The Confused and Dementing Traveller

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Government and professional attention is focusing on people with very early symptoms of mental confusion and dementia, in the hope that proactive intervention may slow a dementing process. This initiative is bringing increased awareness that there are many people living in the community who have cognitive deficits, but continue to maintain conventional activities of daily living. Supported by spouse or companion, they continue to travel locally and internationally. Many are elderly, affluent and wish to continue with regular overseas vacation relocation. Memory deficit and behavioural aberrations are common in these travellers and added to common features of old age, such as indecisiveness, slower problem solving, inflexibility of intent, tardy adaptation and cognitive decline, can place them at health risk in unfamiliar environments. Pre-existing illness and routine medications are also a consideration with these people and they are vulnerable in uncontrolled situations.[1,2]

Recent climatic, terrorist and environmental events have made all forms of transportation a more worry-ing experience for everyone, adding to common fears and phobias relating to travel in a ship, aircraft, or through a tunnel. While mild flight anxiety is common place and causes little disruption, the confused or mentally-impaired traveller can suffer severe anxiety resulting in a transportation emergency. Major trans-port delays, queues in airports, port terminals and rail and coach stations and the uncertainty of arrival and departure can have a very deleterious effect on the cognitively unstable. Airport environments and flights in particular, pose novel situations where limited personal control, bureaucracy, overt and covert regulations add to frustrations felt by the normal and mentally compromised individual.

In one study, passengers had heart and finger monitors fitted to record blood pressure and pulse rate while in an airport, en- route to flight departure. Skin conductance-a reliable measure of stress- was also measured. Readings were correlated with the amount of psychological stress they experienced.[3] Passengers passing through the airport, who were healthy and not exercising, showed monitored stress levels equivalent to on-duty riot police. During the test, there were marked physiological changes. ECG and BP monitors showed immediate and sustained changes. Within minutes of entering the terminal, heart rates had increased from 55 beats per minute to over 70 per minute in the non-exercising state. In the average four hours it took to board the aircraft, rates continued to rise to more than 200 beats per minute in transit, with a rise also occurring in blood pressure.

Queues at check-in and security increased blood pressure levels from average of 123/81 mm Hg to 170/99mm Hg. There was a marked increase in skin conductance with a rise 100 times that in a relaxed state. Associated stress levels peaked four times but were sustained at a high level overall. Causes of peaking were queues, unfriendly, unhelpful staff, lack of, or misinformation. Monitoring on the return journey revealed that return transit through the airport was almost as stressful as departure, primarily because of queues at immigration, security channels and lost luggage.[3] These stresses may have little serious effect on younger fit travellers, but may impact heavily on mentally compromised and disturbed passengers, who may not receive understanding and support from terminal staff. A study of 1009 passengers transiting an airport reported that 69% stated that rude staff were a contributory problem to stress with 52% considering this a major cause of travel related stress.[4] and staff training was inadequate in dealing with the mentally distressed.

Despite these considerations confused people and those with established dementia frequently traverse airports, take flights, coach trips and sea cruises. Their disturbed conduct is often seen as eccentricity and fellow passengers are frequently tolerant and supportive of individuals' foibles, particularly if they are travelling on their own. Many of these travellers are also elderly. Older people find stressors at airports and protracted delays difficult to cope with, as there is a slight decline with advancing age, in reaction speed, new learning ability and flexibility.[5] Many accompanying adults are also elderly and vulnerable and not well-placed to meet the extra demands upon them and the affected companion. Contending with a partner's additional mobility, sensory or cognitive impairment issues can be a challenge and burden adding to their personal stress levels.[6]

The cumulative effect can promote tension and angst, with psychological effects resulting in adverse physiological responses, cardiac stress and possible heart attack and stroke in the carer.[7] Maladaptation results in aggressive behaviour which may be partly responsible for an increase in reported police intervention at major airports.[8] Elderly people living on the borderline of social competence are not immune to the behavioural disturbance referred to as air rage. A build-up of fatigue, frustration and anger can result in verbal and physically aggressive behaviour to fellow travellers and staff. Over-indulgence in alcohol drinking to "calm the nerves" and routine medication inter-action can also result in behavioural misconduct and make it more likely in this group. People with dementia and their carers are vulnerable travellers. They should be considered at higher health risk and identified by health professionals as requiring pre-travel assessment, risk assessment and counselling. Early Alzheimer's disease symptoms can be seen in the aberrant behaviour displayed by some elderly vacationers.[8] Sometimes solo travellers, they can be seen wandering round cruise ships and getting lost from tour groups. Fellow travellers are often tolerant and helpful but, the afflicted

put themselves at health risk on ships, in the air and in road traffic situations. Unaccustomed surroundings and travel-related stressors can bring deterioration in mild confusional states and they should be dissuaded from unaccompanied travel.

Contraindications to air travel

Persons with disturbed or unpredictable behaviour that could endanger passengers and/or crew and psychiatric disorders where behaviour is aggressive, disorganized, disruptive or unsafe, should not travel by air. Acutely disturbed or psychotic patients should not travel in an aircraft. Patients with psychotic disorders who are stabilized on medication and are accompanied by a knowledgeable companion may be able to fly with airline permission, but any condition which may be exacerbated by the flight environment, or any unstable condition with a risk of deterioration prejudicial to the passenger or the flight, is contraindicated. Safety implications dictate that psychiatric disorders need to be stable and controlled before embarkation can be considered.

People with early dementia are particularly likely to become disorientated in airports. In 40% of these early cases some measure of agitation, sleep disturbance, wandering, increased irritability and aggression is apparent. Locational change tends to increase their mental instability and they should be discouraged from participating in holidays with an ever-changing environment such as cruise, coach or, train tours. If they do travel, anti-psychotic medic-tion should be reviewed before departure. They should travel with a companion -now mandatory on cruise ships -and provisional emergency plans should be in place for unwanted illness in the accompanying person.

Case Histories.

1 - A 75 year old man had travelled alone to Australia despite a diagnosis of senile dementia. His visit to family was successful but on the return, tired, dehydrated and confused, he became disturbed and wandered around Heathrow for many hours while transferring between aeroplanes. Totally disorientated, he missed his onward flight and was only identi-fied as ill and lost by a patrolling policeman, after the last flight of the day had departed. He never fully recovered his former cognitive state and was institutionalised when he finally arrived in his home town.

2 - An elderly couple joined a fly/coach tour through Bulgaria, an ill-advised destination as they had never previously travelled beyond Margate. He had dementia and was wholly dependent on her surveillance and support. She became unwell en route and he wandered off without her at the first coach stop beyond the frontier. Fellow passengers and police searched for him for 2 hours before he was discovered. For the remainder of the tour, the couple never left the coach on any of its many stops and had to be escort-ed by volunteers from coach to hotel. He became increasingly agitated and quite aggressive as the jour-ney continued with an ever-changing environment and she was incapable of meeting his needs. This vacation was completely unsuited to their requirements. With foresight and planning he would have managed within his capabilities, if they had chosen a conventional resort holiday with a stay in one place.

3 - An 80 year old lady booked herself on a cruise crossing the Atlantic. Her aberrant conduct was not appreciated until the ship was south of the Azores and 5 days away from the next port of call, where her con-duct necessitated premature disembarkation. Often disorientated in time and place, she wandered round the ship entering locations forbidden to passengers. Initially quiet and assuming, staff and passengers tolerated her behavioural peccadillos and would redirect her to cabin or lounge. The ship offered a free drink package to passengers and she began to haunt the bars consuming alcohol to excess. She became noisy and truculent and began to vocally and physically abuse crew members concerned for her well- being and safety. Environmental change and alcohol consumption had destabilised her Alzheimer's disease status and she should not have ventured on a ship with its hostile environment for those with mental illness.

Management of agitated, confused and cognitively impaired travellers

"Fitness-to-fly" should be considered on an individual basis and travel health professionals should seek expert advice if there is uncertainty. Accepted personal freedom and right to travel of the affected individual must be balanced against those of other passengers and safety considerations.

Travel health professionals should:

- Have an understanding of passengers' previous experiences and anxieties regarding transportation, en voyage and in transit and recognise that these travellers are at higher health risk.
- Knowledge of psychological aspects of air travel, the specifics of worry experience and anxiety-provoking situations should inform management and direct pretravel advice, to minimise psychological and physiological stress.
- Should be aware of the psychological manifestations which can affect the global older traveller and particularly those with early manifestations of mental disorder.

- Should identify potential problems and offer solutions in pre-travel consultation.
- Consider destination travel route and transportation mode and discuss likely problems.

Advice for carer and health professional

Recognise travel-related anxieties and talk to the person about what would work best for them.

- In *cars* the affected person with dementia should sit directly behind the driver so he/ she cannot see the road ahead to reduce anxiety reactions to forward travel.
  Some mentally impaired people prefer to lie down on the back seat, or even cover up so they cannot see where they are going. A contrasting colour blanket on the seat of the car will help mark out where the seat begins and help with balance. Taxi and coach drivers should be apprised about the dementia.
- *Air travel*. Medif information form should be completed prior to travel by air and given to airline.
  Person and carer should plan the journey well in advance, allow plenty of time for transport check-in and transfers and request assisted transportation by wheelchair or electric car travel in airports on booking.

Traveller should seek alternatives to air transport when possible or:

- Use direct, day time flights.
- Book into airline courtesy lounges.
- Travel in best affordable class.
- Book into local hotel accommodation the night prior to departure.
- Assume delay and take emergency food and water.
- Avoid air travel in winter, the strike season and round public holidays.
- Use relaxation techniques or distraction, such as reading or listening to music.
- The *cruise* line should be advised of impaired
  mental status on booking and the traveller must have a companion. Staff have special training on how to deal with people with mild degrees of mental impairment. Personal assistance on day of travel should be sought at stations, airports and shipping terminals.[11]

Summary

Many people with confusional states and early dementia are travelling the world. They can be a danger to themselves and others but most travel safely. Fellow passengers are tolerant and air and ships crews are trained in their management. Ideally they should travel with a companion and use good preplanning to anticipate problems, take travel health professional advice and utilise support services where available.

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