your travel company to ensure that your equipment meets their requirements. Plan to have enough oxygen for your entire travel time, plus an extra 20 percent. You must stay only in non-smoking areas of the train.

**Traveling by Car**

When planning a car trip, keep these things in mind.

**Mobile Phone Access**

Find out if you will have mobile phone access along your entire route. Call your mobile phone carrier or check online.

**Altitude**

High altitudes can cause breathing problems even if you don't normally use supplemental oxygen. Talk about this with your health care provider. Map out your travel route. Plan for your oxygen needs. Find stops along the way where tanks can be replaced

**Air Pollution and Allergens**

To avoid air pollution and allergens, keep the car windows up. When weather allows, keep the air conditioning on. Avoid driving during peak rush hours and try to travel when there is less traffic. Avoid heavily traveled highways. Take back roads if possible, but make sure your mobile phone will have service.

**Be Prepared**

Make sure your car has recently been serviced. Ensure that the oil has been changed, fluids have been

checked, and the spare tire in working condition. Have a jack, jumper cables, flares, blankets, drinking water, and healthy snacks available.

**Oxygen**

If you are on oxygen therapy, plan to have enough tanks to last throughout your trip. Know where you can have empty tanks exchanged for full ones. Take your stationary concentrator with you for use at night.

A car's electrical system can be modified so you can plug in your concentrator. If you already use a concentrator powered by the car's electrical system, have this system checked before you leave. Make sure your car's battery and alternator can handle the extra demand.

Secure extra tanks in your car. Make sure they are not banging around. Keep them in a well-ventilated area. Do not leave oxygen tanks in a hot car or in the trunk.

**Taking a Cruise**

Many cruise lines allow passengers to travel with oxygen. Talk about this with the cruise line's special services four to six weeks before the start of your cruise. They must approve your plans. You will probably be required to make your own arrangements for oxygen to be delivered to the ship.

A letter from your health care provider saying that you are approved to travel may be required. This letter should include a list of your current medications, as well as your oxygen needs. There is usually no extra charge for you to bring your oxygen aboard. You will be asked to avoid being in the smoking areas of the ship.

**You Can Travel with COPD!**

With any type of travel, always discuss your plans with your health care provider. Planning ahead will help you have a safe and healthy trip. COPD does not have to keep you from traveling. With the right planning you can enjoy this freedom!

Reference: COPD Foundation®



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# VACCINES AND VACCINATIONS

## Boost Your Immunity



**Dr. Thomas Isaac**  
Physician-Internal Medicine  
Dar Al Saha Polyclinic

International travellers should have a pre-departure consultation for evaluating immunisation status and offering necessary vaccines according to the countries they are intending to travel. . Routinely a traveller has to approach the travel clinic 4-6 weeks before travel. If a person is travelling in short notice accelerated immunising schedule is mandatory. Travel vaccines help to prevent diseases and bring them back home safely.

Factors for immunising travellers include age, immunisation history, existing medical conditions, destinations, planned activities, duration and nature of travel, legal requirement for entry to countries being visited. Immunisation may be routine or those recommended before travel.

**Routine vaccines** are given for normal healthy persons eg. Measles Mumps Rubella and Tetanus immunisation.

**Recommended vaccinations** are predicated on a number of factors including one's travel destinations, planned activities, seasons, previous immunizations, urban/rural. These vaccinations are recommended to protect travellers from illnesses present in other parts of the world and to prevent the importation of infectious diseases across international borders. For example, there is a current outbreak of diphtheria in several states in Nigeria.



All travellers aged 2 months and older or travellers who have not received a booster dose within 5 years should receive an age appropriate dose of a diphtheria toxoid-containing vaccine. Special considerations for aging, immune compromised, pregnant, immigrant, chronically ill, students, and disabled travellers are essential.

**Required vaccinations** are more non specific for each region eg, COVID -19 support required by US, yellow fever to travel to sub Saharan Africa, South America, and meningococcal vaccination required by Saudi Arabia. All international travellers should have International Certificate of Vaccinations or Prophylaxis (ICVP).

Diseases that Vaccines Prevent

- Vaccines that Prevent Diseases
- Chickenpox (Varicella)

- Diphtheria.
- Flu (Influenza)
- Hepatitis A.
- Hepatitis B.
- Hib.(Haemophilus Influenza B)
- HPV (Human Papillomavirus)
- Cholera. Hepatitis A and E.
- Japanese encephalitis. Meningococcal disease. Rabies.

Tick-borne encephalitis. Typhoid fever. Yellow fever.  
Some countries require proof of vaccination for travellers wishing to enter or exit the country.

### Who needs travel vaccines?

Whether you're traveling for business or pleasure, it's a good idea to check with a travel medicine specialist about vaccinations. These people may also need travel vaccines:

- Business or government travellers
- Employees of non-governmental organizations (NGO)
- Humanitarian aid workers
- Parents planning on international adoption
- Students on spring break or studying abroad

- Patients needing treatment abroad.

### When should I get travel vaccines?

You should schedule your appointment with the travel clinic at least four to six weeks before you leave.

How long before travel should I get the hepatitis A vaccination?

The hepatitis A vaccine is a two-dose series given six months apart. If you've never received the vaccine and are traveling to an area where hepatitis A is common, you should get vaccinated.

However, if you don't have enough time before your trip for both vaccine doses, you can get just the first dose.

### Must-have vaccines before you fly

Many travel-related diseases are vaccine-preventable. Some common Recommended vaccines are listed below. Check with your doctor which, if any, of these vaccines you may need before you travel.

Vaccine	What can it protect you from and when you might need it
Hepatitis A	A routine vaccination against viral infection involving the liver that usually requires two shots. Good to have no matter where you're going, especially if you will be in developing countries.
Hepatitis B	Same as above, but requires three shots.
Typhoid	A vaccination against a bacterium that produces severe, life-threatening systemic illness which can include diarrhoea. Recommended for places like Africa, Asia and South America.
Japanese encephalitis	A recommended vaccination if you will be spending lots of time in rural areas in Asia. This disease is spread by mosquito bites.
Rabies	A three-dose vaccination against an acute viral infection of the nervous system, which is spread through the bite of an infected animal.
Yellow fever	A vaccination against a viral illness caught from the bite of an infected mosquito. Required for travel to certain places such as sub-Saharan Africa and South America. You will need to carry proof of the vaccination with you.

### Vaccines for international travellers

This service provides tips and information on infectious diseases and vaccines for individuals traveling abroad. You can get information on where you can be vaccinated, vaccine price lists, and a downloadable medical information questionnaire for travellers.

International travellers can get infected with diseases abroad. The risk of infection varies from one country to the next. In general, the risk level increases:

- If there are low levels of sanitation.
- With harsh living conditions (backpacking trip).
- When travelling for extended lengths of time.

### Side effects of Vaccines

Common side effects include redness, warmth, or swelling at the site of injection, headaches, tiredness and body aches, rarely fainting, or dizziness may be experienced.

### Vaccinations needed to travel to India.

Courses or boosters are recommended for preventing Diphtheria, Tetanus, Hepatitis A, Typhoid, Other vaccines to consider are Hepatitis B, Rabies. Selectively advised for high risk patients are Cholera, Japanese Encephalitis.

Travellers from yellow fever endemic countries requires a valid yellow fever Vaccination certificate.

### How long do travel vaccines last?

Diphtheria Tetanus, and Polio may require a booster every 10 years for travellers to certain areas. Hepatitis A requires booster after 6-12 months, after the first and then lasts 25 years. Typhoid lasts 3 years. Yellow fever lasts life time.

### Healthy Tips for International traveller

#### 1) Who should make an appointment with a travel medicine specialist?

- A Traveller should make an appointment with a travel specialist especially with critical illness or special health issues.

#### 2) What vaccinations do I need to travel overseas?

- Recommended vaccinations like flu and Covid -19 are to be taken apart from routine and required vaccinations.

#### 3) Are there travel destinations that have different vaccination recommendations?

- Each travel destination vaccines are available according to the prevalence of diseases in their respective region.

#### 4) Can my primary care provider give me travel vaccinations?

- It depends on your travel destinations and vaccine recommendations. It is better to start consulting your primary care provider and review the guidelines.

#### 5) How long before my trip should I go to the travel clinic?

- Ideally 2 months before for all immunisation to be effective but at least one month before the travel.

#### 6) Can I only go to the travel clinic before I travel?

- No. Travel clinic is approachable before or after Travel according to the need.

#### 7) I'm going to an all-inclusive resort. Will I have a lower risk of getting sick?

- It's important to take all necessary precautions and follow vaccination recommendations when you travel, regardless of your accommodations.

#### 8) How do I lower my risk of malaria when traveling?

- Malaria is caused by a parasite due to mosquito bite and preventive medications rather than vaccinations.

#### 9) How do I stay healthy while travelling?

- Nothing can ruin a trip like illness. Make sure all your vaccinations and boosters are up to date, and get any new vaccinations recommended for your destinations. As you make travel plans, schedule an appointment with a travel medicine specialist to get the vaccinations and information you need to be healthy and safe on your journey.

A pre-travel medical consultation helps a traveller to be guided about vaccination and to optimise treatment if any.



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## EMERGENCIES During Travel

**Dr. Radhakrishna Panicker**  
Pulmonologist  
Al Rashid Centre - MOH



### CHOKING

Choking happens when an object lodges in the throat or windpipe blocking the flow of air. In adults, a piece of food is usually to blame. Young children often choke on small objects. Choking is life-threatening as it cuts off oxygen to the brain. Give first aid as quickly as possible if you or someone else is choking.

#### Watch for these signs of choking:

What you see

- One or both hands clutched to the throat
- A look of panic, shock or confusion
- Inability to talk
- Strained or noisy breathing
- Squeaky sounds when trying to breathe
- Cough, which may either be weak or forceful

#### Five and five



How to perform abdominal thrusts, also called the Heimlich maneuver



#### How to give abdominal thrusts to someone else:

- **Stand behind the person.** For a child, kneel down behind. Place one foot slightly in front of the other for balance. Wrap your arms around the waist. Tip the person forward slightly.
- **Make a fist with one hand.** Put it just above the person's navel.
- **Grasp the fist with the other hand.** Press into the stomach, also called the abdomen, with a quick, upward thrust — as if trying to lift the person up. For a child, use gentle yet firm pressure to avoid damaging the internal organs.
- **Give five abdominal thrusts.** Check if the blockage has been removed. Repeat as needed.

## SEIZURE

Uncontrolled electrical activity in the brain, which may produce a physical convulsion, minor physical signs, thought disturbances, or a combination of symptoms. seizures can be caused by head injuries, brain tumors, lead poisoning, maldevelopment of the brain, genetic and infectious illnesses, and fevers. In about half of the patients with seizures, no cause can yet be found.

What you see	What you do
Loss of muscle control	<b>During a seizure:</b> -Move the furniture or other objects out of the way
Falling to the ground	-Place something soft under the person's head -never hold the person down or put something in the mouth
Jerking movements of arms, legs and other parts of the body	<b>After a seizure</b> <b>-if the person is having trouble breathing because of vomiting of fluids in their mouth ,roll them on to their side.</b>
No response	If they are unresponsive and are not breathing properly phone your local emergency number and provide CPR

## STROKE

### RECOGNISE STROKE

An ischemic stroke occurs when the blood supply to part of the brain is blocked or reduced. Another type of stroke is a hemorrhagic stroke. It occurs when a blood vessel in the brain leaks or bursts and causes bleeding in the brain.

**Stroke is a medical emergency.**



## External bleeding

-Apply dressings to the wound, and put direct pressure on the dressings.

-If the bleeding continues ,add more dressings and press harder.

- If there is life threatening bleeding from an arm or leg,use a manufactured tourniquet. Place it 5-8 cms above the injury. Tighten it and note the time you put it.

-If the severe bleeding is on a body part that is not the arm or leg,pack the wound by placing a material like clean guaze or clothing tightly into the wound.



Apply direct pressure on external wounds with sterile cloth or your hand, maintaining pressure until bleeding stops

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- Air Freshener Dispensers.
- Canisters - Draco, U.S.A.
- Soap Dispensers.

### Bio Technology International - U.A.E.

- Hand Liquid Soap.
- Oven Cleaners.

### Qts - ITALY

- Soap Foam Dispensers with Cartridge.

### Expokro - SPAIN

- Paper Dispensers, M Tork & T Tork.

### VDM - ITALY

- Floor Maintaining Product.

### Amidax Trading Group - U.S.A.

- Odor Magnet.

### Imbal Paper - ITALY

- Paper Products.



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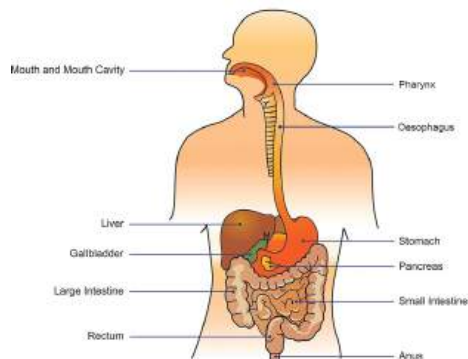
# DIARRHEA Travel Related



**Dr. Deepthi Nair**  
Clinical Microbiologist  
Al Sabah Hospital

**W**hat is travel related diarrhea?  
Diarrhea is the abrupt onset of passing three or more loose stools per day which lead to loss of fluids and electrolytes from the body. Travel-related diarrhea can occur during travel or in the immediate post-travel period. A specific entity called 'traveler's diarrhea' usually occurs within 10 days of travel.

Figure 1. Human alimentary tract



### Why do we get diarrhea during travel?

- Drinking contaminated water
- Eating contaminated or improperly cooked food
- Unhygienic environment with disease transmitting agents like flies
- Hands not washed properly
- Use of unclean utensils
- Improper toilet facilities
- Travel to places with inadequate electrical supply, leading to poor refrigeration of food

Can also spread from person to person due to poor hygiene



### What are the causative agents of travel related diarrhea?

Infectious causes	Non-infectious causes
<b>Bacterial</b> Enterotoxigenic E.coli Campylobacter jejuni Shigella species Salmonella species Enteroaggregative E.coli Aeromonas species Plesiomonas species Newly recognized Enterotoxigenic Bacteroides fragilis	Coeliac disease  Inflammatory bowel disease
<b>Viral</b> Astro viruses Noro virus Rota virus	

### What are the specific conditions with diarrhea related to travel?

- Cholera
- Typhoid
- Paratyphoid
- Hepatitis A

Disease	Cholera	Typhoid	Paratyphoid	Hepatitis A
<b>Agent</b>	Toxigenic Vibrio cholera O1 or O139	Salmonella enterica serotype typhi	Salmonella enterica serotypes paratyphi A,B,C	Hepatitis A virus
<b>Travel destinations</b>	Africa, America, south Asia, south-east Asia	Africa, Latin America, Asia	Africa, Latin America, Asia	Parts of Africa, Asia, central & south America, eastern & western Europe
<b>Prevention</b>	Safe food Safe water Sanitation Hand hygiene Vaccine available	Safe food Safe water  Vaccine available	Safe food Safe water  No Vaccine	Safe food Safe water  Vaccine available

### What are the symptoms of travel related diarrhea?

Causative agent	Symptoms
Bacteria and virus	Sudden passage of three or more loose stools per day with mild cramps to severe abdominal pain, bloody diarrhea, fever and vomiting. In Noro virus infection, vomiting is more prominent.
Protozoa	More gradual onset of low-grade symptoms with 2-5 loose stools per day.

### **What is the course of diarrhea?**

If untreated, Bacterial diarrhea lasts for 3-7 days

Viral diarrhea lasts for 2-3 days

Protozoal diarrhea may last for weeks to months

If the diarrhea persists for more than 2 days or there is an increase in abdominal pain or blood appears in stools or fever develops, then a doctor consultation will be needed. Severe diarrhea may lead on to dehydration and further complications.

### **What are the foods with a high risk for diarrhea during travel?**

- Unpeeled raw fruits and vegetables, including sprouts
- Salads
- Undercooked meat or seafood
- Food or untreated water from street vendors
- Unpasteurized milk and dairy products

### **Treatment**

- Adequate intake of fluids to replenish the loss of water
- Lime tea (lime juice helps with digestion)
- ORS (Oral Rehydration Solution) therapy to replenish the loss of electrolytes
- Antibiotics, only in special cases, example, diarrhea with fever

### **How can we prevent travel related diarrhea?**

- Drink clean water.
- Consume food which is properly cooked.
- Undercooked meat, fish and shellfish should be avoided.
- Try to avoid salads during travel.

- Fruits should be washed thoroughly before consuming and preferably peeled.
- Avoid swimming in contaminated water (in order to avoid accidental ingestion of water).
- Plates and other utensils used should be clean and dry.
- Hand hygiene – wash your hands thoroughly before eating. An alcohol based sanitizer with  $\geq 60\%$  alcohol can be used if hand washing is not possible.
- Vaccines for pathogens that commonly cause traveler's diarrhea are not available.
- Vaccines are available for Cholera, Typhoid and Hepatitis A

### **Travel advice**

#### **What pre-travel precautions need to be taken prior to travel?**

- Keep your hands clean always.
- Carry ORS in your medical kit
- Help yourselves to properly cooked food and clean water
- Take appropriate vaccines.
- Be aware of your own health and the sanitation details of your destination.

Let your travel relax your mind, but not loosen your bowel.

For further guidance kindly refer to Traveler's Diarrhea CDC Yellow Book 2024 (available on the internet).



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## PREGNANT WOMEN Travel Advice

**Dr. Madhu Gupta**  
OB GYN  
Farwaniya Hospital



**T**ravel during pregnancy can be stressful. It is important to know few facts before travel which can make travel safe and enjoyable .

### GENERAL APPROACH

- Risk assessment, determining the risks of the destination, mode of travel and special conditions of the traveler ( Pregnant woman)
- Prevention and early intervention is the key
- Every situation is different. Recommendation should be individualized.
- These precautions are not 100% sure but can definitely minimize the risks.

### WHAT IS THE BEST TIME TO TRAVEL DURING PREGNANCY

Risks are generally lowest during second trimester 12-26 week of the the pregnancy. Most advocate 18-24 weeks as most convenient time to travel.

### PROBLEMS IN DIFFERENT TRIMESTERS

- First trimester: Risk of miscarriage, troubling symptoms eg. Nausea, vomiting, fatigue, poor appetite
- Second trimester: Fewest compared to first and third trimesters. It can be premature labor , leaking or bleeding
- Third trimester: Preterm labor , premature rupture of membranes, bleeding ,Gestational Diabetes( diabetes in pregnancy), Hypertensive



disorders of Pregnancy (Preeclampsia/ Eclampsia), general discomfort

### ADVICE TO PREGNANT WOMEN

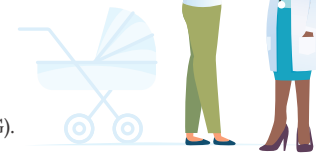
1. Need to know the general and individual risks.
2. She should be evaluated first if there is any potential contraindication to travel.
3. To teach pregnant women about more common complications and how to recognize them.
4. She should report to Doctor if any warning signs eg. Bleeding, leaking, abdominal pain or cramps, headache or visual changes
5. She should carry her records.
6. Travel motion sickness is common and can be avoided by antihistamine antiemetics Vitamin B6 (pyridoxine) and cyclizine.

## IMPORTANT DOCUMENTS FOR PREGNANT TRAVELER

1. Copy of antenatal record.
2. Blood group and Rh type.
3. Letter containing allowed medications.
4. Proof of marriage.
5. Carry adequate insurance coverage documents that covers pregnancy complications and birth.
6. Travel form required by airline duly signed by treating Doctor.
7. Location of emergency services at their destination.
8. Plan to travel with a companion at all times.
9. Choose destination where good health services exist.
10. Avoid region of high malaria endemicity.
11. Vaccinations prior departure according to destination endemic diseases. Live vaccines are contraindicated in pregnancy. Women should avoid traveling to areas which require live vaccines

## MATERNAL IMMUNIZATION: QUICK GUIDE

Society for Women's Health Research



### SUMMARY OF MATERNAL IMMUNIZATION RECOMMENDATIONS

The following vaccination schedule aligns with the recommendations of the Centers for Disease Control and Prevention (CDC) and the American College of Obstetricians and Gynecologists (ACOG).

VACCINE	BEFORE PREGNANCY		PREGNANCY			POSTPARTUM & BREASTFEEDING
	>1 month	1 month	1st Trimester	2nd Trimester	3rd Trimester	
COVID-19	✓	✓	✓	✓	✓	✓
Influenza (inactivated)	✓	✓	✓	✓	✓	✓
Tdap*	✓	✗	✗	✗	✓	✓
Hepatitis A	✓	✓	▲	▲	▲	✓
Hepatitis B	✓	✓	▲	▲	▲	✓
Meningococcal conjugate & serogroup B	✓	✓	▲	▲	▲	✓
Pneumococcal	✓	✓	▲	▲	▲	✓
HPV**	✓	✗	✗	✗	✗	✓
Influenza (live, attenuated)	✓	✗	✗	✗	✗	✓
MMR***	✓	✗	✗	✗	✗	✓
Varicella (chickenpox)	✓	✗	✗	✗	✗	✓

✓ Recommended.

▲ Not recommended, unless high risk for exposure. Must consult a health care provider before proceeding.

✗ Not recommended.

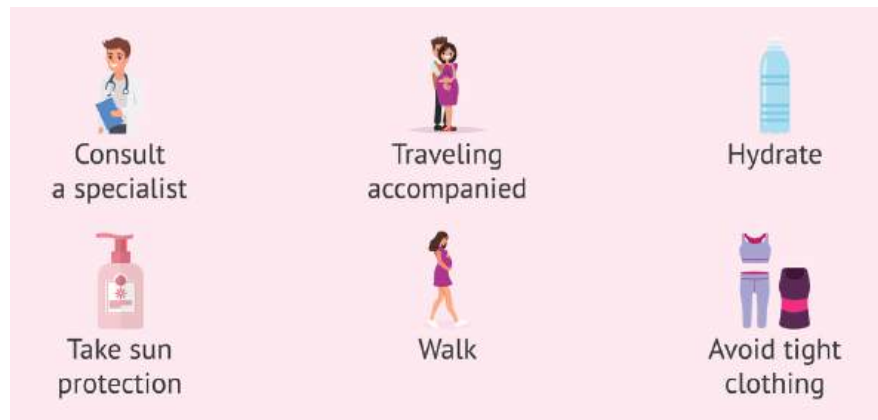
\* Tdap: tetanus toxoid, reduced diphtheria toxoid, and acellular pertussis

\*\* HPV: human papillomavirus, recommended for individuals 26 years and younger

\*\*\* MMR: measles, mumps, and rubella

### HOW VACCINES WORK

### BEFORE AND AFTER PREGNANCY



### CONTRAINDICATIONS FOR TRAVELING DURING PREGNANCY

There can be situation where woman can not travel. It can be due to one of the following

1. Medical risk factors
2. Obstetric risk factors
3. Hazardous destinations

Woman should discuss with Doctor if they are fit to travel along with general and individual precautions in her case.

### AIR TRAVEL DURING PREGNANCY

1. Woman should carry duly filled airline form by her Doctor. She may not be allowed to travel if advanced pregnancy or there is individual risk to travel.
2. Seat belts should be passed between breast and below pelvic bones.
3. Aisle seat is preferred for ease and free mobility.
4. X-ray security devices do not appear to pose a hazard to her or fetus.
5. Liberal fluids should be taken during journey to avoid dehydration.
6. Risk of thromboembolism ( Clots) is higher if longer journey more than 5 hours. Prevention includes mobility inside the craft, moving the legs and heels while on the seat. Liberal fluid and sometimes prophylactic anticoagulant ( if advised by the Doctor)

### SEA TRAVEL

1. Travel of sea should be avoided after 28 weeks as it,s frequently far from hospital facilities.

2. Caution with motion and balance
- 3 .Nausea may be worse

### CAR TRAVEL

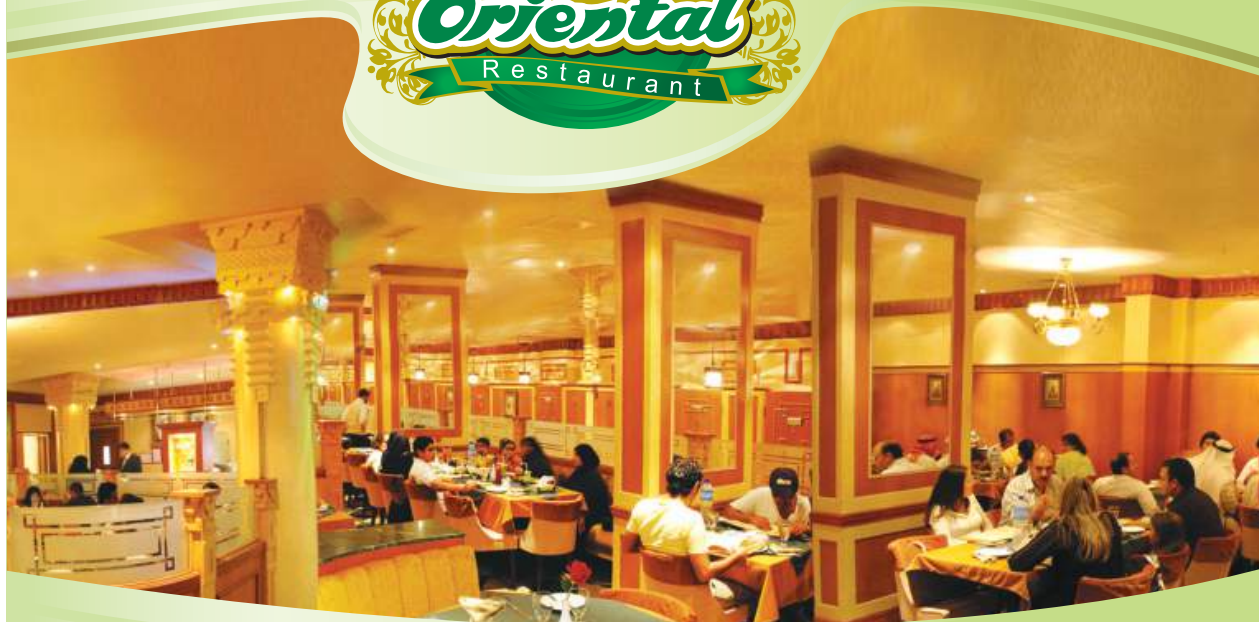
1. Frequent stops are needed.
2. Driving not more than 6 hours
3. Seat belt is mandatory
4. Air bag instructions to be in mind in case of accidents.

### REACHING DESTINATION

1. Ensure food and water safety. Dehydration from travelers diarrhea can be a problem for pregnant woman. Ensure to take good water intake and oral rehydration solution. Seek medical advise if not controlled.
2. Personal safety : protection against insect bites and avoid contact with animals and practice hand hygiene by washing your hands frequently.
3. Urinary tract infections and vaginal yeast infections are common issues while travel . Prevention includes using public toilets carefully and local hygiene. UTI can be treated with plenty of water intake along with antibiotics. Vaginal yeast infection can be treated with local antifungal suppositories.

In summary, travel during pregnancy should only be if it is needed . Pre travel assessment is mandatory to know her fitness and precautions to be exercised.

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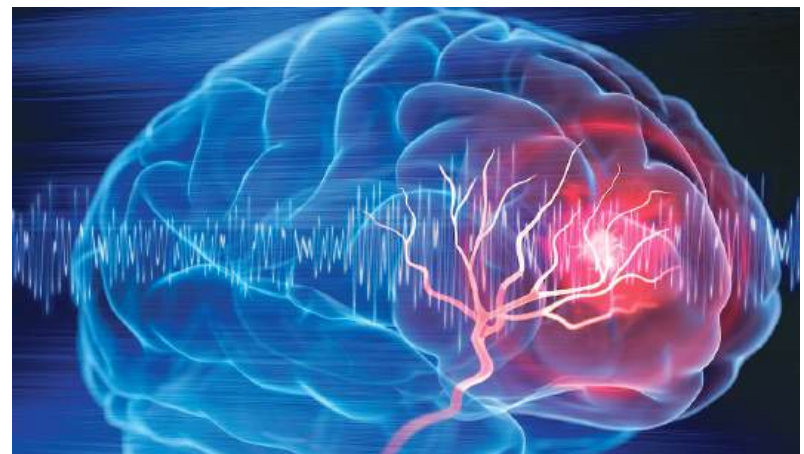
# NEUROLOGICAL ILLNESSES

## Travel Precautions

**Dr. Shekhar Lamdhade**  
Neurologist  
Al Amiri Hospital



A traveler can have many neurological illnesses. Some of those require special attention. Precaution is always better to avoid any untoward situation during travel in certain conditions like epilepsy and stroke. Travelling can be for simply visiting home, tourism or going to specialized hospitals in different cities or countries which require long distance travelling. Travelling can be on air, road, or water. Here we are highlighting certain points regarding air travel. Extra care is needed specially for long distance flights and flights with multiple stopovers.



**Epilepsy:** When considering air travel, person with epilepsy must talk to his treating doctor first. Physician might advise some investigations like

blood levels of anti-epilepsy medicines to adjust the medications you are taking. It is recommended that people who have uncontrolled epilepsy should travel with a companion who knows about patients' sickness.

- Wearing a medical bracelet, necklace is highly recommended. It should mention your name, address, type of epilepsy & list of medications. Name of the hospital and contact number so that in case of emergency this information it can be of great help.

### Person who is travelling:

- Should have Proper rest/sleep a day before travel.
- Take normal meals (avoid fasting) and Epilepsy medication in proper doses.

- Must carry a doctor's prescription mentioning the correct names and proper doses (not your own list of tablets). Some medications have travel restrictions at different airports in different countries. They can confiscate the medications and may arrest you. In case of residents of Kuwait should have medical report from their respective hospitals.
- Ask your doctor if he can prescribe any Rescue medication to be carried in flight.
- Medicines should be kept in the purse. Nobody can identify your hand bag in case of acute sickness. Getting an attack at airport or in flight is a complete mess. Most of the time attack comes suddenly which is frightening to fellow passengers and patient is confused to understand anything for few minutes or hours. At times person vomits and urinate.
- Parents of children with epilepsy should be prepared for this situation. Don't hide or feel shy, people around you are trying to help you.
- It is commonly seen that patients (including heart patients) keep their medications in suitcases which is useless for them during flight and luggage can be lost.
- Inflight medications should be taken at proper time. Sometimes flights can be delayed and you may miss your doses.
- You should have proper rest & food. One should carry his own food. Drink water and avoid dehydration.
- Don't consume alcohol from beginning till the end of your journey.

#### **Stroke (Paralysis):**

Usually stroke patients have associated Hypertension, Diabetes Mellitus and high cholesterol and they take

many medications. Long standing diabetes is also associated with numbness of legs (Common name of Peripheral neuropathy) and Peripheral vascular disease or narrowing of arteries in legs.

- Travel with a companion if you are unable to eat, understand safety briefings or reach emergency exits without help.



#### **When to fly:**

**Flying is typically safe 10 days to 2 weeks after Mini stroke** (TIA, Transient ischemic attack. A type paralysis lasting up to 24 hours). This is because chances of developing full paralysis are high in the 1st week of developing TIA.

**In cases of severe stroke, 1-3 months wait is recommended time as per the case.**

In case of **Brain hemorrhage, 6 weeks wait** is recommended. In case you need to travel earlier then get checked by your doctor. You may need an accompanying doctor.

Formation of Blood clots in legs is the main risk of flying after a stroke. Luckily, there are ways to safely prevent them.

- Wear compression stockings
- Sit in an aisle seat so you can stretch your legs
- Get up and walk around (when the flight attendants say it is safe to do so)
- Stay hydrated
- Patients with narrowing of leg arteries should not use leg compression.

Carry medication in both your hold bag and hand baggage, in case any of your luggage gets lost.

**Air pressure or oxygen:** Many patients are worried about inflight air pressure or oxygen levels in the aircraft. Most aircrafts have properly maintained air pressures.

**Oxygen:** The general rule is if you can walk 50 meters without getting breathless, or climb one flight of stairs without getting breathless, you will be able to tolerate the lower oxygen level on a flight.

**Immobilities / Disabilities:** It is convenient to take aisle seat for leg movements and leg stretching.

**Brain Tumors:** In a recently published study in the Journal of Neuro-Oncology, "Safety of commercial air flight in patients with brain tumors: a case series,"

(Phillips et.al. 2018), reported the safety data for these patients. **Generally it is safe to travel by air.** Patients with very large tumors with pressure effects need inflight medications (Steroids) to reduce the brain swelling should avoid travel. It is suggested that patient should contact his/her Neurosurgeon before travel.

**Weather/Temperature:** Some diseases like Multiple sclerosis (demyelinating condition) hot weather on destination can increase their weakness.

In summary air travel is safe if precautions and recommendations are properly followed.





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# PARADOXICAL EMBOLISM AND STROKE

## Travel Awareness

**Dr. Raja Mohammed**  
Cardiologist  
Jaber Al Ahamed Hospital



The aim of this article is to give the readers an idea on the lesser-known possibility of paradoxical embolism. Paradoxical embolism as a cause should always be considered in young patients who present with stroke.

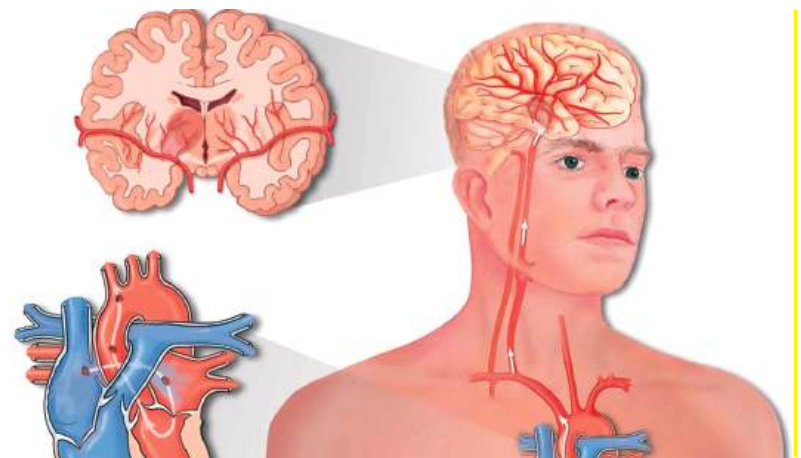
### Normal heart and blood circulation

The heart has four chambers. Two upper chambers called right and left atria with a partition in between and two lower chambers called right and left ventricle with a partition in between. The right-side chambers receive the impure deoxygenated blood from all over the body through veins and pass it to the lung for oxygenation. After oxygenation the oxygenated blood returns to the left side chambers and from there it is supplied to all over the body through the arteries.

### What is paradoxical embolism?

A long-haul flight or a travel with no or less physical activity can trigger a lower limb clot. A breakaway fraction of that blood clot or a tiny clot in full could reach the right side of the heart. The clot that reached the right side of the heart could block the blood supply to the lung and it could rise to a serious condition of varying intensity.

If the clot cross to the left side of the heart through a tiny hole at atrial or ventricular level and reach



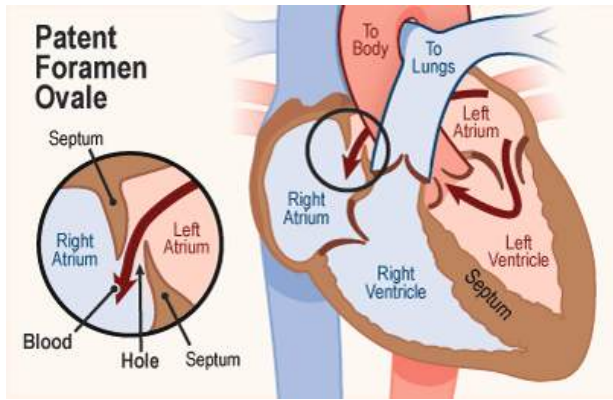
the arterial circulation it is called as paradoxical embolism.

Paradoxical embolism may manifest with a sudden complete brain stroke, transient stroke attack with full recovery, migraine, heart attack, kidney and intestine damage, loss of function in a limb due to sudden loss of blood supply to a limb in full or part of it. The cause is mostly a clot in the lower limb blood vessel which will break away completely or partially and travel to right side of the heart.

The clot which has travelled to the right side of the heart might travel to the left side of the heart mostly through a hole called patent foramen ovale or atrial septal defect. This particle could be a clot and sometimes a fat, air, amniotic fluid, or tumor.

## Causes

### Patent Foramen Ovale (PFO)



A patent connection in the form of a hole is found between right and left upper chambers of the heart in up to 30% of normal hearts. This is called as Patent foramen ovale. Normally the pressure in the left upper chamber exceeds that of the right upper chamber thereby passively closing this communication. In certain physiological maneuvers like defecation, micturition, coughing, sneezing the pressure in the right-side increases above the left sided pressure causing a transient right to left movement to occur through this hole. Particles like clot may travel during this time to the left side of the heart which allow them to pass to different parts of the body causing obstruction of blood vessel and stroke.

### Atrial septal defect (ASD)

Atrial septal defect is another abnormal opening between the two upper chambers of heart. In normal situations this abnormal opening causes blood flow from left to right side. During a transient right to left movement and if debris travels through to the left side and into the different body circulation it could result in paradoxical embolism. ASD accounts for 10 -15% of paradoxical embolism cases.

### Ventricular septal defect (VSD)

Ventricular septal defect is a left to right blood movement with an abnormal opening at the lower chambers of the heart. Certain conditions with high right sided heart pressure can reverse the movement which could allow the clot to travel to left side to cause a paradoxical embolism.

### Pulmonary arteriovenous malformation

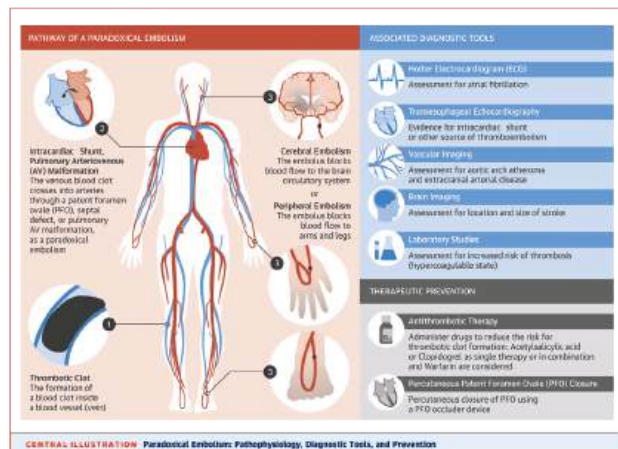
This is an abnormal connection between the blood vessel which carry deoxygenated blood to the lung and the vessel which carry out the oxygenated blood, and they could lead to a stroke.

## Diagnosis and investigations

The physician workup will include finding the source of clot, questionnaire about recent travel, surgery, pregnancy, delivery and identifying risk factors like diabetes, hypertension, tobacco use, high cholesterol, and family history. Physician will request for studying veins by doppler venous study, echocardiogram of the heart, extracranial and intracranial doppler ultrasound, CT pulmonary angiogram of the lung to rule out clot in the blood vessel of the lungs and CT and MRI of the brain and other organs of interest.

### Electrocardiogram (ECG)

Paradoxical embolism can cause a heart attack if the clot travels to the blood vessel supplying the heart. Further ECG could guide on the high right sided heart pressures, clot in the lungs and heart beats.



### **Echocardiography**

They are diagnostic method of choice for detection of holes in the heart at different levels. Normally the left atrial pressure exceeds the right atrial pressure thereby passively closing the communication. To open this communication a certain maneuver called Valsalva is required. The echocardiogram screening is done with saline solution in an agitated form, or an echo contrast medium being injected into a vein and the patient asked to perform Valsalva maneuver. In case of patent foramen ovale bubbles will be detected very early in the left atrial side.

### **Doppler ultrasound**

The sonogram of the blood vessels carrying the returning blood to the heart is part of primary investigation in a person with travel history and suspicion of clots in the lower limb veins. There are occasions when deep vein clots can be small and break away completely from a tiny leg vein, leaving no residual evidence of clots that may not be seen on a sonogram.

### **Transcranial doppler sonography (TCD)**

Transcranial doppler is a test to detect right to left movement of blood in the heart causing stroke. TCD detects micro clot at the blood vessel in the brain. An agitated saline is injected into the patient's peripheral vein and a bedside scan detects micro clot in the brain.

### **Ear oximetry**

When a patient performs Valsalva maneuver it causes a rise in right side heart pressure and the left to right blood movement through a hole turns into right to left movement and the oxygen saturation decreases transiently, which is detected by the ear oximeter.

### **MRI and CT scan**

These are the investigations of choice to detect occlusion of blood vessel by clot and to find out the magnitude of damage whether brain, abdominal organs, kidney and limb.

### **Treatment**

Treatment options are available for prevention of clot in the veins and closure of abnormal openings of the heart. Abnormal holes in the heart are closed by devices and less commonly by surgical methods. Clot busters are used for management of stroke and as a secondary prevention of venous clot.

### **Conclusion**

Timely and prompt seeking of medical advice by the care seeker within the window period is the key to management and will aid in complete recovery. Meticulous history, key recognition of clinical signs, high index of suspicion on the possibility of a paradoxical embolism, investigations and guideline directed management by the care giver are the key to good patient outcomes.

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# INFLAMMATORY BOWEL DISEASE (IBD)



**Dr. Joseph Tharakan**  
Physician Internal Medicine  
-Gastroenterologist  
Hadi Hospital

Inflammatory bowel disease (IBD) is a term for two conditions (Crohn's disease and ulcerative colitis) that are characterized by chronic inflammation of the gastrointestinal (GI) tract.

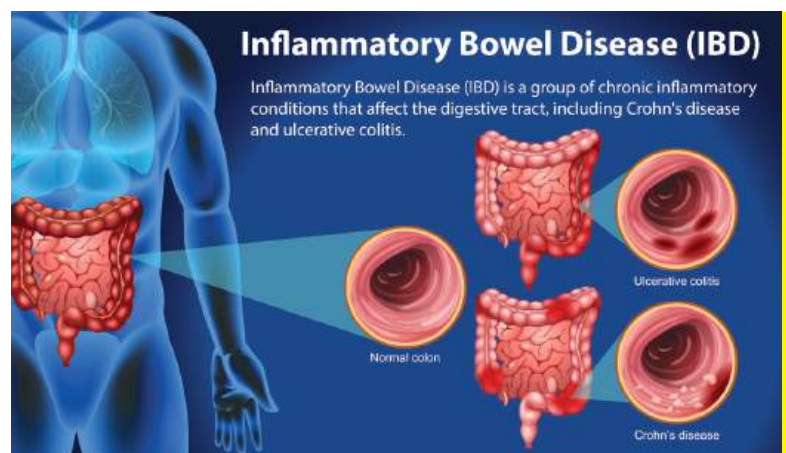
IBD is characterized mainly by diarrhea which is often bloody. It is also associated with other extra intestinal manifestations such as ocular, joint and skin changes.

Patients with IBD who travel abroad are at higher risk of travel related morbidity for a variety of reasons.

- Infections
- Missed doses of medications
- Dietary habits
- Stress

Opportunistic **infections** such as Clostridium difficile and Cytomegalovirus (CMV) occur because many of these patients are on immunosuppressive therapy or corticosteroid therapy. The other reason is that an inflamed gut is a site of leakage of bacteria, fungi or viruses into the body increasing the risk of infection.

Travelling abroad in itself may also trigger an exacerbation of IBD from other infections because of the areas being visited. In Mexico or central America, there is a higher risk of developing E coli.



In contrast there is a high prevalence of tuberculosis in India, Pakistan, and Afghanistan as well as in some parts of south Africa.

Traveler's diarrhea is a frequent problem, and it is wise for IBD patients to have a supply of ciprofloxacin or metronidazole. They should avoid drinking tap water or swallow water when in swimming pools and avoid all ice cream, ice ,raw vegetables and salads. Only fruit which can be peeled should be consumed. They may well take a course of antibiotics if having fever and diarrhea for several days if they cannot visit a nearby hospital.

It is important that immunosuppressed patients are informed by their physician to have received all routine age-appropriate vaccines such as Hepatitis A and B, Human Papillomavirus, etc.as long as

they are not on immunosuppressive therapy. Such patients should avoid any live vaccines. Non live vaccines may induce a reduced immune response and have reduced efficacy.

It is essential that any IBD patient wishing to travel should visit a travel medicine center to learn which infections may be encountered in the area being visited and what preventive measures should be undertaken.

It is advisable to take enough **medications** for the whole trip. If it needs to be kept cool, small cool bags are available online from Amazon and other outlets or in a Frio cooling bag.

Medicines should be kept in the hand luggage and in their original package to show to customs as well as a letter from the General Practitioner.

If on controlled drugs and the plan is to be away for 3 months a personal license needs to be applied for these medicines.

It is advisable to keep an emergency Kit in case of a flare up in a strange country where there not be enough time to find and buy necessary supplies. This pack should include Over the counter medications like antidiarrheals, rehydration packs, painkillers, extra underwear, toilet paper or wipes, ostomy supplies.

It is a good idea to research local restaurants and **food** in the country and place of travel. Not only is this fun, but it will also give plenty of time to find locations that offer meals which can be eaten without anxiety or ill effects.

Limiting **stress** is essential to avoid a flare up, so setting aside time for relaxation and recovery is good practice even when on holiday.

### **Other important points**

A majority of IBD patients are also worried about **health insurance** if travelling abroad, some of them being refused outright and some others travelling without any such insurance. Without temporary travel health insurance, patients could find themselves paying the cost of whatever care they may need out of pocket. It is important not to withhold information to the health insurer as this may withdraw coverage altogether.

Other facilities available to IBD patients are the "can't wait card." It is a discrete method of communication for the need for help to members of staff in public places and shops to enable quicker access to **toilets**. This card is available in various international formats in many different languages and a similar service is available via the IBD passport website which proves specific travel advice, vaccination advice etc.

Patients should also use the IBD network page to find an **IBD Center** in their area of travel to access local GP's and hospitals.

### **Salient features**

IBD is a complex disease.

Adequate precautions are necessary before travelling abroad.

Infections and susceptibility to infections are increasingly likely owing to the disease and the medication being used.

Awareness of local health centers, GP's and public toilets in advance are helpful.

The IBD network is available in many countries and is a useful site to access information and obtain help.

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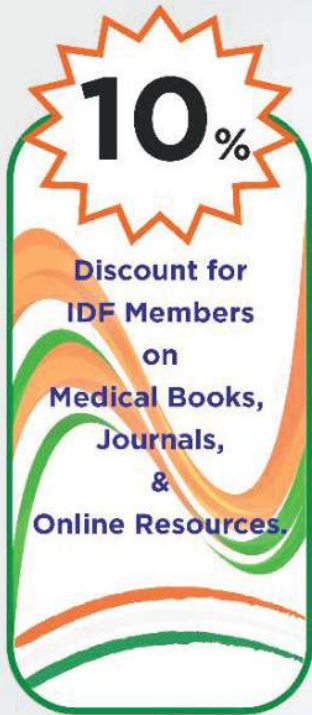
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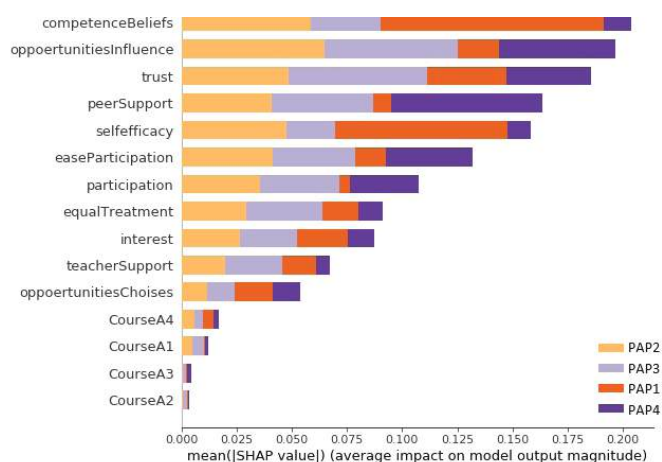
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# HIGH BLOOD PRESSURE Travel Guidelines



**Dr. Syed Mahmood Ur Rahman**  
Internal Medicine  
Farwaniya Hospital

Hypertension, a prevalent global health concern affecting over 1.5 billion people, has garnered increased attention in recent years. The latest guidelines from reputable organizations such as the American College of Cardiology (ACC) and the American Heart Association (AHA) bring forth crucial updates aimed at enhancing hypertension management. This article explores these guidelines in-depth and addresses practical ways individuals can safeguard their cardiovascular health, especially during travel. Additionally, we'll delve into the earlier-discussed recommendations for the general public, providing a comprehensive approach to hypertension prevention and control.



## Key Guidelines for 2023:

### Lower Blood Pressure Threshold:

The 2023 ACC/AHA hypertension guideline advocates for a lower threshold in diagnosing hypertension, adjusting it from 130/80 mmHg to 120/80 mmHg. This shift is based on emerging evidence indicating that even slightly elevated blood pressure levels can significantly elevate the risk of cardiovascular disease. Monitoring blood pressure regularly and aiming for this lower target can contribute to better long-term heart health.

**Choosing the correct blood pressure cuff size**

Measure the circumference of your upper arm with a cloth measuring tape midway between the elbow and shoulder. Choose a cuff size that includes this measurement.



**Position for taking your blood pressure at home**

- 1 Rest for 5 minutes before measuring your blood pressure.
- 2 Sit in a chair with both feet flat on the ground and back straight.
- 3 Place your arm at the level of your heart or chest.
- 4 Stay still and do not talk as your blood pressure machine operates.



Category	Systolic (mmHg)		Diastolic (mmHg)
Optimal	< 120	and	< 80
Normal	120–129	and/or	80–84
High normal	130–139	and/or	85–89
Grade 1 hypertension	140–159	and/or	90–99
Grade 2 hypertension	160–179	and/or	100–109
Grade 3 hypertension	≥ 180	and/or	≥ 110
Isolated systolic hypertension	≥ 140	and	< 90

Classification of office BP and definitions of hypertension grade

**Lifestyle Modifications:**

Emphasizing lifestyle modifications as the primary approach to managing hypertension, the guidelines highlight the importance of adopting a healthy lifestyle. This includes maintaining a balanced diet, engaging in regular physical activity, managing stress, and avoiding tobacco and excessive alcohol use. These recommendations align seamlessly with the holistic lifestyle management approach endorsed by the International Society of Hypertension.

To delve deeper into lifestyle modifications, let's explore specific dietary considerations. The guideline underscores the importance of reducing sodium intake, as excess sodium can contribute to elevated blood pressure. Encouraging individuals to embrace a diet rich in fruits, vegetables, and whole grains, and limiting processed and high-sodium foods, forms a cornerstone of the dietary recommendations.

Additionally, engaging in regular physical activity is not only beneficial for overall health but also plays a vital role in managing hypertension. The guideline recommends at least 150 minutes of moderate-intensity exercise per week, such as brisk walking or cycling. Incorporating these activities into one's routine contributes to better blood pressure control and cardiovascular fitness.

**Individualized Treatment Plans:**

Recognizing the uniqueness of each patient, the guidelines underscore the importance of tailored

treatment plans. Considering factors such as age, comorbidities, and overall cardiovascular risk, healthcare providers are encouraged to customize interventions to optimize treatment outcomes. This personalized approach ensures that individuals receive targeted care aligned with their specific health needs.

**Combination Therapy:**

In cases where lifestyle modifications alone may not achieve blood pressure goals, the guidelines recommend early consideration of combination therapy. This involves using multiple antihypertensive medications with complementary mechanisms of action to enhance the effectiveness of hypertension management. The goal is to achieve and maintain target blood pressure levels while minimizing side effects and optimizing overall cardiovascular health.

**Expanded Role of Telehealth:**

Acknowledging the growing role of telehealth, the guidelines recognize its significance in hypertension management. Telehealth platforms provide valuable tools for remote monitoring of blood pressure, facilitating virtual consultations, and promoting patient engagement. Integrating technology into healthcare enhances accessibility and continuity...



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## MENTAL ILLNESS During Journey

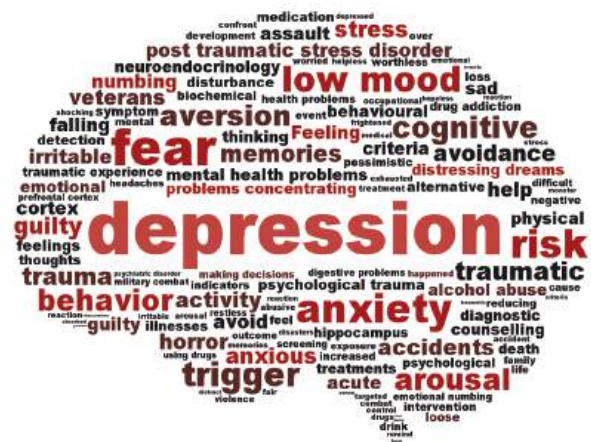
Dr. Neethu Mariam Chacko  
Psychiatrist



**T**raveling provides opportunities for relaxation, new experience and a break from routine. Exploring new places and taking a break from routine can **reduce stress and promote relaxation**. Being in a new environment encourages **mindfulness**, as individuals tend to be more engaged in the moment. We appreciate the sounds, sights and other sensations around us. It allows for a temporary escape from our daily pressures, offering a chance to recharge.

Meeting new people and experiencing different cultures broaden our perspectives about life. Sharing traveling experience with others strengthen our social connections and relationships, which in turn create a sense of belonging. Exploring new places and the excitement accompanying can overall **boost our mental wellbeing**. The lasting memories of each travel serve as a source of happiness in life. New and exciting activities while traveling contribute to a sense of adventure and **boost our mood**.

Exposure to nature, such as spending time in a park or in a beach are linked to **improved mood and reduced stress**. The tranquility of natural environment can **promote relaxation** and help alleviate symptoms of anxiety and depression. It allows for a break from demands of modern life, screen detox, reducing the mental fatigue. Natural light and fresh air contribute to **better sleep quality**,



which is also **crucial for mental health**.

Though travel can be beneficial in recharging your mind, for some people it may worsen the existing mental illness. Uncertainties and changes associated with travel are challenging to people with psychiatric disorders. Delayed or cancellation of flights or trains, unexpected changes in plan, lost belongings may precipitate their anxiety.

Traveling between time zones bring jet lag and disturb the sleep patterns. Stress of meeting unfamiliar people, new language, new environment and a feeling of disconnection from one's usual social network may trigger anxiety or mood disturbances. Travel related decision making, such as transportation or choosing accommodation may be challenging for some.

## Travel and Psychiatric Disorders

As being reported (Felkai, Kurimay et al) about 11.3% of travellers experience some symptoms of **mental illness** during or after travel.

**Travel related stress, substance use, culture shock or the disruption of circadian rhythm may lead to the development of acute psychotic episode.** Specific destination syndromes have been described (Airault & Valk) which occurs in some individuals while traveling to destinations of high cultural, aesthetic or religious value. Some of them are Jerusalem syndrome, Stendhal syndrome and Paris syndrome.

Travellers when exposed to cultural differences may experience **anxiety, confusion**, deprivation, isolation or what is known as the culture shock. **Acute anxiety** occurs in 60% of the travellers. Fear of flying contribute to ¼ of them (Flaherty GT, Chuwa et al). Financial difficulties, loneliness or any traumatic event during travel may exacerbate the symptoms in already **existing anxiety disorders**.

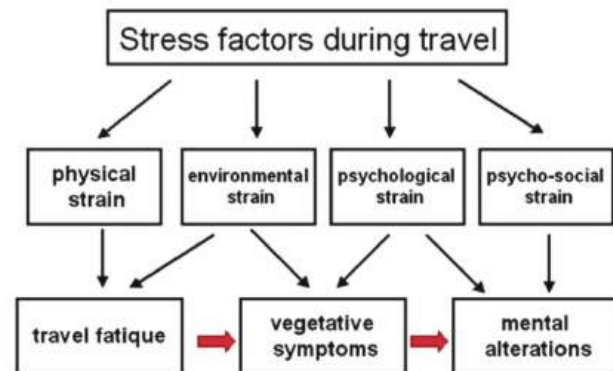
**Strange environment, sleep disturbances, job stress, lack of support, poor adherence to medications precipitate an episode (hypomanic or manic)** in individuals with bipolar disorder or result in decompensation in schizophrenic individuals. Sometimes the motivation for travel comes from the illness itself (**pathological travel or ‘voyage pathologique’**).

Disruption in routine and exposure to new environment may worsen the obsessions and the compulsive behaviours in OCD.

Easy access to substances in a new environment can lead to relapse in substance use (persons who were in remission) and may cause **substance induced psychosis, mood or anxiety**. It can also worsen their physical symptoms.

In those dependent individuals traveling may restrict their substance use. This can present them with withdrawal symptoms.

Stigma related to psychiatric disorders always bring a delay in treating the mentally ill persons and that too in a foreign country makes it worse.



Travel related stress factor

(Peter Felkai, Tamas Kurimay, Journal of Travel Medicine, 2017)

## How to Journey with Mental Illness?

**Mental illness** will not hinder you from **traveling** if careful preparation for the travel is being made. Prioritize mental health, consider specific needs while exploring new places.

### Plan your trip

Plan your trip ahead.

- Prioritize destinations with accessible mental health services. Create a flexible itinerary that ensures breaks and self-care.
- When booking accommodations, choose a quiet space or room with natural lighting.
- Ensure that transportation arrangements accommodate any specific needs or concerns. Travel apps may help you stay organised and contribute to a smoother travel.

### Sleep pattern

Changes in time zones, routine or environmental factors can affect sleep patterns in people with mental illness.

- Choose flights or transportation options that align with your usual bedtime.
- If crossing time zones gradually adjust your sleep schedule before trip.
- Comforting items from home such as favourite pillow or blanket may create a sense of familiarity and enhance your ability to relax.
- Stay hydrated and try to avoid excess caffeine close to bedtime.
- If driving long distance plan breaks in between

### Medication

- Carry adequate supply of medications while traveling
- Be aware of the local regulations regarding psychiatric medications and always carry your doctor's prescription along with you.
- In case of language barriers, prepare briefly in the local language a note explaining your mental health condition.

### Stay connected

- Discuss your plan with the person you trust.
- Stay connected with loved ones through video calls and share your experiences.
- Seek virtual support when needed.
- Connect with fellow travellers or supportive friends at your destination and let them be aware about your condition.

### Knowing yourself

- Know the triggers and warning signs of your illness.
- Practise relaxation techniques like deep breathing or meditation.
- Understand when it is time to take break or step back.
- Try to get adequate physical activity, like a short evening walk.

### Ask for help

- Carry a list of emergency contacts.
- Familiarise with the local emergency services.
- Inform airline staff about the condition if needed.

### After Journeying

**Traveling** affects **mental health** of individuals differently. **Communicate** with your mental health professional about the recent travel, the new experiences, your present mental health condition and the medications you were taking (any missing or dosages). **Discuss** about the **changes in mood, self-harm intentions, worsening of anxiety** if any noticed.

**Pretravel screening** is always helpful in mentally ill individuals. Assessment of mental status before travel, **adjustment of dosages or helping with coping strategies** if needed prepares an individual for a pleasant and worry free travel.

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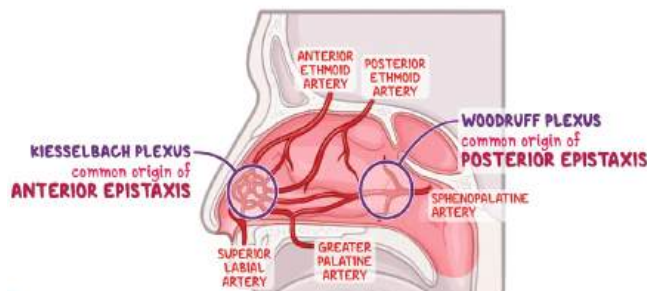


# NOSE BLEEDING In Flight



**Dr. Anila Albert**  
ENT Specialist  
Jaber Al Ahmed Armed Forces Hospital

**E**pistaxis can be defined as hemorrhage or bleeding from the nostril, nasal cavity or nasopharynx. It is customarily split into anterior and posterior types. Anterior epistaxis accounts for approximately 95% of all cases of epistaxis. It can also be subdivided into traumatic and non-traumatic, although traumatic is normally used to imply significant external injury to the nose, usually arising as a result of a fall or assault. A high percentage of so-called non-traumatic epistaxis is due to local minor trauma to the nasal mucosa e.g. nose picking or rubbing. Epistaxis has various degrees of severity and only a small percent are life-threatening, the sight of blood, no matter the amount, is a cause of panic and anxiety for everyone.



## CAUSES OF NOSE BLEED

- It is known that epistaxis presentations to the ED are more common in the winter months, probably reflecting a higher incidence of upper respiratory tract infections and lower atmospheric humidity.
- In children it is hypothesized that staphylococcal



colonization of the anterior nasal cavity is an important factor in both producing crusting of the mucosa and subsequent epistaxis.

- In adults, a number of different etiological associations have been described.
- Recent heavy (within 24 hours) or regular high alcohol intake is associated with an increased risk of non-traumatic epistaxis, probably as a result of the effect of alcohol on bleeding time.
- Any coagulopathy or medication affecting hemostasis also increase the risk of epistaxis.
- Other factors that have been described to increase epistaxis risk include surgery, local malignancy and aneurysms, nasal septal deviation and use of drugs, including drugs of abuse, acting on the nasal mucosa e.g. cocaine.
- The association of epistaxis with hypertension is more complex and common. Although ED

patients presenting with epistaxis have been shown to have higher blood pressures than a control group, a large population-based study has failed to show a link between the two.

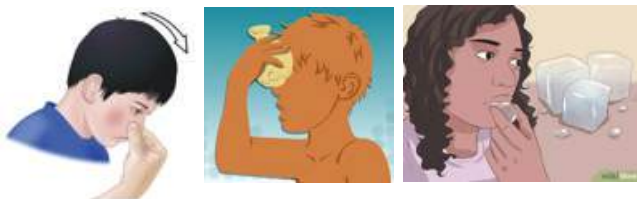
- Some of the causes of epistaxis on a flight are dryness in the nose due to changes in cabin pressure and air conditioning. Other causes depend on patients' previous health problems, which may include medications such as warfarin, bleeding disorders, nose-picking.

### MANAGEMENT OF EPISTAXIS

Assessment of a patient with a history of bleeding, even if it appears to have stopped, must start with an initial ABC assessment concentrating on the airway and hemodynamic status. If the patient is still actively bleeding and there is evidence of hemodynamic compromise, then both resuscitative and first aid measures should be started immediately.

**First aid measures** to stem nasal bleeding:

- Lean the patient forwards in an upright position to avoid the passage of blood into the nasopharynx. Encourage the patient to spit out any blood passing into the throat and not swallow it.
- Ask the patient to firmly pinch the soft part of the nose compressing the nostrils for at least 10 minutes.
- Sucking on an ice cube has been shown to reduce nasal blood flow and applying an ice pack directly to the nose may help.
- Treat epistaxis as a circulatory emergency depending on the severity especially in the elderly, patients with clotting disorders or bleeding tendency and those on anticoagulants. Intravenous fluid resuscitation should be done if possible.



### HISTORY TAKING

- Whilst first aid measures are taking place, a history should be taken which should include the following;
- Side, duration and approximation of amount of bleeding
- History of trauma
- Previous episodes and treatment
- Recent upper respiratory tract infection or rhinitis
- The presence of bleeding or bruising elsewhere on the body
- Other significant co-morbidities particularly those which may affect coagulation (e.g. liver disease)
- Medication, concentrating on drugs known to affect coagulation
- Use of drugs of abuse, in particular cocaine
- Alcohol intake history
- In children, the child and parent should be asked about the possibility of a foreign body in the nose.

### TREATMENT

- In children, it is normally the case that adequate first aid measures will stop bleeding. Children with recurrent nose bleeds and nasal crusting should therefore be treated with topical nasal antiseptic cream applied twice daily for 4 weeks. After being examined by an ENT doctor and if the presence of a visible vessel on the septum, cauterization with silver nitrate is recommended.
- In adult patients especially on antiplatelet drugs (Aspirin), treatment with topical application of Lignocaine solution with a vasoconstrictor like xylometazoline (otrivin) soaked cotton pledget is painless, rapid and effective approach to achieving hemostasis in anterior epistaxis who fail direct pressure. If silver nitrate tipped probes are available on board, they can be used for cauterizing of a local bleeding point provided it is done by a medical practitioner.
- If first aid measures and attempts at cautery are unsuccessful or there is bilateral bleeding,

then the nose should be packed. Traditional ribbon gauze soaked in BIPP packing has been superseded by the development of nasal tampons. There are two main types of tampons, the compressed sponge (e.g., Meroce, Rhino Rocket) type and the inflatable balloon tampon (e.g., Rapid Rhino)

up arranged with the Otolaryngology department for its removal and further assessment. Routine antibiotic cover is unnecessary for patients with an anterior pack in place for less than 48 hours.

**SUMMARY**

- First aid management of epistaxis should include



**INSTRUCTIONS:**

No follow-up is necessary for patients in whom the epistaxis has either stopped spontaneously or by first aid measures or cautery alone. However, it is important to provide advice to prevent recurrence of the nosebleed and first aid measures for future episodes.

This should include avoidance of

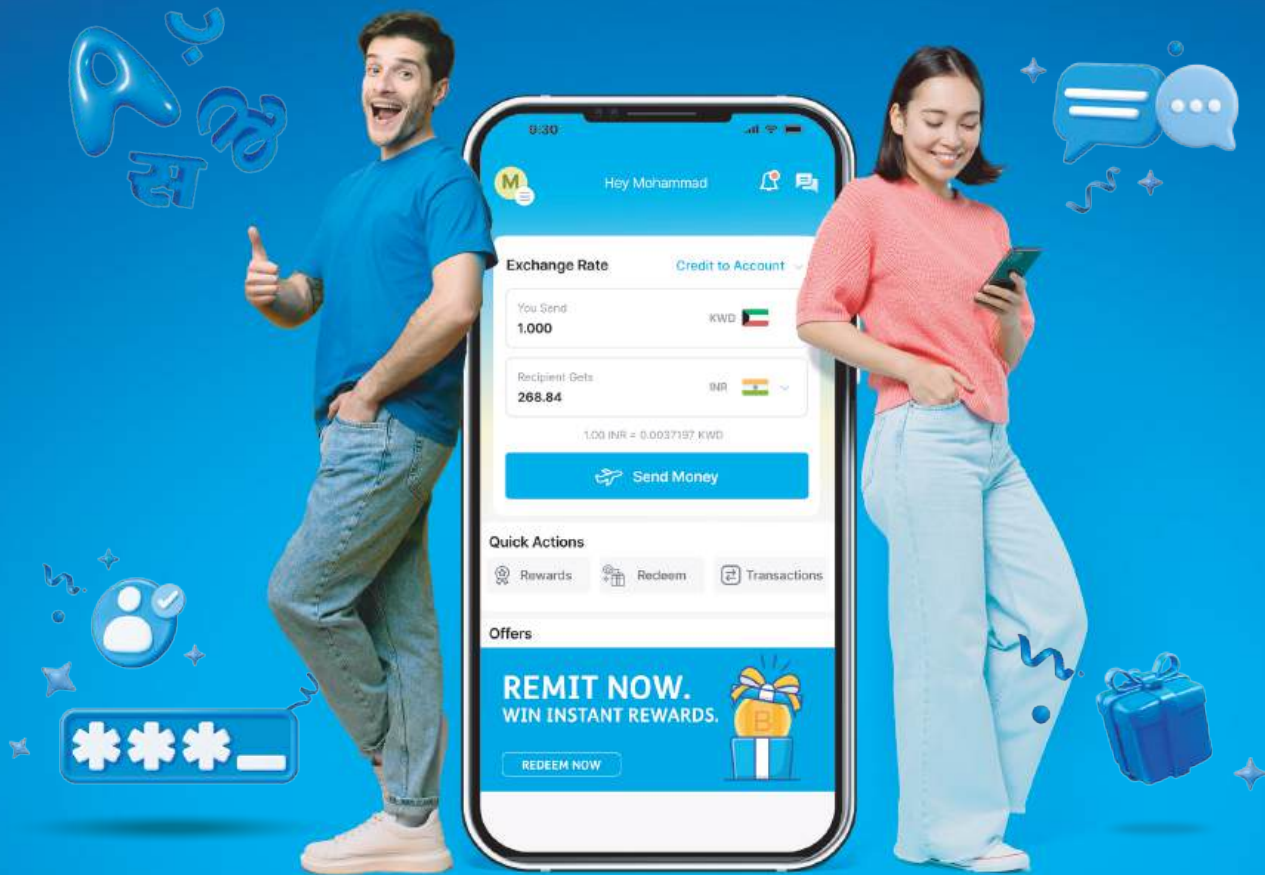
- Blowing the nose for one week.
- Sneezing through the nose forcefully and keep the mouth open while sneezing.
- Hot and spicy drinks and food, including alcohol for two days.
- Heavy lifting, straining or bending over.
- Vigorous activities for one week.
- Picking the nose.

For those patients who have an anterior nasal pack, it should be left in place for 24-48 hours and follow-

leaning the patient forwards, pinching of the nose to occlude the nostrils and application of an ice pack to the nose or sucking on an ice cube.

- With a clear management protocol, 85% of patients with epistaxis can be safely treated.
- Topical nasal antiseptic cream is as effective as silver nitrate cautery in preventing recurrent nosebleeds in children with epistaxis.
- An inflatable balloon tampon (e.g. Rapid Rhino) is as effective in stopping anterior nasal bleeding as a compressed sponge (e.g. Meroce) tampon but is less painful to insert and easier to remove.
- Most patients can be discharged home following insertion of an anterior nasal pack, provided they have been given appropriate discharge instructions and follow-up.
- Always treat epistaxis as a circulatory emergency especially in high-risk patients and with deranged vital signs.

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## HEART DISEASE And Air Travel

**Dr. A.M Shukkur**  
Cardiologist  
Jaber Al Ahamed Hospital



**A**ir travel is generally safe for Heart patients with appropriate precautionary measures, Generally travelling is tiring in patients with heart disease and sometimes patients might have to walk in the airport quite a distance or doing sightseeing and shopping can add additional risk on the predisposing heart conditions. Carrying heavy bags for quite a distance can contribute more strain on the diseased Heart. Patients with heart diseases or conditions that can lead to health issues or medical emergencies during air-travel include Ischemic heart disease/ Coronary heart disease, Recent heart surgery, Implant heart devices, Heart failure and Pulmonary artery disease. If you have a heart disease you can fly safely as a person, provided need to be aware of risks and arrange necessary precautions.

The prevailing guidelines on air travel safety concentrate predominantly on patients with coronary artery disease and shortly after heart implantable device procedures. The patient with recent implantation of heart implantable electronic devices (Pacemaker implantation/procedures, implantable cardioverter defibrillator ) indicated fit to fly as long as stable or uncomplicated.

### **Post cardiac surgery (After very recent heart surgery)**

Following very recent heart surgery ( Coronary By Pass Graft Surgery/ Valve surgery ) with



persistence of pneumothorax, pneumopericardium or pneumomediastinum may cause hemodynamic instability in-flight to be more cautious and therefore to be evaluated properly by cardiologist/ physician prior to air travel.

The international Aviation Transport Association suggest certain general criteria for Air lines to ensure the safety of traveller from cardiac point of view

**Ischaemic Heart Disease** is the commonest cardiovascular condition. Underlying heart issues / medical emergencies can contribute to risk in-flight can be aggravated by stress during travelling by air. **Heart failure & Cardiomyopathies (Heart muscle diseases)**. In general if the individual is functionally stable (NYHA Class I or II) in the preceding 4-6 weeks

prior to air-travel, he doesn't need to discontinue the fly status. (National institute for Health Care Excellence guide line). Acute decompensation or very recent hospitalization poses very high risk during air travel.

**Can you fly with heart problems?**

Generally safe for patients with heart diseases provided sufficient precautionary measures have been arranged and mostly doesn't cause serious complications

**What factors that may increase the risk of heart complications while travelling by air?**

- Decreased cabin air pressure.
- Prolonged immobility.
- Dehydration.
- Confined space.
- Low oxygen levels.
- Emotional & physical stress.



Complications can manifest with a variety of symptoms. Many of these might not turn out to be dangerous, but getting prompt medical attention can prevent serious consequences.

**Alarm Symptoms**

- **Anxiety**
- **Lightheadedness**
- **Dyspnea (shortness of breath)**
- **Angina (chest pain)**
- **Palpitations (rapid heart rate)**
- **Tachypnea (rapid breathing)**

**What heart conditions or diseases / shouldn't you fly with? or should delay flying until the conditions have stabilized**

- Uncontrolled repeated attacks of chest pain with variable intensity & frequency ( Unstable angina
- within 10 days of un complicated heart attack
- within 2 weeks period of blood clotting in the leg (Deep vein thrombosis)
- uncontrolled high blood pressure
- uncontrolled congestive heart failure
- uncontrolled irregular heart beat/rhythm (Cardiac Arrhythmia/ heart blocks

BLOOD PRESSURE CATEGORY	SYSTOLIC mm Hg (upper number)	and/or	DIASTOLIC mm Hg (lower number)
NORMAL	LESS THAN 120	and	LESS THAN 80
ELEVATED	120 - 129	and	LESS THAN 80
HIGH BLOOD PRESSURE (HYPERTENSION) STAGE 1	130 - 139	or	80 - 89
HIGH BLOOD PRESSURE (HYPERTENSION) STAGE 2	140 OR HIGHER	or	90 OR HIGHER
HYPERTENSIVE CRISIS (consult your doctor immediately)	HIGHER THAN 180	and/or	HIGHER THAN 120

**Emergencies in Patients with Heart Failure and Preventive measures**

Mode of travel	Health risk	Risk factors	Preventive measures
Car or bus	Thrombosis and pulmonary embolism	History of thrombosis or active cancer	Frequent rest breaks after walks, sufficient fluid intake and measures to avoid volume depletion, and thromboprophylaxis
Train or plane	Thrombosis and pulmonary embolism	History of thrombosis or active cancer	Frequent walks or stretching of limbs, sufficient fluid intake and measures to avoid volume depletion, and thromboprophylaxis
Any	Myocardial infarction	History of myocardial infarction, CAD, CABG surgery or PCI, and uncontrolled CV risk factors	Timely intake of prescribed medication and immediate medical care if acute chest pain or dyspnoea occurs
Any	Arrhythmias (such as AF, VF and VT)	History of AF, VF or VT, and HFpEF or recurrent syncope of unknown origin	Timely intake of prescribed medication and seek medical advice before departure if heart failure symptoms occur or worsen
Any	Clinically relevant bradycardia	Recurrent syncope of unknown origin or known, clinically relevant bradycardia without pacemaker implantation	Implantation of permanent pacemaker before departure if indicated
Any	Hypertensive crisis	Uncontrolled hypertension	Timely intake of prescribed medication, nitroglycerin spray and check for blood pressure control before departure (for example, ambulatory blood pressure measurement for 24 hours)
Any	Stroke or TIA	History of stroke or TIA, uncontrolled hypertension or uncontrolled CV risk factors	Timely intake of prescribed medication and seek medical advice before departure

AF, atrial fibrillation; CABG, coronary artery bypass graft; CAD, coronary artery disease; CV, cardiovascular; HFpEF, heart failure with reduced ejection fraction; PCI, percutaneous coronary intervention; TIA, transient ischaemic attack; VF, ventricular fibrillation; VT, ventricular tachycardia.

**How to make effective Planning and Prevention.**

As plan your flight, you need to make sure that you do so with your heart condition in mind so you can prevent and minimize problems.

- While it's safe to fly with a pacemaker or defibrillator, security equipment might interfere

with your device function. Ask your treating physician or check with the manufacturer to see if it's safe for you to go through security.

- If you need to carry any syrup or supplemental oxygen through security, ask your heart doctor/physician or pharmacist for a document explaining that you need to carry it on the plane with you.
- Carry a copy of your medication list, allergies, your physician's or cardiologist's contact information, and family members' contact information in case you have a health emergency.
- Request an aisle seat if you tend to go frequently to the toilet (a common effect of heart failure).
- Make sure to pack all your prescriptions/ rescue medicines (sublingual nitro glycerin or spray for chest pain) within reach so you won't miss any of your scheduled doses, even if there's a delay in your flight or connections.
- Wearing compression socks, especially on a long trip, to help prevent blood clots in your legs.

**Conclusion:** Patients with heart diseases can travel safely provided appropriate precautions have been taken. Ischaemic Heart Disease, Heart failure, Irregular heartbeats, (cardiac arrhythmia) Implantable heart devices and Open-Heart Surgeries are commonest heart conditions that require proper assessment for the safety of patients prior to Air travel.

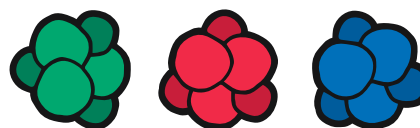


# Understanding **lymphoma**



Blood cancers are the **fourth most common cause of cancer death** worldwide<sup>1</sup>

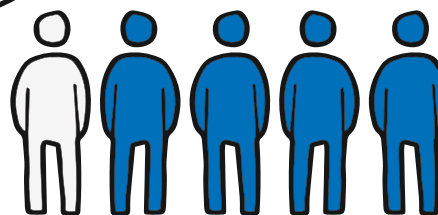
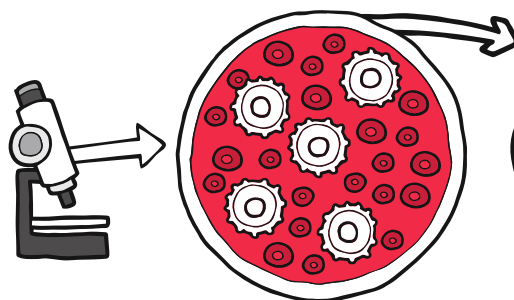
There are **three main types** of blood cancer:



**Leukaemia**      **Lymphoma**      **Myeloma**

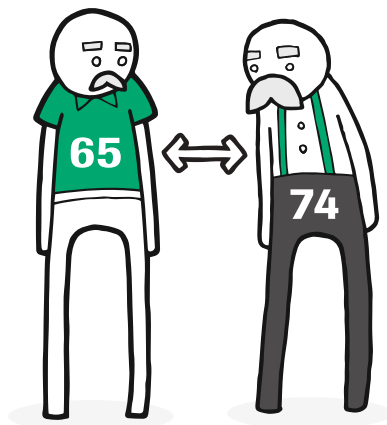
Lymphoma is a type of blood cancer that starts in **white blood cells**

**Lymphocytes**,  
A type of white blood cell, are essential to the body's ability to fight infection



**Non-Hodgkin lymphoma (NHL)** is the most common type of lymphoma, found in **4 out of 5 patients**<sup>1</sup>

Every **62 seconds** worldwide someone is told that they have NHL. This means over **500,000 people** will be diagnosed with NHL per year<sup>1</sup>



NHL can occur at any age and in both men and women, but is **most commonly diagnosed in men and in those aged 65-74 years**<sup>2</sup>

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 2. SEER (Surveillance, Epidemiology and End Results) Cancer Statistics Review, 1975-2011. National Cancer Institute; 2014. [Internet; cited November 2018]. Available at: <http://seer.cancer.gov/statfacts/html/nhl.html>.

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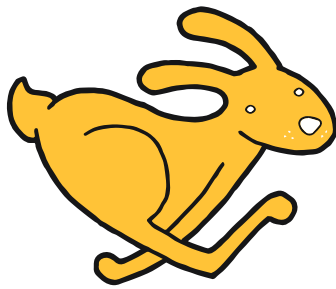


# Understanding lymphoma

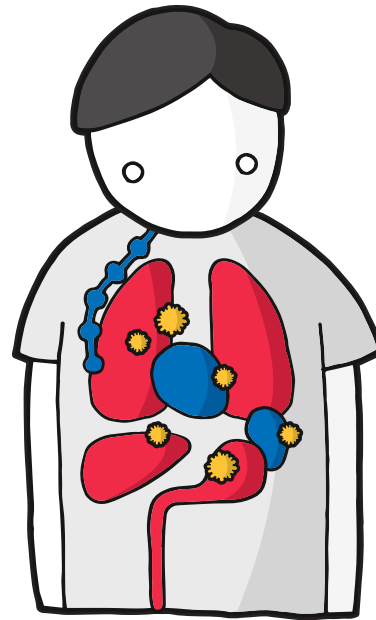
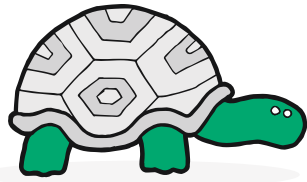
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Lymphoma can be **fast** or **slow-growing**

The most common type of **fast-growing** lymphoma is diffuse large B-cell lymphoma, diagnosed in **around one third** of people with NHL<sup>1</sup>



The most common **slow-growing** (also called **indolent**) type is follicular lymphoma, diagnosed in **around one quarter** of people with NHL<sup>2</sup>



Slow-growing lymphoma has few symptoms and so **can spread unnoticed** in the body

## Several treatment options are available for you.

Your hematologist will successfully navigate you through the treatment journey.



### References

1. Lymphoma research foundation. About Lymphoma. Non-Hodgkin Lymphoma. Diffuse Large B-cell Lymphoma. [Internet; cited November 2018]. Available at: <https://www.lymphoma.org/aboutlymphoma/nhl/dlbc/>

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## SKIN RASHES During Travel

**Dr. Ruchira Vasudeva**  
Dermatologist  
Yiaco Medical Center



A skin rash during travel can not only be inconvenient but at times alarming. These rashes can be either of an infectious nature or due to skin allergy and irritation. Change in climatic conditions can also lead to development of skin rashes.

### What is the effect of heat and humidity?

Sweat rash in an infant



- Sun exposure in moderate doses is beneficial for health and wellness and may leave a healthy **sun-tan**.
- Prolonged or intense sun exposure can cause sunburn. People with lighter skin tones and children are more prone to sunburn.
- Destinations near equator or higher altitudes also increase the risk.
- Heat coupled with humidity can block sweat ducts causing sweat rash (**prickly heat**).
- While sun burn causes redness, pain and



sometimes blisters, followed by flakiness and skin peeling; sweat rash causes small white or red bumps which can be filled with clear fluid (sweat) that are sometimes very itchy and uncomfortable due the sweat trapped under the skin.

- Sun burn occurs on areas directly exposed to sun but a sweat rash occurs in body folds especially around neck.

### How should one manage heat rashes?

- Cooling of skin with cold shower
- Light comfortable cotton clothing
- Avoiding sun exposure during peak hours
- Application of calming and soothing lotions like aloe vera and anti-allergic pills and hydrocortisone cream
- Painkillers like ibuprofen and rarely systemic

steroids may be required to control severe inflammation of sunburn.

#### **How to prevent heat rashes**

- Adequate skin hydration and moisturization
- Sunscreen of SPF 30 and above, with filters for all kinds of UV rays applied luxuriously and often enough to all the sun exposed areas

#### **Can swimming in sea or pool cause skin rash?**

- Swimming in a pool that uses chlorine for water treatment can strip the protective oils from skin, leaving it dry, red and itchy.
- In people with eczema, this irritation can cause flare-ups.
- As one lies on a beach after a swim, skin dries out further due to water evaporation from the wet skin surface, making it more prone to sun burn.
- Beaches and sea water can also cause a variety of infectious rashes like “swimmers itch” from parasitic larvae released by snails in water.
- Jelly fish stings and blue green algae present in water can also cause a skin rash.
- Sea lice are jelly fish larvae that get trapped under the swim suit or within swimmer’s hair and cause red itchy rash called “sea bather’s eruption”.

#### **How to prevent and treat?**

- After a swim, it is a good policy to shower with tap water and moisturize the skin generously.
  - Most of the rashes heal quickly and anti-itch medicine as well pain killers and hydrocortisone creams can be used to provide relief.
- Chilblains on fingers

#### **How does Cold, dry and windy climate affect skin adversely?**

- These weather conditions can significantly suck moisture from skin and leave it dehydrated.
- The skin gets dry rough and itchy, a condition known as “winter itch”.
- From repeated scratching, redness and bleeding

may occur.

- Children and older people are more prone to winter-itch.
- Winter clothing made of wool or fleece aggravates the itch. A layer of cotton inners and moisturizers ameliorate discomfort.
- Cold and damp weather with non-freezing temperatures can lead to “chilblains” with swollen red often painful and itchy patches on fingers, toes, ears and other exposed areas.
- Freezing temperatures can cause “frostbite” and in severe cases even gangrene.

#### **Chilblains on fingers**



#### **How to manage cold injury?**

- Chilblains fade away in 2-3 weeks usually. Anti-itch medicine, good moisturization and hydrocortisone ointment help in recovery.
- Ibuprofen and other pain relievers can help ease pain and swelling.
- Frostbite can cause permanent damage if not taken care of in time and often requires expert care.
- Rewarming should be gentle and gradual to prevent worsening.
- Dry and warm protective clothing along with adequate skin lubrication is essential for prevention.

#### **What causes skin allergies during travel?**

- Skin allergy during travel can occur from various causes.

- Not only food and medicines that one consumes but suspended particles in the air inhaled, contact to certain metals, rubber, preservatives etc. in jewelry, footwear and accessories can cause allergic rash.
- People with known skin allergies should always be vigilant of ingredients of food they buy; and cautious of furnishings, linen, soaps & cosmetics of the hotel rooms.
- Aerosols, dust mites, plant pollen and animal fur and dropping in the immediate surroundings can aggravate allergy.
- Temperature and humidity change can further worsen skin eczemas.
- For those prone to anaphylaxis, emergency kit should always be accessible.
- Epi-Pen is a drug-device that contains epinephrine and can be lifesaving in severe anaphylactic reactions to bee stings, peanuts, shellfish etc.

#### How harmful are insect bites?

- Whether it is a jungle safari, a trek, a hike or even a lazy day on the beach, one can encounter various types of insects that can cause an allergic or irritant rash on the skin by stinging or crawling.
- “Papular urticaria” is an allergic reaction to bites of insects, especially mosquitoes, commonly affecting children. It causes itchy bumps and blisters on limbs and other exposed parts.
- The menace of bed bugs is on the rise and frequent travelers staying in hotels often fall prey to them.

#### What is Photoallergic dermatitis?

- Certain substances can only cause allergy when one goes outdoors in sunlight after consuming them orally as food and medicine or applying them on skin as cosmetics and fragrances.
- Phytophotodermatitis (plant+sun) is due to such chemicals in plants and vegetation that cause a figurate rash, on sun exposure, after the skin comes in contact with the plant.

#### Papular Urticaria



#### Phyto-photo-dermatitis



#### Can Insect bites transmit diseases?

- An insect can also transmit disease by inoculating parasites into the skin when it bites. These parasites live in the insect as part of their life cycle.
- Tick bites in damp vegetations and sand flies on the beaches are insects known to transmit serious diseases like Lyme’s and Leishmaniasis.

#### How to prevent and manage skin allergies?

- Frequent application of moisturizer, and comfortable cotton clothing can mitigate allergy.
- Anti-itch medicine and hydrocortisone ointments can help tide over the rash.
- Elimination of the cause is the most effective strategy but it’s rare to identify the culprit.

#### How to manage insect bites?

- A tick bite should be attended to immediately and washed, cleaned and disinfected. If the

stinging insect can be detected, it should be deftly removed and preserved.

- Anti-itch medicine and healing skin ointments can be used

#### How to prevent insect bites?

- Protection through adequate clothing (long cuffed sleeves and trousers)
- Use of approved (EPA-registered) insect repellents is recommended.

#### What kind of skin Infections are common during travel?:

- Infections can be limited only to skin like heat boils, bacterial and fungal infections,
- A skin rash can be part of a general illness like red circular patches of Rheumatic fever, rose spots of typhoid and a variety of small red dots all over the body associated with viral fevers.
- Skin infections can be passed on by sharing infected objects of personal use, skin to skin contact, through cuts and wounds one incurs during travel as well as insect and bug bites as mentioned above.
- Hot and humid environment, tight un-breathable fabrics and sweating and friction from physical activity predispose the travelers to skin infections.

#### What to pack?



- Skin care kit is an integral part of one's luggage and rightly so; as one should stick to the regular toiletries and cosmetics as far as possible in order to avoid contact allergies from new products during travel.
- A suitable moisturizer and an effective sun block is a must; regardless of the fact that the travel destination is a sunny beach or a snowy mountain!
- Suitable clothing with a leaning towards natural fabrics especially for the inner layer next to your skin is a good idea.
- Soothing creams like calamine, aloe vera or bepanthene and anti-allergic tablets should be included,
- Insect repellents, antibacterial and antifungal cream, and hydrocortisone ointment available over the counter can help with infections, irritations and allergies of the skin.
- Last but not the least- Do not forget Band-Aid for the cuts, wounds and shoe bites!

#### Take home message:

- Skin rashes can complicate travel.
- Change in the environmental temperature and humidity is a common cause of skin rashes.
- Sometimes serious illnesses can be transmitted by insect bites. Vaccines can help prevent some of these.
- Simple measures like weather –appropriate-clothing, adequate skin hydration and sun protection by using sun screens; as well as use of insect repellants, when needed, go a long way in prevention.
- A few common medications available easily over the counter can help relieve symptoms.

Pre-warned is pre-armed!! Safe travels!!

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**CALQUENCE CONFIDENCE**  
(acalabrutinib)

**89% UNPRECEDENTED LONG-TERM PFS**  
RISK REDUCTION IN DISEASE PROGRESSION OR DEATH

**WITH CALQUENCE + G vs. GC1b IN PREVIOUSLY UNTREATED CLL**  
(HR=0.11, 95% CI: 0.07-0.16),  $P < 0.0001$ <sup>3</sup>

At a median follow-up of 28.3 months, median PFS was not reached for CALQUENCE vs. 22.6 months for GC1b.<sup>3</sup> Disease progression or death occurred in 14/179 patients treated with CALQUENCE + G vs. 93/177 patients treated with GC1b.<sup>3</sup>

**HIGHLY SELECTIVE FOR BTK WITH LIMITED OFF-TARGET ACTIVITY<sup>4</sup>**

**HIGHLY TOLERABLE BTKi**

- Significantly lower incidence of any-grade atrial fibrillation/ flutter for CALQUENCE vs. IBRUTINIB in relapsed/refractory CLL<sup>5</sup>
- Significantly lower incidence of any grade HTN for CALQUENCE vs. IBRUTINIB in relapsed/refractory CLL<sup>5</sup>
- Primary endpoint of non-inferior PFS was met.

**HEAD-TO-HEAD DATA: CALQUENCE vs. IBRUTINIB**

CALQUENCE is indicated, as monotherapy or in combination with obinutuzumab, for the treatment of adult patients with previously untreated CLL.<sup>1</sup> CALQUENCE as monotherapy is also indicated for treatment of adult patients with CLL who have received at least one prior therapy.<sup>1</sup>

BTKi=bruton tyrosine kinase inhibitor; CI=confidence interval; CLL=chronic lymphocytic leukaemia; G=obinutuzumab; GC1b=obinutuzumab + chlorambucil; HR=hazard ratio; PFS=progression-free survival.

**References**

1. Calquence. Summary of Product Characteristics. 2. Byrd JC et al. N Engl J Med. 2016;374:323-332. 3. Sharman JP et al. Poster Presented at: ASCO; June 3-7, 2022; Chicago, Illinois. 4. Barf T, Covey T, Izumi R, et al. Acabrutinib (ACP-196): a covalent Bruton tyrosine kinase inhibitor with a differentiated selectivity and in vivo potency profile. J Pharmacol Exp Ther 2017; 363 (2): 240-252. 5. Byrd JC et al. J Clin Oncol. 2021;39(31):3441-3452.

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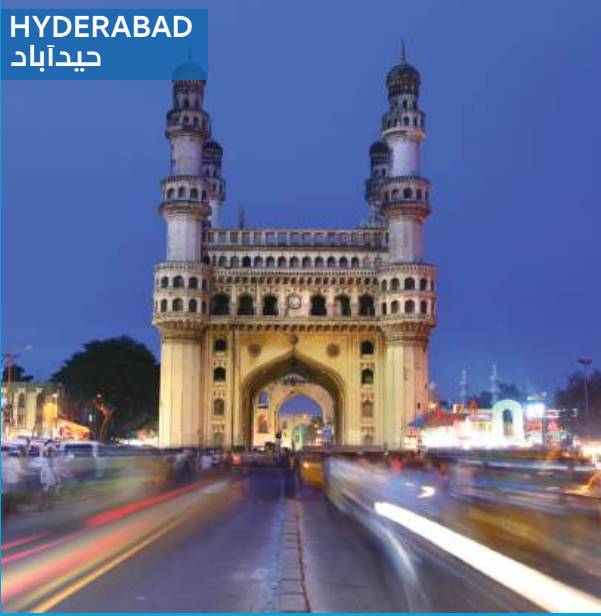
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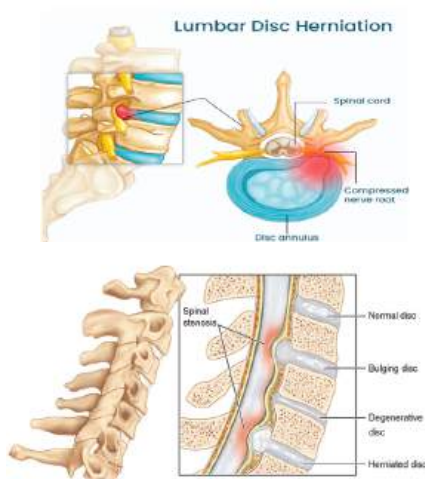
# CARE OF SPINE & HERNIATED DISC PATIENTS On the Move



**Dr. Antony Sebastian D'cruz**  
Physiatrist  
PMR Hospital

The bones (vertebrae) that form the spine in the back are cushioned by discs which act as shock absorbers. A herniated disc (also called bulged, slipped or ruptured) is a fragment of the disc nucleus that is pushed out into the spinal canal through a tear or rupture in the outer portion of the disc. Discs that become herniated usually are in an early stage of degeneration. The spinal canal has limited space, which is inadequate for the spinal nerve and the displaced herniated disc fragment. Due to this displacement, the disc presses on spinal nerves, often producing pain, which may be severe.

Herniated discs can occur in any part of the spine. Herniated discs are more common in the lower back (lumbar spine), but also occur in the neck (cervical spine). The area in which pain is experienced depends on what part of the spine is affected.



## Causes

A single excessive strain or injury may cause a herniated disc. However, disc material degenerates naturally as one ages, and the ligaments that hold it in place begin to weaken. As this degeneration progresses, a relatively minor strain or twisting movement can cause a disc to rupture.

Symptoms vary greatly, depending on the position of the herniated disc and the size of the herniation. If the herniated disc is not pressing on a nerve, the patient may experience a low backache or no pain at all. If it is pressing on a nerve, there may be pain, numbness or weakness in the area of the body to which the nerve travels. Typically, a herniated disc is preceded by an episode of low back pain or a long history of intermittent episodes of low back pain.

Lumbar spine (lower back): Sciatica/Radiculopathy frequently results from a herniated disc in the lower back. Pressure on one or several nerves that contribute to the sciatic nerve can cause pain, burning, tingling and numbness that radiates from the buttock into the leg and sometimes into the foot. Usually, one side (left or right) is affected. This pain often is described as sharp and electric shock-like. It may be more severe with standing, walking or sitting. Straightening the leg on the affected side can often make the pain worse. Along with leg pain, one may experience low back pain; however, for acute sciatica the pain in the leg is often worse than the pain in the low back.

**Cervical spine (neck):** Cervical radiculopathy is the symptoms of nerve compression in the neck, which may include dull or sharp pain in the neck or between the shoulder blades, pain that radiates down the arm to the hand or fingers or numbness or tingling in the shoulder or arm. The pain may increase with certain positions or movements of the neck.

Travel can be hard on the spine. Travelling by plane with back/neck pain, and enduring back/neck pain while driving, are increasingly common phenomena. Sitting in a cramped or uncomfortable position and hauling heavy, cumbersome luggage put a strain on the back & neck.

Furthermore, inactivity for long periods of time can give even the healthiest person stiff muscles and an achy back. For someone with pre-existing low back pain or neck pain, and for people with sciatica, a bulging disc, or a herniated disc, the very thought of travel is uncomfortable.

Here is some travel advice on how to protect your back en route by plane, train, or automobile.

### **Ergonomic modifications**

#### **1. Luggage management:**

Improper lifting or carrying heavy items is a surefire way to injure your spine. To prevent spine injury: Use rolling suitcases, pack your

belongings in several smaller suitcases, wear comfortable walking shoes that help you maintain good posture, rent a pushcart to move through stations and airports, pack only essentials in your carry-on. Request assistance when you have to lift or retrieve your luggage (the price of a porter is far less than the injury you might incur trying to move or lift heavy/awkward luggage by yourself) When lifting luggage, bend your knees and keep your back straight; pivot rather than twist; carry items close to your body

#### **2. Timing of travel**

Plan least stressful flight schedule when you book the ticket. Consider taking a flight at off peak times to avoid long lines and periods of standing such as check-in and airport security.

#### **3. Get seat smart.**

In coach, exit rows have more legroom. Always aim for an aisle seat. You won't have to climb over people, and it's easier to stand and stretch, or take a quick stroll.

#### **4. Ask for mobility assistance**

Airports are filled with snaking lines and long walks, which can aggravate the back pain. You can reserve wheel chair when you buy your ticket or just ask for one at the airport. Preferable to keep a letter from your treating physician in the specified form by the airlines.

#### **5. Clothing**

wear comfortable clothing that allows you to move freely

#### **6. Seat Adjustments to Improve Neck & Back Support**

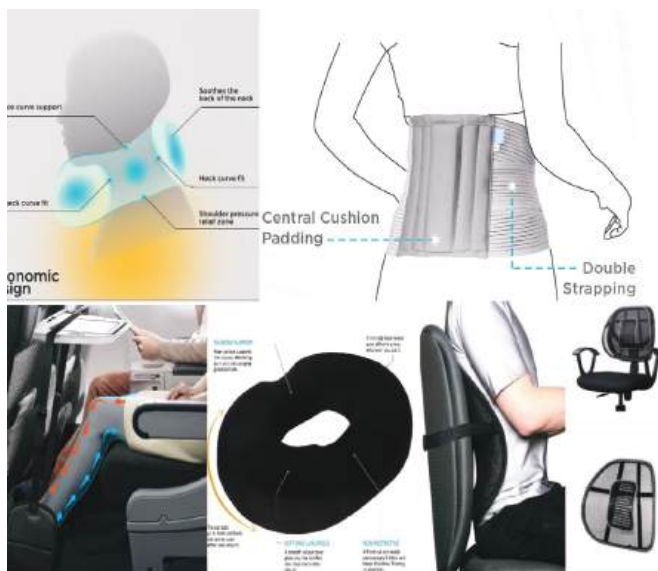
On an airplane, train, or bus, the seat may need to be modified to provide the best possible support for the back and neck:

- Bring low back support. A lumbar pillow—or

even a rolled-up jacket or blanket—can be placed behind the lower back to maintain healthy posture and minimize severe flare-ups of pain.

- Bring a neck pillow. U-shaped neck pillows are designed to allow a passenger to sleep without bending the head too far to one side and straining the neck.
- Use a footrest. Proper back support requires bottom-up leverage from the feet, with both feet flat on the floor and the knees and hips bent at 90°. Place a bag under the feet if they cannot comfortably reach ground. When driving for long periods, use cruise control to keep feet flat, rather than keeping one leg extended forward to reach the gas pedal. Keep your legs uncrossed, feet on the ground, hips and knees at right angles, and shoulders pulled back and down

Not all seat adjustments will work for everyone. The important thing is to make sure that the seat is comfortable for the individual.



## Modalities to the Lower Back and Neck

### Heat therapy

To reduce muscle and joint tension while sitting, use a heating pad or disposable handwarmers that heat up when shaken. Most disposable handwarmers and battery-operated heating pads are allowed in carry-on luggage when traveling by plane. Another alternative is an adhesive, long-lasting heat wrap that adheres to the neck or back that can provide continual, low-level heat for up to 6 hours. Check with current guidelines and instructions provided by the airline for types of heat packs approved for air travel.

### Ice application

For travel-friendly ice therapy, keep a plastic bag handy that can be filled with ice from a soda fountain or drink cart. Applying ice can temporarily numb the painful area, including sharp, shooting nerve pain in the buttock and leg (sciatica).

To avoid skin damage, keep a layer of cloth between the heat/ice source and the skin, and do not apply for longer than 15 to 20 minutes.

### Exercises while travelling

As a general rule, the spine was meant to move, and keeping the spine mobile can reduce pain from static postures on long travel days. Take short, frequent walks to keep the muscles and joints active, preventing tension from building up in the lower back and hips. Get up and walk at least once an hour.

- Stretch the hamstrings by placing one foot in front of the body, such as on a seat in an airport or train station, and gently leaning forward until a stretch is felt in the back of the thigh. Hold for 30 to 60 seconds. Stretching the hamstrings can reduce muscle tension that pulls on the lower back and worsens back pain.

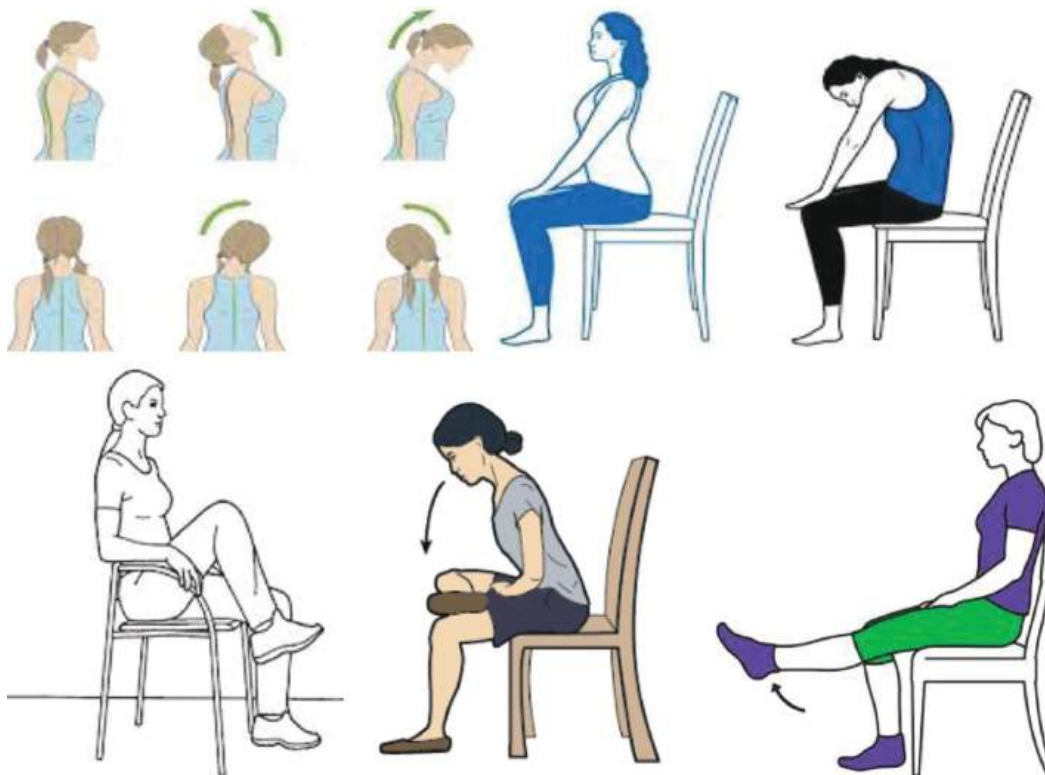
- Do simple neck stretches by slowly bending the ear to the shoulder and holding for 15 to 30 seconds before repeating on the other side. This stretch alleviates muscle tension in the side of the neck down into the shoulder. Additionally, bend the head forward, pulling the chin toward the chest, to alleviate tension in the back of the neck. Perform isometric exercises or contractions in the legs, hips, and trunk. For example, keep the core and leg muscles active by leaning the back against a wall in an airport or travel station and sliding the body down until the knees are bent at about 90°. Hold this position for 30 to 60 seconds to perform an isometric exercise. Alternatively, tense up the muscles in the abdomen for 30 seconds, without moving the back or torso, then release.

#### Medication for pain and spasm

Consider taking your pain medication one hour before your flight. Carry your medications for pain and muscle spasm together in a clear plastic bag and have them on you at all times, in case you need them during the flight. If you are prescribed any medication for neural pain, better to keep the doctor's prescription with you as some medications like pregabalin (Lyrica), Gabapentin (Neurontin), Tramadol (Tramal) are restricted in some countries.

#### Key Points

- ✓ Avoid excessive Luggage
- ✓ Wear comfortable clothing
- ✓ Avail transportation assistance
- ✓ Take neck & back supports
- ✓ Do Isometric exercises for back/neck
- ✓ Heat / cold packs
- ✓ Keep medication for pain / spasm





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# MUSCULO-SKELETAL SYSTEM And Travel

**Dr. Punithavasanthan.B**  
Orthopedic Surgeon  
Salmiya Clinic



## 1) OSTEOPOROSIS

**S**ay 1...2...3.... Every 3 seconds one fracture occurs worldwide due to osteoporosis.

Osteoporosis (porous bone) is a condition where the quality and density of bone is reduced, thereby increasing the risk of fractures even after minor fall or trauma or bending down to tie shoelace or a simple sneezing!! This risk increases during travelling, due to raised level of activity in a new unfamiliar environment. Osteoporosis commonly occurs in men and women above 50 years of age.

### Who are at risk?

- Men and women above 50 years old.
- Chronic smoking and alcohol intake.
- Long term steroid intake.
- Parental history of osteoporosis, hip fracture.
- Sedentary life style



### What we can do to reduce the risk?

- Take vitamin D and calcium supplements as



needed.

- Check vitamin D levels and BMD (Bone mineral density) periodically.
- Be physically active by doing low impact activities like walking.
- If you suspect you may be having osteoporosis, consult with your physician or orthopedic surgeon before travelling.
- If you are already having osteoporosis, identify fracture risk scenarios and exercise caution around them. Eg. Getting out of a vehicle, walking on uneven ground and slippery surfaces, places where you have to move quicker.
- Wear anti-slippery foot wears.

## 2) OSTEOARTHRITIS

Say 5, 5 kg increase in body weight can result in a 35% increased risk of developing osteoarthritis of knee joint. The main symptoms are pain and stiffness of affected joints. This can make it difficult to move the joints and do certain activities. In cold temperatures or winter months, increased pain sensitivity, slow blood circulation, thick synovial fluid and muscle spasms may also increase your arthritic pain. Sitting idle for long periods during travel can increase the discomfort and pain.

### What we can do to reduce arthritic pains during travel?

- Stay warm & be active – this keeps your joints healthy.
- Regular stretching –keeps joints and muscles warm.
- Proper diet- foods rich in omega-3 fatty acids (fatty fish, nuts and seeds),  
Keep your body weight under control.  
Schedule in rest days during a long trip.

## 3) GOUT

Gout is a painful form of arthritis, due to increased uric acid in the body. Colder climate results in increased flare ups of GOUT attacks in great toe, thumb, knee joint as uric acid crystals form easily in colder climate.

### What we can do to prevent GOUT attacks?

- Control the red meat (beef, mutton), seafood, alcohol intake.
- Take diets rich in fiber, leafy greens, broccoli & warm beverages.
- If you are having an acute flare up, keeping the joint warm with hot water bags may help and don't skip your Gout medication.

## 4) LIGAMENT SPRAINS AND MUSCLE CRAMPS

Our ligaments and muscles receive less blood supply and are much stiffer in colder climate, this makes them prone for injury and cramping during sporting

activities and travel.

- Always do warmups and stretching before doing any intense physical activities.
- If you are suffering from sprain – Rest the affected joints, elevate the affected limb, apply ice bag and consult with an orthopedic surgeon.

## 5) FRACTURES/ INJURIES

Any major injury or fall might result in a broken bone/ fracture. In this case, immediate medical attention needs to be sought. Contact the local health emergency number for assistance.

While waiting for medical help, follow these steps to keep the person stable.

- If there is any bleeding, apply pressure over the site with a clean cloth or sterile bandage.
- Avoid any movement of the injured area. A make-shift splint can be applied if a trained person is present. Do not apply excessive tight bandages.
- Apply ice packs to the area using ice cubes wrapped in a clean cloth to reduce swelling.
- If the person feels faint, lay the person down with legs slightly elevated when possible.

### Key points during travel:

- Consult with your doctor before travel and take necessary precautions.
- Carry sufficient medications for the entire duration of the travel and some extras for any unexpected delays.
- Always carry a letter from the doctor and a copy of medical prescription for any security check requirements.
- Carry essential medical supplies like ice packs and hot water bags.
- Use comfortable, anti-slip footwear, carry light and easy to handle luggage.
- Discuss with the travel insurance provider regarding coverage for any emergencies or injuries in case of pre-existing conditions.

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# HIGH MOUNTAINS Expedition



**Dr. Ashok Deb**  
General Practitioner  
City Clinic, Murgab

**M**any of us crave to explore high mountains. May it be by means of trekking, hiking, climbing, biking or as simple as a part of tour. Be alert about some physical issues which you may come across while travelling in high mountains.

Usually, three kinds of physical problems are encountered while travelling in high mountains.

- 1) Acute Mountain Sickness(AMS)
- 2) High Altitude Pulmonary Oedema (HAPO)
- 3) High Altitude Cerebral Oedema (HACO)

First, we must know what exactly “High Altitude” means. In general, it is an altitude over and above 8000 to 10000 feet from the sea level. Usually, treeline ends at this level.

### What happens in high altitude

As we climb up and up, the air molecules significantly decrease in number, air becomes thin and exerts much less pressure on our bodies. Moreover, there is much less oxygen in the air in high altitude especially where there are no trees but only moss on the rocks. When a person rapidly reaches high altitude from the ground or sea level then there is gross difference of atmospheric pressure on the person, blood vessels constrict and fluid oozes out from the blood vessels and may accumulate in the air sacs of the lungs (HAPO) and in the brain (HACO) also.



This accumulated fluid in the lungs (pulmonary oedema) leads to difficulty in breathing and chest pain. Accumulation of fluid in the brain (cerebral oedema) leads to headache and nausea.

Questions may arise that during an aeroplane flight it often attains an altitude of 30000 or more, then why the symptoms do not appear? Simple answer is that the Air Pressure and Oxygen level inside a flight is always well maintained.

**Symptoms of HAPO:** Shortness of breath, rapid breathing, rapid pulse, tightness in chest and chest pain, palpitation, fatigue, dizziness, headache, swelling of feet.

**Symptoms of HACO:** Moderate to severe headache, dizziness, nausea and vomiting, anxiety, loss of

appetite, loss of sleep, fatigue, blurring of vision, slurring of speech, confusion.

Mild mountain sickness is easily treatable, but fatality increases with Acute Mountain Sickness. If treatment or measures are not taken immediately then outcome may be worst.

**PLEASE DON'T IGNORE ANY KIND OF INCREASING BREATHING DIFFICULTY, CHEST PAIN, HEADACHE and NAUSEA.**

**Prevention of AMS, HAPO and HACO:** Slow and intermittent ascent is advisable with adequate sleep and high calorie food and water. Don't run, don't hurry up your ascent, be slow and steady with intermittent rest. Acetazolamide 500 mg is proven to be effective in prevention of AMS if taken one to five days prior to the ascent. Iron supplements and Magnesium citrate is suggested as preventive measure.

**Treatment of AMS, HAPO and HACO:** At the onset of symptoms Ibuprofen, Spironolactone and Sumatriptan is useful. Dexamethasone is sometimes suggested. Moist oxygen inhalation is always helpful. But the best way for remission is rapid and steady descent of the person at least to 500 to 3000 feet. Risk assessment of AMS, HAPO and HACO: It is always advisable to carry a small pulse oximeter with you. Be alert when oxygen concentration is at 94% and start descending as soon as it reaches 90%.

Risk of fatality from altitude related sickness is low at least for the tourists. Even for the high-altitude trekkers the death rate from all causes is 0.014% even for the soldiers posted in very high altitude is 0.16%. Unnecessary delay or negligence increases fatality. So, don't get scared, enjoy the natural beauty, but please don't ignore or forget to follow the protocol of prevention and treatment as soon as you notice symptoms in you or in your fellow travellers.

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## MANAGING DIABETES While Travelling

**Dr. Jibin John Thomas**  
Internal Medicine  
International Clinic



**T**raveling is an enriching experience that opens new horizons and cultures. For individuals with **diabetes**, however, it requires careful planning and consideration to ensure a smooth and enjoyable journey. Just because diabetes is your constant companion doesn't mean you can't enjoy traveling. Managing diabetes while traveling demands proactive measures to maintain health and well-being away from the familiar environment. One of the most profound aspects of traveling is the opportunity for self-discovery. Stepping outside one's comfort zone fosters personal growth and self-confidence. Exposure to different cultures and ways of life challenges preconceptions, fostering open-mindedness and understanding. Traveling encourages individuals to reflect on their beliefs, values, and priorities, contributing to a deeper understanding of oneself. In this article, Let us explore some practical tips and insights for individuals with diabetes embarking on a journey.

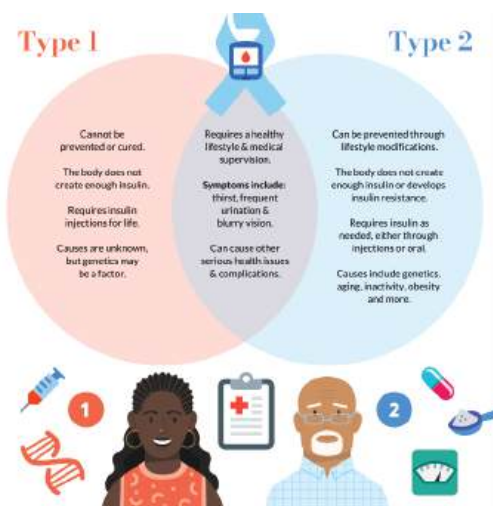
In our modern society, **diabetes, a chronic condition** that affects millions worldwide, has become a pervasive health concern. Diabetes is characterized by elevated blood sugar levels, requiring vigilant management to prevent complications and promote overall well-being. This article delves into the multifaceted aspects of diabetes, how to plan, how to manage diabetes on the go and how to carry medications and injectables during travel as well as



how to keep blood sugars under control during the entire busy journey .

### **Preparing to Travel- Know your Type.**

Most people with Diabetes fail to understand what type of Diabetes they have. Knowing the Type of Diabetes is very Important before embarking on a journey. Diabetes appears in two primary forms: **Type 1 and Type 2**. Type 1 diabetes results from the immune system mistakenly attacking and destroying insulin-producing cells in the pancreas. On the other hand, Type 2 diabetes occurs when the body either doesn't produce enough insulin or becomes resistant to its effects. Treatment differs for both as Type 1 demands absolute Insulin Necessity whereas the latter demands a mixed regimen according to the blood sugar levels.



Consult Your Doctor weeks before you start the journey. It's imminent to plan your medications with your doctor before packing your clothes and boots first. Your doctor who knows the type of diabetes you are having & will certainly advise you on how to carry your medications and injectables (if needed), adjustment of dosages of medications and injectables before the journey, as well as how to keep your Blood sugars at the baseline so as to avoid both Hypo glycemia (low sugar level) and hyperglycemic (High sugar level). Well before you travel, have a complete health examination. This will help ensure your diabetes is under control and give you enough time to get any needed vaccines, as well as time to recover from any side effects.

### Packing Medications & Low Glycemic Supplies

Consider carrying extra diabetes medications, Insulin, test strips, and other necessary supplies in case of unforeseen delays or loss of luggage. Ensure you pack more than enough. To minimize the risk of losing everything in the case of misplaced baggage, divide your supplies between your carry-on and checked luggage. It is most necessary that you have at least two copies of your Prescriptions from your doctor with the doctor's attestation so that in any case your supplies get lost, or supplies happen to get over, needed medications can be purchased from a local pharmacy

or even easier to show a doctor at your place of Disembarkment.



a) **Carrying Injectables** -To carry Insulin make sure you have Insulated cooler bag or a Reusable ice gel pack & a thin hand towel to wrap around the ice gel packs (if the insulated bag has no compartments) Do not check in your insulin. The insulin will lose its effectiveness as the temperature in the Luggage compartment in check in may make it frozen. Keep insulin in the inner compartment of your insulated bag (to be hand-carried with you). Store the freezable ice gel pack in the pouch compartment. If there is no compartment to store the ice gel packs, place a hand towel on top of the ice gel pack, and the insulins on top of the towel. On arrival at the destination, keep the unopened insulin pens/cartridges/vials in the fridge.

b) **Oral Medication & Tablets** can be packed together along with a prescription copy to avoid unnecessary delay at the airport check in as well as on disembarkment. Carry medicines in the original pharmacy bottles or ask your pharmacist to print out extra labels you can attach to plastic bags. Make sure you keep your medication in both hand carry as well as in check in luggage to be on the safer side.

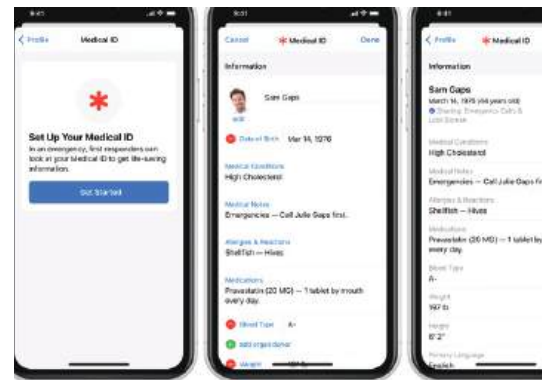
c) Be sure to pack **healthy snacks, like nuts/almonds, raw veggies**, and as well as other low glycemic, High-fiber foods that have a low glycemic index, which is important for blood sugar control. Avoid Carrying perishable food items as well as canned food items

which are not good options for diabetes. Balanced meals keep blood sugar under control all around the clock. Eat your protein (vegetarian or non-vegetarian) with fiber-rich vegetables, high-quality starch or carbs, and healthy fats to create a blood-sugar-friendly meal that won't derail any progress you've made on your diabetic friendly journey. Staying hydrated all the time is a key aspect in maintaining your blood sugar levels. Dehydration can cause hypoglycemia, which can be very dangerous during a journey.

d) **Be Active**, the importance of every journey is sight-seeing, visiting places of utmost importance, monuments, palaces, historical sites etc. Make it a point to walk more during these activities, stay active, well hydrated to keep the blood sugars constantly in the baseline. Please note that at any point of your journey you need to be cautious and must identify any symptoms of Low Sugar (hypoglycemia). In any such emergency make sure you have in your pocket or belt bag/bumbag a Sublingually dissolvable glucose tablet or small glucose sachet which can easily correct Hypoglycemia. Always carry snacks and water to stay fueled during these physical activities which may involve walking, hiking or exploratory tours.

### Identify Yourself - Importance of Medical ID

To Travel is Fun, whether traveling individually or as family, there is abounding amount of fun involved with any travel. Wear your medical bracelet or necklace that shows you have diabetes and takes insulin (if you do). Now days all new smartphones have an sos medical ID or a health Application. Make sure your health App is updated and active during your journey. Bring a doctor's note that explains you have diabetes and lists your medications, as well as a prescription in case you need more. Carry a health card that includes your emergency contact and doctor's name and phone number. Learn how to say or write small cards in your pocket with "I have diabetes," "sugar," and "needs insulin" or "water". Smartphones with Translate options is a "great friend in need" during the entire Journey.



### Time Zone & Routine Blood Sugar Monitoring

Traveling across different time zones can lead to jet lag, a temporary sleep disorder that occurs when the body's internal clock is out of sync with the time in the new destination, also confusions regarding timing of medication, insulin dosing and many other disruptions of daily routine. Therefore, this means that when it is morning in Kuwait, it is generally nighttime in the Eastern United States. The time zone difference can affect a patients know how to take the medications and food patterns. Here are few Easy to Learn tips on how to be confident with medications and Injectables during Travel.

#### 1-Discuss with Your Doctor & Nutritionist (Diabetes Educator):

Before your trip, consult with your healthcare team, including your doctor and diabetes educator. Inform them about your travel plans (country of travel, transit countries and final destination), duration of stay and discuss potential adjustments to your medication schedule .Take the schedule as a Hard copy print out and Digitally in your smartphone/iPad.

**2-Understand Medication Timing:** Know the specific instructions for each medication, including whether it should be taken with or without food and any other relevant considerations.

**3-Establish a New Medication Schedule:** Once you know the time zone of your destination, your doctor will establish a new medication schedule that aligns with the local time of your visit.

**4-Consider Long-Acting Insulin:** Adjusting your time according to the travel plan is very necessary. Long acting insulins can be very helpful as it can be taken once during 24hrs as well as 72hrs and helps to maintain sugar levels constantly on the baseline.

**5-Use Technology:** Set alarms or reminders on your phone to help you remember when to take your medications in the new time zone. Also if you have a CGM device (continuous Glucose monitoring) device it is important you keep track on your graphical levels of blood sugar all the time.

**6-Monitor Blood Sugar Levels:** Check your blood sugar levels more frequently, keeping a CGM device (Continuous Glucose Monitoring) Device will be very helpful as it prevents pricking of your finger each time during travel to check for sugar levels.

**7-Be Prepared for Changes in Diet and Activity:** Be mindful of changes in diet and activity levels as travel often involves them. Adjust your medications accordingly, as these changes can impact blood sugar levels.

**8-Stay Hydrated:** Traveling can be dehydrating. Ensure you stay well-hydrated, as dehydration can affect blood sugar levels.

**9-During Emergency:** Have a plan for managing highs and lows of sugars. Know what to do in case of unexpected events, such as missed doses or changes in eating patterns, delayed flights, long transits. Make sure you have enough supplies of medication and nonperishable low glycemic foods to keep you Up all through the journey.

#### Diabetic protective Gears

- Never go barefoot, wear comfortable, well-fitting shoes and socks always. Prevent all kind of Injuries which can bring in diabetic related complications.
- Check your feet frequently, particularly after a hike or long walk.
- Consider wearing light knee-high compression stockings (20-30 mm Hg) or bring thinner socks to change into if your feet swell, especially during flights. Take a walk often even while onboard a flight.

- Wear shoes that can be loosened if needed.
- Improve blood flow in your calf muscles and decrease swelling by pointing and flexing your ankles during a flight.
- Lower the risk of blood clots by adopting these measures for foot care and comfort.
- CGM (Continuous Glucose Monitoring) Device are very helpful in preventing daily finger pricks and helps in avoiding extra strips devices as Luggage.
- Travel sharps container, carry a travel-sized sharps container for the safe disposal of used needles and lancets (if you're using a glucometer or disposable insulin syringe).
- Wear a Mask during the Journey to avoid respiratory infections such as COVID, RSV infections, H. Influenzae etc, as diabetes can invite chances for more infections.
- First Aid Kit-Include a small first aid kit with basic supplies for wound care.
- Last but not least carry Glucose Tablets/Glucose powder sachets which is a life saver during emergencies like Hypoglycemia (low sugars).



#### Preparedness for Emergencies:

Here are some Common Emergencies that diabetic individuals may face during travel and practical tips on how to handle them:

##### Hypoglycemia (Low Blood Sugar):

- Emergency Signs: Sweating, dizziness, shakiness, confusion, irritability, and fainting.
- Response: Always carry fast-acting carbohydrates such as sublingual glucose tablets, Glucose powder sachets, or fruit juice. Inform travel companions or show your medical

ID about your condition and let them know how to assist you. Regularly check blood sugar levels, especially before meals and physical activities.

**Hyperglycemia (High Blood Sugar):**

- Emergency Signs: Increased thirst, fatigue, frequent urination and confusion.
- Response: Ensure you have an ample supply of insulin or medications. Stay hydrated, monitor blood sugar levels regularly, and adhere to your meal plan. If hyperglycemia persists, seek medical attention promptly.

**Damaged Medications or Insulin Pump**

**Malfunction:**

- Emergency Signs: Failure or malfunction of the insulin pump.
- Response: Always carry a backup supply of insulin, syringes, and other necessary supplies. Familiarize yourself with manual injection techniques in case of pump failure.
- Emergency Signs: Running out of insulin, glucose testing strips, or other essential supplies.
- Response: Pack enough medications and supplies for the entire trip, plus extras in case of unexpected delays. Keep medications in your carry-on bag to prevent loss or damage. Research local pharmacies at your destination in case replacements are needed.

**Illness or Infection:**

- Emergency Signs: High sugar levels, Fever , Skin discoloration , Fatigue , Headache
- Response: Meet a local health care facility or a doctor who will help in adjusting insulin doses as recommended by your Family Doctor. Stay hydrated, monitor blood sugar frequently, and seek medical attention if your condition worsens.

**Injuries and Wounds:**

- Emergency Signs: Cuts, bruises, or injuries, Skin Redness, Muscle pain ,Fever , Headache .
- Response: Carry a basic first aid kit with antiseptic wipes, bandages, and antibiotic ointment. Promptly clean and treat any injuries to prevent infection. Regularly inspect your feet for blisters or sores.
- Start Oral antibiotics if needed only after consulting your doctor or a Local Gp at your country of Stay.

**Travel Delays:**

Delays during travel are frequent and everyone must be prepared to face the same.

- Emergency Signs: Extended delays affecting meal schedules and medication timing.
- Response: Always carry extra snacks and medications to account for unexpected delays. Communicate with airline or your companions so that accommodation and diabetic friendly meals / emergency medications can be provided specially to the required persons.

**Travel Insurance:**

Always handy to keep a travel insurance during any journey outside your country. You want peace of mind that any emergency medical costs for your diabetes or any other medical condition is covered. Make sure that any travel insurance covers pre-existing medical conditions like diabetes, as many don't. It's also important you ask if they cover Infections such as COVID-19, in case you may need treatment while you're away from your country.



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## CARDIAC ARREST During Travel

**Dr. Narendra Dongre, Anaesthesia**  
**Dr. Swati Dongre, Cardiac Anaesthesia**  
Amiri Hospital



### **What is cardiac arrest? Why it is an emergency and why prompt action is needed?**

During travel around the world, Cardiac Arrest (CA) can be encountered anytime, anywhere.

It happens when there is an electrical problem in the heart, and it suddenly stops pumping blood around the body. When your heart stops pumping blood, your brain gets no oxygen. It causes a person to fall unconscious and stop breathing. Without early actions like chest compressions and rescue breaths, the person can die within minutes.

### **What prompt action can be taken to save a person suffering from cardiac arrest?**

Early actions like chest compressions and rescue breaths and passing electric current through the heart (i.e., defibrillation) with the help of AED (Automated External Defibrillator) should be performed promptly. And this prompt action is called Cardiopulmonary Resuscitation (CPR). AEDs are available in railway stations, airports, malls etc.

### **Who can perform CPR?**

CPR is an important lifesaving technique which can be mastered by any individual, even school students. It is a crucial technique to be learned by



all general public as it can help to save someone's precious life till emergency medical help arrives or victim is transferred to medical facility.

### **What information should general public gather while travelling around the world?**

It is a good approach to have an emergency number of the country you are travelling to and know about the general public medical facilities available in the place where you are travelling, as most cardiac arrests happen in public places.

Emergency number in Kuwait: 112

### **How to know that a person is having cardiac arrest?**

If the person is unconscious / unresponsive  
Not breathing at all or breathing abnormally,  
You should shout for help and start CPR. It is a

combination of chest compressions and rescue breaths along with use of AED to help restore circulation and breathing.

**How to perform CPR?**

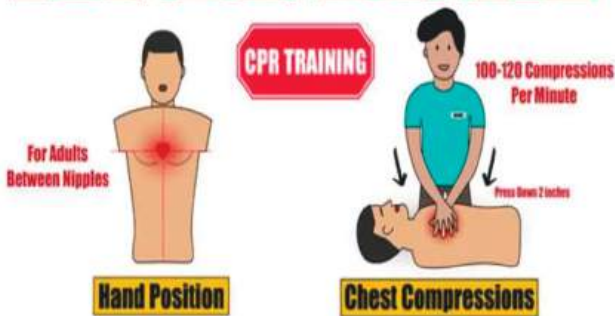
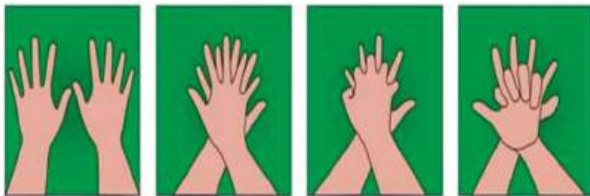
CPR should be done when someone is:

- Unconscious and not breathing.
- Unconscious but not breathing properly.

First, always make sure that the place where you will perform CPR is safe for the victim as well as yourself.

Technique of chest compressions:

- # position yourself at the victim’s side
- # Put the heel of one hand on the center of the victim’s chest, on the lower half of the breastbone.
- # Straighten your arms and position your shoulder directly Over your Hands
- #Give chest compressions at a rate of 100-120 / minute
- # PUSH HARD PUSH FAST is the mantra to save a life.



**What is COLS?**

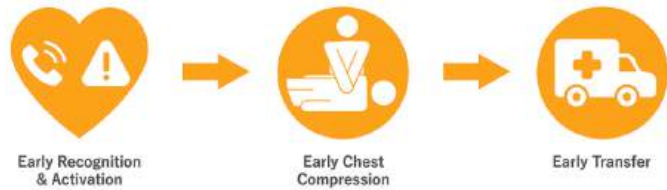
Due to cultural beliefs and obvious reasons, the majority of people are hesitant to perform mouth to mouth resuscitation. The skill is difficult to acquire, and its inappropriate use may result in more harm than good.

Considering these limitations and recent developments, Practice guidelines of CPR has been developed by resuscitation council formed by ISA (Indian Society of Anesthesiologists) for resuscitating CA victims outside hospital by layperson.

**COLS (compression only life support) or compression only CPR (CO – CPR)**

COLS / CO – CPR is as effective as conventional CPR for cardiac arrest at home, public places, offices/ workplaces.

**Core link in adult COLS**



Adult COLS is simple, easy to remember and perform cardiac resuscitation by a minimally trained person, unable or unwilling to perform rescue breaths.

**How to perform COLS / CO-CPR?**

If the rescuer is alone, he/she should do 30 chest compressions for 5 cycles or more till there is any sign of life like movement of any part of body, coughing, vocalizing), or till the rescuer is exhausted or till the medical help arrives.

If there is more than one rescuer, they should exchange chest compressions after every five cycles till any signs of life are seen or till the medical help arrives.

The aim of COLS is to provide continuous uninterrupted chest compressions to improve survival and successful outcome.

CO-CPR is the preferred method for any member of the public who witnesses an adult collapse, as any attempt at resuscitation is better than no attempt.

### What is defibrillation, AED and why it is an important part of CPR?

Chest compressions if combined with defibrillation can further improve the chances of survival of CA victims.

If the heart has stopped beating normally, it can be shocked with defibrillator and get it back to normal rhythm.

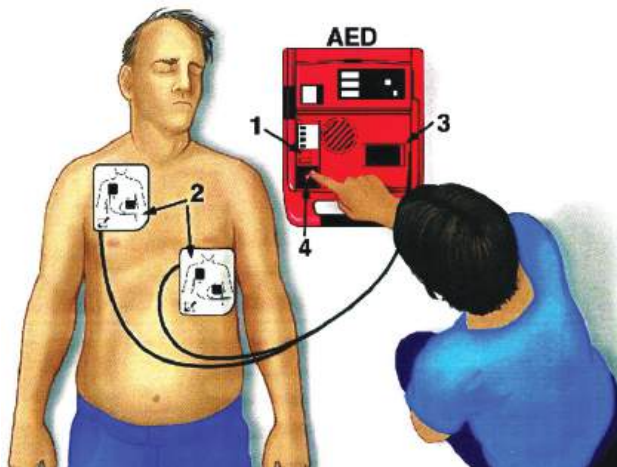
Defibrillator is a portable, lifesaving device that can give a heart an electrical shock when it has stopped beating normally in a Sudden cardiac arrest (SCA).

### How to use an AED?

Once the defibrillator is switched on, it gives auditory prompts about its further use. The device shows exactly where to place the pads and when is a need to shock.

Once the defibrillator is switched on, it gives auditory prompts about its further use. The device shows exactly where to place the pads and when is a need to shock.

1. Activate AED.
2. Apply pads.
3. AED analyzes heart rhythm.
4. When prompted by voice command, press shock.



### Where can you find AED?

Defibrillator can be found all over the country, in workplaces, public places, like airports, shopping centers, train stations, community centers.

### Who can use an AED?

Anyone can use a defibrillator and no special training is needed to use one.

People should not be worried when they find themselves in a situation where they need to use an AED. It may be scary, but people should feel confident to use it as it can save someone's life.

### So, what you should do when you encounter a person who is collapsed, not responding, not breathing or breathing abnormally?

Any person who is collapsed, unconscious/unresponsive, not breathing or breathing abnormally is in cardiac arrest. You should immediately shout for help, call emergency number, start CPR with chest compressions and get someone to find a defibrillator. Once you get the defibrillator, turn it on and follow the prompts and continue CPR until the device tells u to stop or medical help arrives.

### Recommendation to public:

With its incredible power to potentially save someone's life, we urge everyone reading this article to go out and get certified in basic life support and first aid, so you can act with confidence during any emergency situation.



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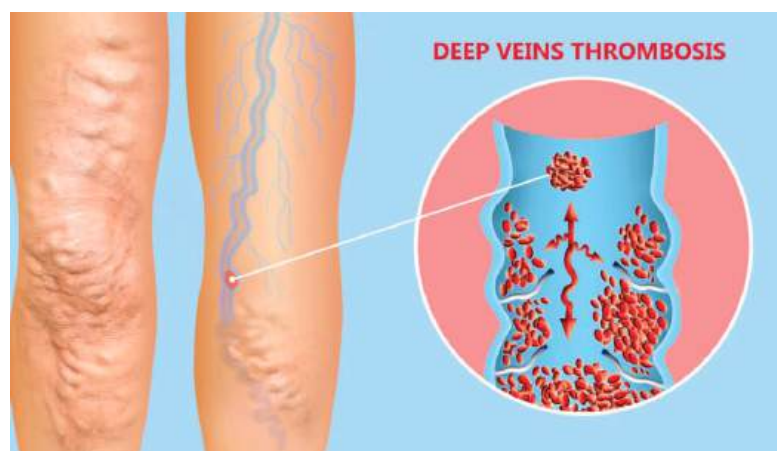
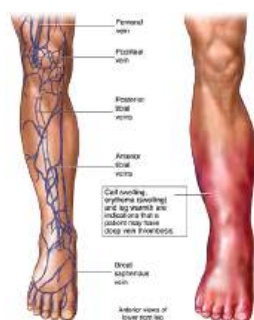
## DEEP VEIN THROMBOSIS While Traveling



**Dr. Mohan Ram**  
Haematologist  
Kuwait Cancer Control Center

**D**VT (deep vein thrombosis) is a blood clot in a vein, usually in the leg. DVT can be dangerous. Get medical help as soon as possible if you think you have DVT. The blood clots may partially or completely block blood flow through vein. Most DVTs happen in lower leg, thigh or pelvis, but they also can occur in other parts of your body including your arm, brain, intestines, liver or kidney.

The link between air travel and the development of deep vein thrombosis (DVT) and subsequent pulmonary embolism (PE) – so called ‘Thromboembolic disease’- was first suggested in 1954 by a report describing DVT in a doctor after a 14-hour flight. Since then, there has been a massive increase in the popularity of air travel. More than 2 billion people travel each year. Even a small increased risk of venous thromboembolic events (VTE) associated with air travel will cause a substantial number of VTE. Therefore, this topic is a matter of public health concern and should be highlighted as number of travellers may increase more in future.



Much has been written in the medical and popular press about the link between air travel and the development of deep vein thrombosis (DVT) and pulmonary embolism. Not surprisingly this has led to an increase in reports of what has been called “Economy Class Syndrome” and consequently travellers have been warned about the thrombosis risk. Not only air travel, anyone traveling more than four hours, whether by air, car, bus, or train, can be at risk for blood clots.

**Incidence-** There is not much study, which has examined travellers for the development of VTE. However as per WHO study (Phase 1) published in 2007 from of the WHO Research into Global Hazards of Travel (WRIGHT) project. Findings indicated that the risk of developing venous thromboembolism (VTE) approximately doubles after travel lasting four hours or more. However, the study pointed out that

even with this increased risk, the absolute risk of developing VTE, if seated and immobile for more than four hours, remains relatively low at about 1 in 6000.

**Risk Factors for DVT during Air Travel**-There are various factors in aircraft cabins that have been reported to increase the risk of air travellers developing DVT or PE. These include cramped seating positions, obesity, age over 40, pregnancy, use of birth control pills or hormonal therapy, family history, immobility, possible dehydration due to consumption of alcoholic drinks and other diuretics such as tea and coffee, low humidity of the aircraft cabin, relative hypoxia and reduced barometric pressure.

**Signs/Symptoms**- Deep vein thrombosis (DVT) symptoms can include leg swelling, leg pain, cramping or soreness that often starts in the calf, change in skin color on the leg — such as red or purple, depending on the color of your skin, a feeling of warmth on the affected leg. Not only this sometime deep vein thrombosis can occur without even noticeable symptoms. DVT was traditionally diagnosed on clinical grounds (calf swelling, tenderness and pain). However, there are some sophisticated techniques have shown that asymptomatic DVTs can be detected.

### Diagnosis Of Deep Vein Thrombosis

#### D-Dimer Test

It can be difficult to diagnose DVT from symptoms alone. There is certain specialised blood test called a D-dimer test. This test detects pieces of blood clot that have been broken down and are loose in bloodstream. The larger the number of fragments found, the more likely it is that you have a blood clot in your vein. However, the D-dimer test is not always reliable because blood clot fragments can increase after an operation, injury or during pregnancy. Additional tests, such as an ultrasound scan, will need to be carried out to confirm DVT.

#### Ultrasound Scan

An ultrasound can be used to detect clots in veins. A special type of ultrasound called a Doppler ultrasound can also be used to find out how fast

the blood is flowing through a blood vessel. This helps doctors identify when blood flow is slowed or blocked, which could be caused by a blood clot.

#### Venogram

A venogram may be used if the results of a D-dimer test and ultrasound scan can't confirm a diagnosis of DVT. During a venogram, a liquid called a contrast dye is injected into a vein in your foot. The dye travels up the leg and can be detected by an X Ray which will highlight a gap in the blood vessel where a clot is stopping the flow of blood.

### Precautions to reduce risk of Blood Clots During Travel

As per American College of Chest Physicians (ACCP) Guidelines, Low-risk travellers should frequently move, perform calf exercises, and sit in an aisle seat if possible. It's suggested that **high-risk travelers** wear properly fitted, below-knee compression stockings while in flight. Preventive blood thinners or aspirin are not recommended for long-distance travellers. As per American Society of Hematology (ASH) Guidelines, Compression stockings or anticoagulants/ aspirin are not recommended for **low-risk travellers'** the average healthy person taking a long flight, we don't recommend anything other than common sense measures, like walking around the plane and staying hydrated, ASH suggests that **high-risk passengers** use graduated compression stockings or a preventive dose of low-molecular-weight heparin (LMWH) for flights over 4 hours, If these measures aren't practical, traveler can consider taking aspirin. Because there's still a limited amount of data on travel-related VTE, the ASH recommendations are conditional, meaning that the right course of action may be different for each patient.

#### Summary-

- 1.Travel-related blood clots are rare as compared to general population.
- 2.Moving around and staying hydrated are two ways to stay healthy – both in flight and on the ground.
- 3.Talk to your healthcare provider if you're concerned about developing a blood clot while traveling.
- 4.If you are on blood thinners, also known as anticoagulants, be sure to follow your doctor's recommendations on medication use.

# SUPER STRUCTURE AND VEHICLE BODY MANUFACTURING



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## ABDOMINAL PAIN Awareness and Precautions



**Dr. Shankar**  
Surgeon  
Jaber Al Ahmed Armed Forces Hospital

**A**bdominal pain can occur anytime, but if it occurs while travel, it causes more inconvenience.

The causes of abdominal pain are many. In this article, let us see the common causes and the remedies.

### ❖ Intestinal colic

The abdominal pain will be crampy, intermittent in nature, it can be generalized or localized to navel region, may be associated with vomiting

### ❖ Acid peptic disease

Usually occurs in the upper part of abdomen. The pain will be typically continuous burning in nature, may be associated with vomiting. In severe cases, there may be coffee ground vomitus, or passing dark, tarry stools, which denotes bleeding from ulcers in stomach or duodenum

### ❖ Biliary colic

This pain from Gall bladder (an organ located on the undersurface of liver which serves as a storehouse of bile), mostly due to stones, occur in the right upper part of the abdomen radiating to the back, beneath the ribcage, typically after intake of fatty meals. The pain will be intermittent, crampy in nature may be associated with vomiting. There will be fever if there is superadded infection of gall bladder. Jaundice occurs if one of the stones



slip into the main duct which drains the bile from gall bladder to small intestine.

### ❖ Renal colic

This pain mostly due to kidney stones typically occurs from flank area radiating to the front of abdomen or to right lower abdomen or to testes in males, usually associated with urinary symptoms like difficulty in passing urine, burning pain while passing urine or passing blood in urine

### ❖ Urinary tract infection

Manifests as flank pain/ lower abdominal pain associated with high grade fever with chills and rigor, burning pain/difficulty in passing urine, passing blood/pus in urine

❖ Gastroenteritis

Presents as generalized crampy abdominal pain associated with fever, vomiting and diarrhoea. Usually happens due to food poisoning.

❖ Uterus, fallopian tube, ovarian diseases

In females, lower abdominal pain may be from diseases of uterus (eg; infections, tumours, fibroids etc), Fallopian tube (eg; ectopic gestation which means pregnancy in fallopian tube, infection etc) or from ovaries (eg tumours, cysts etc)

❖ Pancreatic pain

Pancreas is a gland situated in the upper part of abdomen. The pain typically occurs in the upper part of the abdomen, radiating to back. Acute pancreatitis (gall bladder stones, alcoholism are the major causes) and pancreatic tumours causes this pain.

❖ Rare causes of abdominal pain include

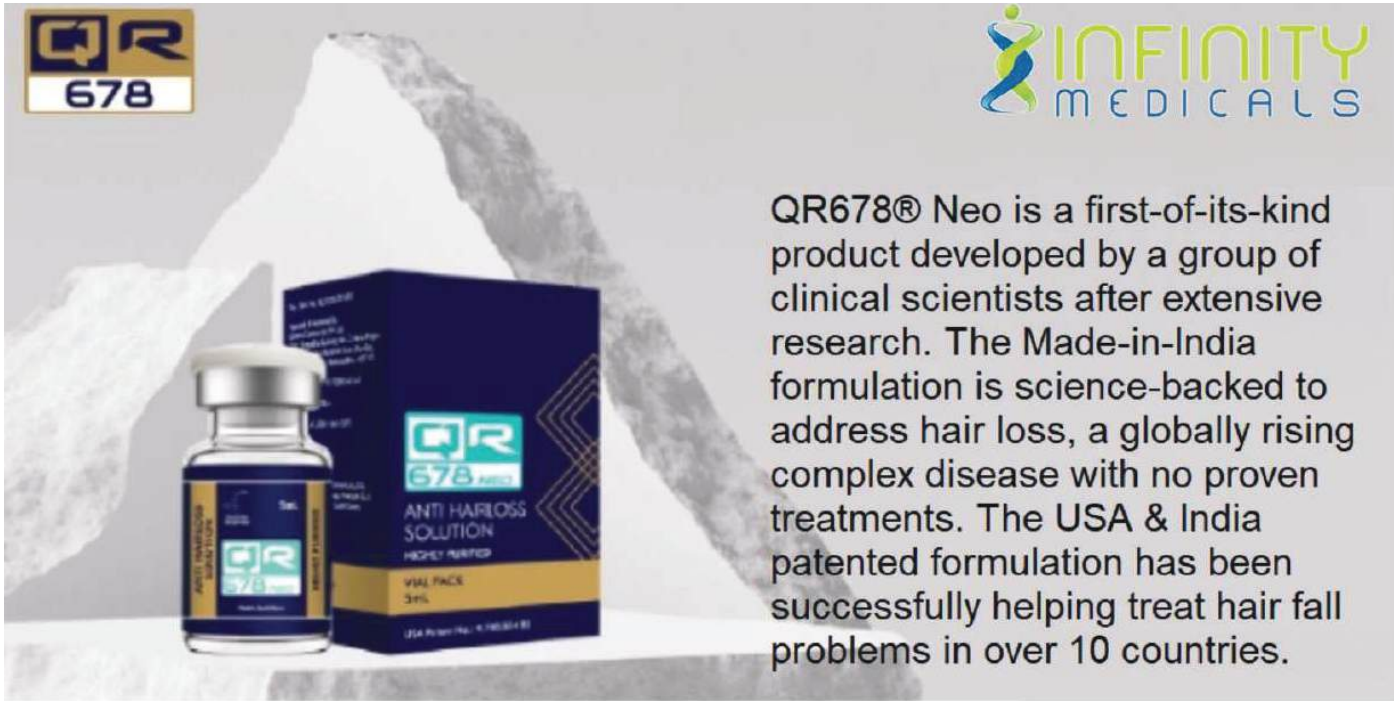
- Intestinal obstruction (due to tumours blocking the passage) where the pain is generalized, crampy in nature associated with vomiting, abdominal distension and constipation
- Hollow viscus perforation (mostly due to ulcers affecting stomach or duodenum) where there is

diffuse, severe abdominal pain, associated with fever.

- ❖ Sometimes uncontrolled diabetes mellitus, pneumonia, ischemic heart disease may also present as abdominal pain

### PRECAUTIONS AND REMEDIES

- ❖ Before travel it's important to keep all the illnesses under control and make sure you are taking the regular medications during travel
- ❖ Become aware of the nature of abdominal pain and probable causes
- ❖ Avoid having unhealthy food
- ❖ Keep medications (like painkillers, antispasmodics, acid peptic disease medications, medicines for flatulence, laxatives, antibiotics etc) during travel. These medications can be taken according to the nature of abdominal pain.
- ❖ If there is worsening of symptoms, seek medical help without delay.



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# BRONCHIAL ASTHMA

## Management During Travel

**Dr. Mohammad Parvez**  
Pulmonologist  
Kuwait Cancer Control Centre



Asthma is a common airway disorder many of us are suffering from and travelling is an inevitable part of our life in this highly connected world. This article describes briefly travel safety in patients with asthma.

### 1. Can a patient with asthma travel?

Yes. Indeed. Prior to travel patients should visit their doctor to know the status of their disease and to make a concrete plan which should include medications to carry, what to do in case of emergency, and emergency contact numbers in destination.

### 2. What preparations are to be made by such a patient?

Such preparations are usually called “a Travel pack”. Things that should be included:

- Both quick-relief and controller inhalers.. Make sure you have enough stock and some extra in case of unexpected prolonged journey. An enquiry should be made about the availability of medications in the destinations point too.
- Inhaler delivery devices especially if you are using a nebulizer or spacer.
- A course of oral steroid medication.
- An extra written prescription in case medications are lost or destroyed.
- A peak flow meter, if prescribed by your healthcare provider.



- Allergy and other medications, if prescribed by your healthcare provider.
  - Insurance card and healthcare provider contact information if any.
- ### 3. What to do in case of exacerbations?
- Call for help.
  - Asthma exacerbations are identified either by worsening in symptoms from normal or by worsening in lung parameters, identified by peak flow meter or FEV1. Minor exacerbations can be self-managed as per asthma action plan, but in case of a moderate to severe exacerbation, proceed to nearest health facility that provides an emergency care.
  - All patients with asthma should have a written asthma plan which helps them to recognize an exacerbation and how to respond to such an exacerbation.

- For mild exacerbation, for those patients taking budesonide -formoterol as reliever, should use their reliever medication 1 inhalation as and when required for symptom relief. If necessary, the dose can be repeated a few minutes later. Additional doses can be taken if symptoms recur, but maximum daily dose should not exceed 12 inhalations of 160/4.5mcg fixed combination. For those taking budesonide – salbutamol as reliever, should take 2 inhalations of their reliever, as and when required, a maximum of 6 inhalations per day. Salbutamol inhalations alone as a reliever is

an alternative to the above combinations but not recommended now days for asthmatic patients. In case of any clinical worsening or no relief in 1-2 days on reliever medications, should immediately report to the closest healthcare provider for further assistance.

- Moderate to severe exacerbations should be managed with the help of health care provider in an OPD or inpatient setting. They require oral or IV steroids and sometimes antibiotics as well.
- 4. How do we identify the severity of asthma exacerbation?**

Severity assessment of asthma exacerbations			
Severity	Symptoms	Signs	Functional assessment
Mild asthma exacerbation	Breathless on exertion Ability to talk normally/in sentences Tolerates lying flat	Rapid breathing Wheezing on end of breathing out	PEFR: $\geq 70\%$ predicted PO <sub>2</sub> $\geq 95\%$
Moderate asthma exacerbation	Breathless at rest Ability to talk in phrases Agitation Preference to sit up than lie down	Rapid breathing Loud wheezing on breathing out Possible use of additional muscles (Rapid heart beat (< 120/min	PEFR: 40–69% predicted SpO <sub>2</sub> 90–95%
Severe asthma exacerbation	Dyspnea at rest Ability to talk in words Agitation Tripod position	(Very rapid breaths (> 30/min Wheezing on breathing in and out Use of accessory muscles (Rapid heartbeat (> 120/min Pulsus paradoxus	PEFR: < 40% predicted SpO <sub>2</sub> < 90% (Increase in co2 levels (P <sub>a</sub> CO <sub>2</sub> $\geq 42$ mm Hg
Life-threatening asthma exacerbation (imminent respiratory arrest)	Inability to speak due to breathlessness Drowsiness, confusion, sweating	Silent chest Change in breathing pattern Decreased heart rate Altered mental status	PEFR (if performed): < 25% predicted Signs of type 1 respiratory failure and/or type 2 respiratory failure

**5. Any general precautions to be taken by asthmatics during travel?**

- Avoid smoking and alcohol before and during air travel.
- Precautions like personal protective measures to be taken especially when you are travelling to areas with pollen and air pollution.
- Asthma can get worse with very dry and cold climates.
- Asthmatics, especially those with exercise induced asthma, should take special precautions before undertaking holiday activities such as hiking and skiing, in mountainous areas.
- Sometimes they can get mountain sickness, when they rapidly climb to high altitudes without

acclimatization.

- Avoids food stuffs known to cause asthma exacerbations.

**6. Any suggestions on immunizations?**

- In general, they are advised to take yearly influenza vaccinations and pneumococcal vaccine once in lifetime, especially if they have high risk comorbidities.

There is a big list of vaccinations to be taken before international travel. It varies according to the destinations. So please contact a travel health expert to discuss this issue before you travel.

- COVID-19
- Influenza
- Pneumococcal vaccine

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# SAFETY PRECAUTIONS WHILE CARRYING MEDICINES DURING TRAVEL

## Precautions while carrying medicines during international travel:

1. Regular prescription medicines must be carried in their original container or packs with clear labels.
2. Always carry the doctor's prescription, clearly stating your name, name of medicines (preferable generic name), dose and duration of medicines, and the health care provider's name in English or the local language.
3. Take a special note from the doctor if you are using medical devices like insulin syringes or epipens.
4. If your medicine needs to be kept cool, you can carry thermos, cold pack or insulated pouch.
5. Take enough medicine for the planned trip duration. Check with the local authorities at the destination and the layover airports, about the quantity of medicines allowed in luggage.
6. If your medicine is not allowed at your destination, talk to your doctor for any alternative medicines and carry a letter describing the condition and treatment plan.
7. If you are travelling to a different time zone, keep in mind that the medicines should be taken based on the time of last dose and not the local time of the day.
8. Preferably carry small quantity of regular medicines in the carry-on luggage, as some times checked in luggage may be delayed or lost.
9. While carrying liquid form medicines, keep in mind that above 100 ml of liquid may not be allowed in carry-on bags.
10. If you have allergy to any medicines, always carry medical ID or bracelet with all the details.
11. If you are carrying Ayurvedic or Homeopathic medicines, always carry doctor's prescription, since their composition may be construed as containing alcohol.

## Checklist to pack your travel health kit.

- 1 Analgesics/ Pain relief medicines like paracetamol, ibuprofen for pain, fever or simple sprains.
- 2 Antihistamines/ allergy medicines like cetirizine, loratadine.
- 3 Cough medicines.,
- 4 Antacids for upset stomach.
5. Motion sickness tablets.
6. Eye lubricant drops.
7. Antiseptic solution or ointment for small wounds or bites.
- 8 Antibacterial and antifungal ointments.
- 9 Wound dressings like sterile bandages, swabs, steristrips.
- 10 Oral rehydration salt (ORS) for diarrhoea.
- 11 Sunscreen creams with at least SPF30+ and UVA & UVB protection.
- 12 Hand sanitiser or antibacterial hand wipes, Insect repellent creams.
- 13 Aloe gel for sunburn.
- 14 Calamine lotion for skin irritation or bites.
- 15 Prescription glasses or extra pairs of contact lenses, if using.
- 16 Digital thermometer, Tweezers to remove any splinters/ foreign body/ stingers

### Travelling during pregnancy:

Travel health kit must include the prescription medicines, antenatal vitamins, antiemetic drugs for nausea/vomiting, antacids and medicines advised by doctor for any vaginal infections.

### Travelling with children:

1. Always make sure that the child is up to date on all routine vaccines before travel.
2. Discuss with your paediatrician at least 1 month before the travel about the destination and any destination-specific vaccines and medicines that are needed.

### Restricted medicines:

Drugs which are not generally allowed to be carried are stated below.

Always make sure to check with the local embassy or authorities before travelling.

1. Antidepressants
2. Barbiturates
3. Opioid painkillers like fentanyl, codeine, morphine, oxycodone, pethidine, tramadol.
4. Anti-anxiety medicines like chlordiazepoxide, hydroxyzine.
5. Hallucinogens
6. Steroids
7. Benzodiazepines like diazepam, clonazepam, midazolam.
8. Stimulants.

### Travelling precautions for people with hidden disabilities

A hidden disability is one that is not visible from the outside but still, can limit or challenge a person's autonomy. Invisible disabilities, unfortunately, can lead to misunderstandings, false perceptions, and judgments because their symptoms are often barely noticeable. Some of the hidden disabilities are considered to include dementia, autism, learning disabilities, anxiety issues, mental health conditions, visual impairments & hearing loss, epilepsy, respiratory conditions and chronic pain. Therefore, it is advisable to follow these steps to ensure that the person can receive appropriate assistance when required during the journey:

- **Allow plenty of time:** When traveling, make sure to leave plenty of time for boarding procedures,
- **Prepare yourself:** Make sure you are prepared for various situations, such as having enough medication to last you for your trip.
- **Get familiar with the airport and the airlines:** Learn what to expect and what they can offer to assist you during your flight.
- **Provide information to airlines:** Passengers have a responsibility to make sure that they provide information about their assistance needs to airlines.
- A unique identity tag: There are options for individuals with hidden disabilities to identify themselves as needing assistance through wearing a suitably designed lanyard, bracelet, or similar.

**“The Sunflower lanyard”**, which was introduced in 2016 at Gatwick airport, now has been adopted successfully in many countries. These sunflower tags can be worn during travel; it discreetly indicates to the staff that help may be needed in certain situations.



**Dr. Soumya Ramanna Shetty**  
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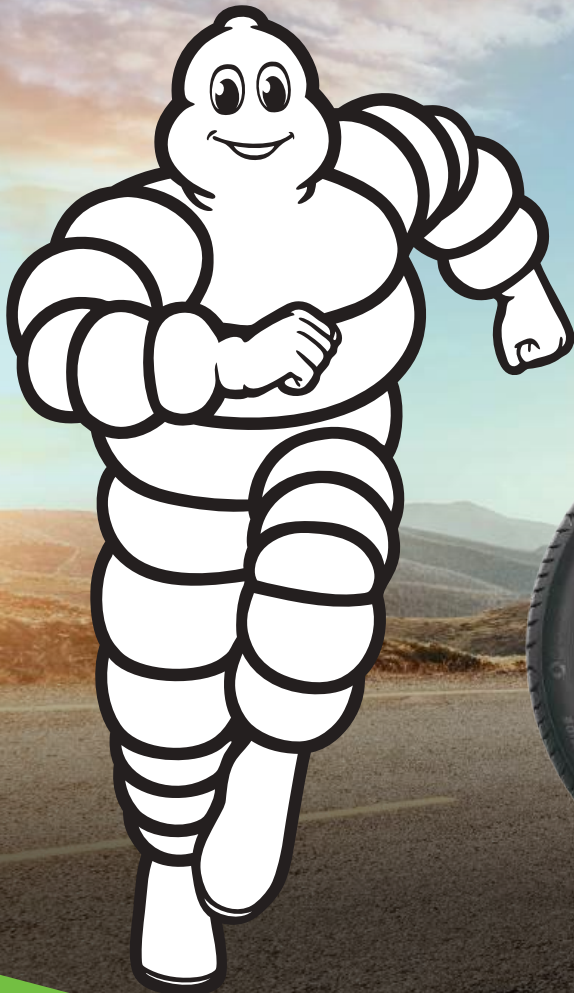
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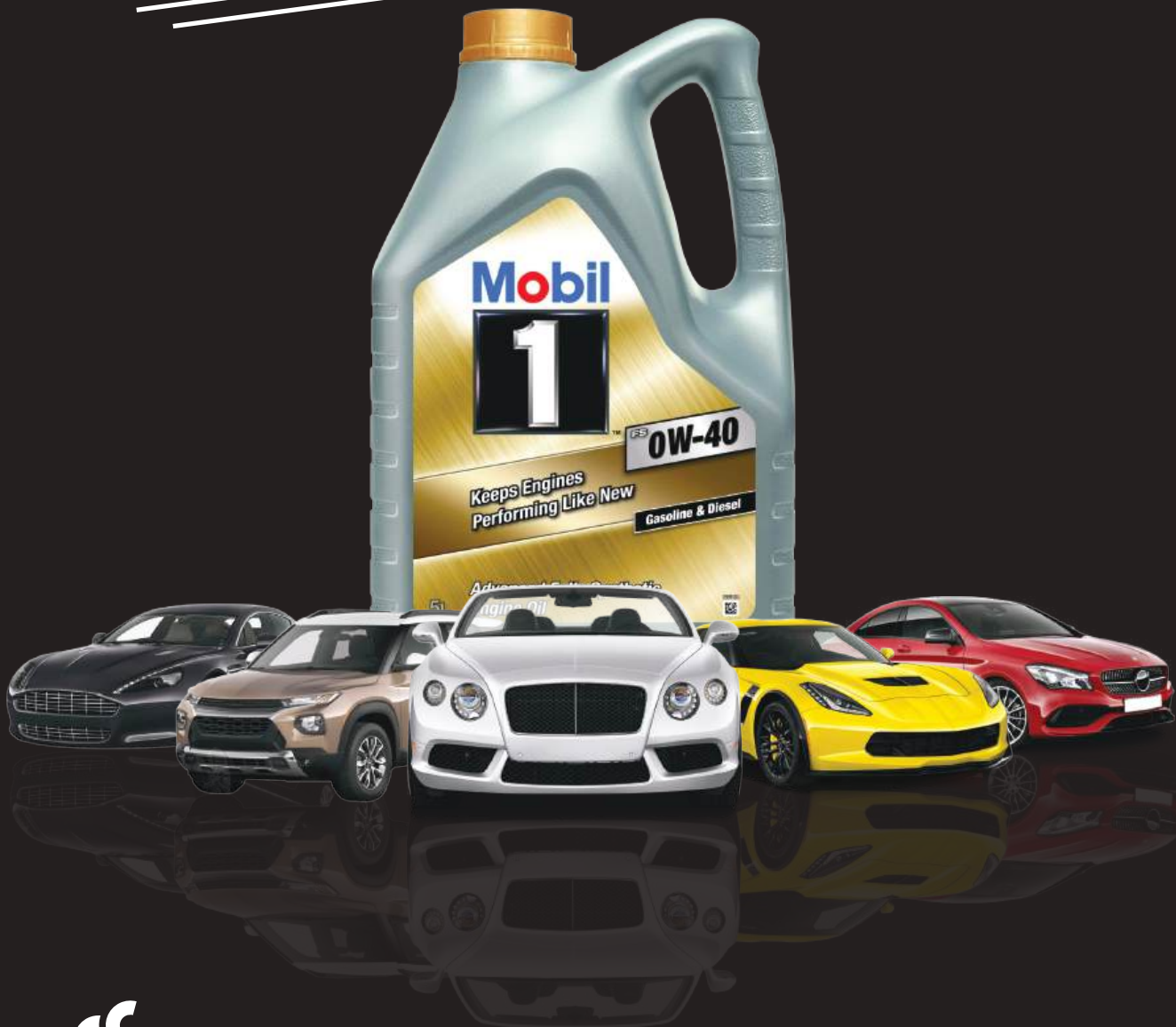
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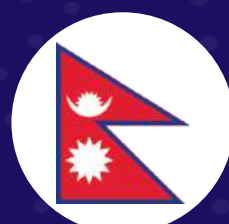
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