The Traveller on Warfarin[1]

- Changes in diet => changes in gut flora => vitamin K
- INR: repeat after 2 weeks of stay
- ↑ alcohol => ↑ INR
- at altitude > 2,400 m (7,900 feet): 2.7-fold increased risk for INR values falling below target
  (effect of hypoxia on coagulation & drug metabolism?)

Crossing more than 6 time zones (mid-USA or East India)

***First* regular dose of warfarin:**

- WEST => increase dose by ¼ or ½ (+ ⅓)
- EAST => decrease dose by ¼ or ½ (- ⅓)

Ringwald J, et al. Travel and oral anticoagulation. J Travel Med 2009;volume 16, issue 4:276-283

The Diabetic Traveller

Insulin dose during the day of travel

- Travel up to 8 hours
  - stay on 'home time' for meals and injections
- North ↔ South => no change
- Travel over 8 hours (> 6 time zones)
  - adjust dose of insulin by 2-4% per time zone crossed (~ ⅓ of daily dose) (Sane T et al. Br Med J 1990;301:421-2)

East	North - South	West
↓	↓↑	↑
Decrease	No change	Increase

The Diabetic Traveller

Adapted from Benson E, Metz R. Management of diabetes during intercontinental travel. Bull Mason Clinic 1984-85;38:145-151

Westbound travel (longer day)

- Single dose or twice daily (10-12-hourly dose):
  - Usual dose on day of departure (10-12h after AM if twice)
  - 18 h after AM dose: if glucose >13 mmol/l => take *⅓ of usual* AM dose followed by a snack or meal
  - Morning at destination: usual dose

Eastbound travel (shorter day)

- Single dose or twice daily (10-12-hourly dose):
  - Usual dose on day of departure
  - Morning at destination: ⅔ of usual dose
  - 10 h after AM dose: if glucose >13 mmol/l => take remaining *⅓ of usual dose* followed by a snack or meal (if on twice daily dose => *add this ⅓* to PM dose)
  - Second day: usual dose