



TRAVELLING WITH DEMENTIA

New Zealanders like to travel a lot! About 25 per cent of our citizens over 65 were born overseas and often want to return home, perhaps for one last visit. Once they have a diagnosis of dementia people in the early stages of the disease will be keen to live life to the full and this is likely to involve travel.

Leaving New Zealand usually involves flying and most trips are long, involving many time zones and stopovers. This is stressful for most people, but may be more so for the person with dementia and their companion.

Considerations before travel

First you need to consider whether you really want to travel. Have previous trips with the person with dementia gone well, or has it been difficult for them to leave familiar surroundings? How do they cope now when away from home? It may be a good idea to go away for a local trip and see how things go after 3 or 4 hours in the confined space of a car or a bus and staying in strange accommodation. It might be better for the caregiver, spouse or partner to go away alone or with someone else rather than not enjoying a trip with someone who soon forgets all about it. The person with dementia should be in the best possible physical and mental health before travelling

Planning the journey

Make sure travel arrangements are watertight at all stages, especially at the other end of the journey; pre-book pick-up arrangements at the destination airport. Ensure that the person with dementia knows what is happening and carries an itinerary with them. Fill in forms before getting to the airport. Have a back-up plan if the person gets lost.

Maximum air travel time should be 3-4 hours (avoiding long-haul flights if possible) with about 3 hours time difference to prevent jet lag. It is best to travel during daylight. Plan to sleep at the destination and have the person with dementia take hypnotic medication, if the GP recommends this.

The travelling companion

It is vital to the person with dementia travels with a companion they trust. The worst thing that can happen to a person with dementia is being put on a plane in one country, but getting confused somewhere on the way and becoming distressed or lost before they got to their destination. The most useful quality in a travelling companion is the ability to stay calm under all circumstances.

The airline

Airline staff really only need to know about the condition if there are likely to be problems interfering with self-care or causing stress to others. Re-book assistance if the person with dementia is travelling alone. Ask for an aisle seat, close to the toilet if necessary, and if possible get on first and get off last.

Avoid "air-terminal stress"

Make sure you have easy connections – no rushing through the airport – between flights and as few connections as possible. Do not travel with a group as it is difficult to keep up. Try to spend time in quiet parts of the airport, such as the Business Lounge or the chapel.

Information

The person with dementia should carry their own and companion's details, home address and where they are staying on arrival. Carry a doctor's letter with clinical information about general health and medications as well as the dementia, including how to contact the doctor. If you have prescribed medication for emergencies (e.g. for agitation) make sure you have instructions on how to use it.

Medical

Learn to recognise delirium (acute confusion) and know how to prevent it. This may require some education from healthcare staff before travelling. Common causes in this situation are dehydration, alcohol, lack of oxygen and sleep or sensory overload.

On the plane

Follow the usual rules for healthy flying. Make sure you drink plenty of fluids. Avoid alcohol; it dehydrates as well as increasing confusion in even small amounts, especially at high altitudes. Eat regularly. Hunger may cause the person with dementia to get agitated or restless. It is a good idea to take your own supplies of food and fluids onboard as well..

On a long flight, exercise around the cabin will reduce physical discomfort and Deep Vein Thrombosis (DVT) risk. On the plane the toilets are too small for two people, so the person with dementia will need to be able to manage for themselves. Flight assistants cannot assist with meals, personal hygiene or the administration of medication.

On arrival

The airline may be able to assist you to get quickly through immigration and customs. A strange, large airport can be disorientating for anyone but may be particularly difficult for the person with dementia.

Travel insurance and fitness to travel

Travel insurance does not cover dementia per se, but is usually sufficient for medical illnesses that may occur in addition. The airlines ask that people with conditions that might make flying problematic be reviewed by their GP.

References and further reading:

Louw, D. and Chan, D. (2002) Air travel and older people *Age and Ageing* 31: 17-22

Dowdall, N. (2000) "Is there a doctor on the aircraft?" Top 10 in flight emergencies *British Medical Journal* 321:1336-1337

Alzheimers New Zealand has a range of information sheets and booklets available for people with dementia, their carers, families and whānau. Alzheimers member organisations located throughout New Zealand provide a variety of services and support to all people affected by dementia. Contact your local organisation on freephone 0800 004 001.

This information sheet provides a general summary only of the subject matter covered and is not a substitute for informed professional advice. Any person with dementia or their carer or family/whānau should seek professional advice about any individual case. Alzheimers New Zealand is not be liable for any error or omission in this publication, as a result of negligence or otherwise. This information sheet was produced in March 2010.

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