The elderly travellers

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**Summary**  As the population increases, older people have the opportunity to travel for longer periods and to destinations that are quite different from what they are used to. Older people do indeed have more ongoing medical issues and some limitations due to the aging process. Most of the time these chronic conditions are not a contraindication to travel.

Preparing for travel frequently involves starting an exercise program, updating routine immunizations such as tetanus, pneumococcal pneumonia, and influenza as well as getting destination specific immunizations such as hepatitis, yellow fever and typhoid. Medications should be reviewed as they relate to altitude, climate and concurrent travel medications including malaria prophylaxis.

There are many organizations and foundations that deal with travel and specific medical problems such as diabetes, asthma, dialysis and for those with spinal cord injuries. The traveler would be wise to seek the advice of specialists related to their specific medical condition as well as a travel medical physician. One should also be sure that their medical insurance would cover them in a foreign country.

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**Introduction**

"Getting older" and "aging" are different processes. We all become older according to the calendar, but we age at variable rates. Many people defy our preconceptions and appear to be far younger (or older) than their chronological age. Life expectancy is increasing with more people appearing to "age" at a "slower rate" than their parents, resulting in a large population of older people with widely varying ranges of mental and physical health. Today many octogenarians have free time and more disposable income and raft down the Colorado River, trek in Nepal, and go on safari in Africa.

Much health advice written for older travellers is unnecessarily pessimistic. The data are taken from studies involving the entire older population. For example, while it is true that unusually hot and cold weather increases morbidity and mortality among the elderly, those affected are mostly people who lack the mental, physical or financial resources to properly prepare. Older individuals...
who have the wherewithal to vacation in cold weather resorts or visit tropical islands tend to do quite well, albeit they may have to modify their activities somewhat and, perhaps, adjust medications they take.

Chronic illnesses, not age per se are the main issues for older travellers, issues which increase with age. Therefore, much of the health advice for the elderly deals with adjusting to living—and travelling—with illnesses, a task many older people do well. Today, people travel the world and swim, hike, climb, sail, and ski after joint replacements and coronary artery bypass surgery and with pacemakers, artificial organs and arthritis, and on kidney dialysis. Much information is available for such travellers. There are health foundations for these and virtually every other condition—asthma, diabetes, hearing impaired, for example, and the foundations have literature and websites which generally include travel-related information. Most health/travel books and books dealing with specific illnesses have helpful information. Physicians who specialise in a particular illness and travel medicine specialists are more likely to give “go travel” recommendation than physicians without such expertise.

And many elderly who have some signs of “getting old” can travel by compensating for a decrease in their faculties. Diminishing mental ability may result in deficits of memory, judgment and visual and hearing abilities, for example. Travellers must be able to be on time to carry out planned activities, remember which side of the street traffic is on, and be able to hear announcements in noisy airports, for example. Some people become confused and disoriented in crowds. Many mishaps are caused by lack of judgment and poor balance. For older individuals so inclined, there are all-inclusive tours offering assistance with luggage, leisurely paces, accessible sightseeing, and experienced leaders trained in first aid. Some tours to remote areas are accompanied with physicians familiar with emergency medicine.

Getting in shape

Appropriate exercising is beneficial regardless of age or state of health. Physically fit individuals are likely to cope better with prolonged sitting, lifting items into baggage compartments, standing in line, and other vagaries of travel. Exercise improves flexibility, strength, and endurance, increases the capacity of the cardio-pulmonary system, and reduces the chances of injury. Exercise programmes are available in books dealing with aging and chronic illnesses, and from the associations already mentioned. Classes from expert instructors are helpful. Exercise programmes should be started months before major trips, gradually increasing in the time and intensity of workouts, and continue while travelling. Away from home, a different activity can be substituted if the regular one is not available. Facilities for walking and swimming are generally available for travellers.

Immunisation

Aging is associated with alterations in immune responses and may lead to clinically significant changes in the safety, immunogenicity, and protective efficacy of certain vaccines. Many elderly individuals are poorly protected against disease preventable illnesses. Protective antibodies—both from natural disease and from immunisation—wane with age, and the waning process appears to accelerate as age increases; in Europe and the United States only about half the people over 65 years of age have demonstrable antibodies to tetanus and diphtheria. Moreover, age increases the severity of many vaccine-preventable diseases, hepatitis A, for example, and the elderly mount a poorer antibody response to vaccines. Yellow fever vaccine may cause more serious adverse reactions in the elderly than in younger adults.

All this may be of little consequence for people in developed countries where risks of acquiring such diseases is negligible and treatment is available, but becomes a problem in the developing world. Vaccination against influenza and pneumococcal diseases is especially important. Organisms may circulate in aircraft and on cruise ships. Strains of organisms in remote areas of the world often differ from those that travellers are exposed to at home, making the individual more susceptible. Penicillin-resistant pneumococcal organisms are more prevalent in some areas. Obviously, illness while travelling is especially troublesome. Travellers should carry appropriate travel-related insurance.

Medications

In the United States, for example, about 70% of ambulatory people over the age of 65 use-over-the-counter medications on a regular basis and about 50% use prescription items. Aging and accompanying diseases causes important physiologic changes in how the body absorbs, distributes, metabolises,
and excretes these substances, resulting in changes in effects and durations of action.\textsuperscript{3} Travel adds additional variables: additional medications; environmental changes such as altitude, heat and cold exposure and, sometimes travel-related diseases, gastroenteritis, for example. Travellers should review their medications vis-à-vis their travel plans with an expert. As a rule, older individuals should be started on medications at lower doses, and body weight should be considered.

**Air travel**

Age itself is no barrier to flying.\textsuperscript{4} Anyone able to walk one city block or climb one flight of stairs without shortness of breath can generally compensate for the reduced oxygen in the cabin air. Cardiac and pulmonary function tests can usually predict the need of in-flight oxygen in marginal cases. Such oxygen is not part of an aircraft’s oxygen supply and must be ordered 48h before flights.

Obviously, travellers with recent or ongoing unstable cardiopulmonary events should consult their cardiologists before air travel. All airlines have medical consultants to provide advice regarding flying. Reservation agents can supply the telephone numbers.

Older travellers especially should take only essential medications when taking long flights. Some sleeping pills can cause amnesia-like states when flying through many time zones. Anti-histamines, tranquilizers, anti-motion sickness medications may potentiate the effects of each other and of other medications being taken, and all may worsen the effects of jetlag. Theoretically, melatonin should help older people overcome jetlag since older people are more likely to have sleep problems and produce less melatonin. However, the few studies and surveys done show that older travellers suffer less from jet lag than younger travellers and that melatonin does not always help.

The risk of deep vein thrombosis increases with age.\textsuperscript{5,6} Drinking adequate amounts of fluids, walking about frequently, or “walking in place” while seated may help minimize swollen feet and formation of blood clots in legs. Travellers with varicose veins may benefit from wearing elastic stockings. Aspirin and other anti-coagulants should be reserved for special circumstances—travellers with a history of embolisms, for example, and should never be taken without consulting a physician.

Airports are more problematic for older people than the flights themselves. Long walks and carrying luggage, especially after long flights, may be especially fatiguing. Large airports have first aid stations with cots and experienced personnel for tired travellers. (Such facilities also exist in casinos, amusement parks and sporting events.)

**Mountains/altitude**

In the past, experts believed that older individuals who live at or near sea level should avoid altitudes above 5000 ft (1500 m). The reasons: cardiovascular and pulmonary function decline with age; altitude and cold environments place additional burdens on the heart and lungs; and older people are less able to increase their respiratory response to lower oxygen pressures.

However, experience has shown that healthy older individuals do quite well at altitude. And those with hypertension, coronary artery disease, and post coronary artery bypass surgery who are free of symptoms at sea level tolerate stays at moderate altitude—to about 8000 ft (2500 m) with minimal symptoms and no adverse effects. The incidence and severity of acute mountain sickness does not increase with age, and may even decrease after the age of 65 years. Asthmatics appear to breathe easier at higher elevations, possibly because of fewer allergens and pollutants in the air. Even exertion—mountain skiing and hiking, for example—is well tolerated for physically fit elderly people. Gradual acclimatisation to altitude is important at all ages.

Anti-hypertensive medications may occasionally need adjustment. The body compensates for lower oxygen with a faster heart rate. These medications can interfere with compensatory mechanisms, causing shortness of breath and mimic mountain sickness.

**Hot climates**

Acclimatisation to hotter climates should present few problems for older travellers using common sense precautions—avoiding strenuous sports and exercises in the heat, especially the first few days. Aging decreases kidney filtration, sensitivity to thirst, the ability to perspire, and the ability of peripheral blood vessels to dilate. Drinking sufficient liquids to keep urine nearly colourless gives a good margin of safety; in very hot weather this may require drinking up to a gallon (4 l) of fluids a day. Acclimatisation is helped by getting adequate rest, air-conditioned rooms, wearing loose fitting, cotton
clothing, a hat with a brim, taking frequent cool showers or baths, and, perhaps, by eating lots of fruits and decreasing the intake of protein. Hot, humid climates such as found in the Southern US and Southeast Asia, for example, are more hazardous than hot, dry desert-type climates. High humidity further interferes with perspiration. People with cardiovascular diseases, diabetes, obesity, and other chronic conditions are especially at risk.

A host of medications hinders acclimatisation to hot climates: anti-hypertensive drugs (beta and calcium channel blockers), diuretics, anti-depressants, anti-histamines, and some anti-parkinsonian drugs, for example. Doses of diuretics may have to be altered to adjust to fluids lost by increased perspiration. Some antibiotics increase sensitivity to the sun and some cardiac medications may not be compatible with certain anti-malarials. Alcohol slows acclimatisation to heat, cold, and altitude. Minor illnesses—vomiting, diarrhoea and fever, for example—increase fluid loss, upset electrolyte balance, and hasten the onset of dehydration and heat-related problems.

Cold climates

Age increases susceptibility to hypothermia. But most cold-related problems for travellers stem from a lack of forethought—poor preparedness for excursions into the wilderness and getting lost after driving off main roads, for example. Many cases of hypothermia occur in above freezing weather. Staying dry is as important as staying warm. Travellers should carry rain gear, wear many layers of clothing, a hat, extra socks, and lined gloves. Breathing through a woolen scarf to warm air may be helpful for older individuals. Drinking plenty of fluids and eating many small meals rich in carbohydrate (nut and chocolate mixtures, for example) is also beneficial.

Air pollution

Air pollution is a major problem in most large cities in developing countries and Eastern Europe. Pollutants regularly reach dangerous levels and are associated with increased morbidity and mortality among the local aged population. The effects of such pollution on short-term visitors are unknown. If possible, travellers with cardiopulmonary problems should avoid such destinations at peak pollution periods—winter in cold areas, due to poor grade of fuels used for heating, and summers in subtropical areas because of weather patterns.

Sports

Travel often involves sports, taking up new ones or enjoying familiar ones in new surroundings, and often with more intensive involvement than at home. Age offers few contraindications for sensible participation in sports. However, age impairs balance, strength, and endurance. Studies show that older individuals are prone to certain sports injuries. These can be reduced with appropriate age-specific conditioning, warm-up exercises, stretching, proper equipment, and compensatory movements. Lessons from a professional and books about that sport give important insights. Medical care from experts in case of persistent, sport-related pain or injury is helpful.

Scuba divers over the age of 50 years and divers with various chronic illnesses experience more dive-related, serious medical complications than younger divers. There are physicians who specialise in underwater medicine for expert opinions.

Driving

Older travellers should carefully consider age- and travel-related safety issues: long hours behind the wheel, driving at high altitudes, renting cars in unfamiliar surroundings, driving at night, and driving on the left side of the road. Aging decreases sensory, motor and perceptual skills, reduces peripheral vision and resistance to glare, and increases the chances of having cataracts and glaucoma. Arthritis restricts neck movements. Medications—anti-hypertensives, muscle relaxants, and anti-depressants, for example, can adversely affect driving skills.

Travellers’s diarrhoea

Aging reduces stomach acidity, an important protective factor against diarrhoea-causing organisms. Acidity is also reduced by certain medications and operative procedures. Yet older travellers have a lower incidence than most other age groups, possibly because they frequent better restaurants, are less adventurous eaters, or have developed immunity. Diabetes, stomach surgery, and anti-ulcer medications reduce stomach acidity. Severe and prolonged gastroenteritis interferes with the
absorption of other medications being taken, including anti-malarials.

**Bowel irregularity**

Constipation may be the most frequent complaint among older travellers. Increasing fruit and vegetables intake, carrying fiber supplements, and arranging for clean, private toilets helps avoid problems.

**Hot tubs and saunas**

Saunas and hot tubs may be hazardous to individuals with heart and lung problems, diabetes, other chronic illnesses, and for individuals on medications, especially cardiac and anti-hypertensive medications. Moreover such facilities, unless they are meticulously maintained, are a source of microorganisms that can cause serious diseases.

**References**