



TRAVELLING SENIORS

TIPS FOR SERENE TRAVEL AT ANY AGE

FLYING AT AN ADVANCED AGE

Most elderly passengers, as long as they do not suffer from particular diseases or severe cardiovascular complications, can travel with same precautions as other passengers.

This small guide with some useful tips for serene travel is dedicated to them.



WHAT YOU NEED TO KNOW

The oxygen pressure in the aircraft cabin changes with altitude and is lower than the pressure you are normally accustomed to.

This can lead to a partial pressure reduction of the oxygen in the blood, **hypoxemia**, which could cause, in some cases, cardiac and/or cerebral ischemia, an increase in the heart rate and arterial pressure, arrhythmias and difficulty breathing.

On long flights, passengers at high risk of angina, myocardial infarction, cardiac insufficiency or cardiac rhythm abnormalities could be negatively impacted by the hypoxia.

Furthermore, the low humidity in the cabin can cause slight dehydration and staying seated for a long period can predispose to the formation of venous thrombosis in the lower limbs.

GENERAL RECOMMENDATIONS

TO AVOID BEING UNPREPARED, FOLLOWING SIMPLE MEASURES IS ADVISABLE, BOTH BEFORE DEPARTURE AND DURING THE TRIP.

- See your physician before the trip to assess whether there are contraindications or particular precautions that should be taken.
- Contact the airline before the trip (48 hours ahead of time) for particular requests such as diet, wheelchair and possibly a seat near the front of the aircraft or near the restrooms. At the airport, ADR Assistance personnel is available up to the time of departure. In the event that the airline has not been notified, see **ADR information desk personnel** who will contact ADR Assistance.
- Make sure you have the **list of medication** to be taken in your hand baggage with the dosages specified and make sure there is enough to last the entire trip, as well as any emergency medication (e.g. nitrates). In the event of a patient with heart disease, it may be useful to have a copy of the most **recent electrocardiogram**.
- If **anxiolytics** are taken regularly, it is advisable to take them in the hand baggage. In this case, consuming alcoholic beverages is strongly inadvisable.
- In the case of diseases for which **oxygen therapy** is required, we recommend contacting the airline prior to departure in order to obtain information on the foreseen procedures.
- See your dentist prior to departure in the event of abscesses and cavities because pain could be experienced due to the pressurisation.
- For anyone with active **upper respiratory infections**, such as acute sinusitis, it is advisable to postpone the flight in order to avoid inner ear pain.
- Avoid **alcohol**, beverages containing **caffeine** and food high in **sodium** before and during the flight.
- **Drink plenty of water**, preferably not carbonated, in order to combat dehydration and to prevent an increase in gas volumes in the stomach and duodenum.



TIPS FOR PREVENTING DEEP VEIN THROMBOSIS (DVT) AND VENOUS THROMBOEMBOLISM (VTE)

ON FLIGHTS LONGER THAN SIX HOURS, THE RISK OF THROMBOEMBOLISM INCREASES DUE TO VENOUS STASIS CAUSED BY LIMITED MOBILITY IN THE AIRCRAFT AND THE RELEASE OF HIGH LEVELS OF COAGULATION FACTORS DUE TO DEHYDRATION.

For a **low risk** passenger, in other words, one with no risk factors such as: surgery within the four weeks prior to travel and no previous DVT or VTE, standing up every now and then and moving the legs, drinking liquids, avoiding sedatives, alcoholic beverages and coffee is recommended.

For an **intermediate risk** passenger, in other words, one who has risk factors due to previous DVT/VTE events, surgery lasting less than a half hour in the 4-8 weeks prior, obesity (body fat index greater than 30), pregnancy, pro-thrombotic state (antithrombin III deficit, S protein deficit, mutation of the C protein and the Factor V Leiden), the use of compression stockings is recommended.

For a **high risk** passenger, in other words, one that has risk factors due to previous DVT/VTE events, cancer, surgery longer than 30 minutes in the four weeks prior, a subcutaneous injection of 40 mg of enoxaparin is recommended before and after the flight, in addition to the use of compression stockings.



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