MENTAL ILLNESS:
adventure travel pre-trip preparation

For the use of medical practitioners only (Dr Jim Duff, 28/07/2011)

These notes are to aid the assessment and preparation of a patient with a mental illness who is intending to undertake an adventure holiday in a wilderness setting. It will help to:

- Assess their suitability for a wilderness/adventure holiday
- Reduce the possibility of a serious mental breakdown on such a trip
- Reduce the risk to their companions from a serious mental breakdown
- Ensure your patient and their partner or the trip leader have the skill and means to direct their treatment in an emergency.

This advice assumes the person is otherwise well physically and has no coexisting chronic conditions such as asthma, cardiovascular disease, diabetes, epilepsy, etc (if they do, each condition needs individual assessment).

If you have any doubts about their suitability for a particular trip, a psychiatrist's advice should be sought. Ideally they should be accompanied by someone who knows them well, understands their problem and its treatment, and is prepared to call off their trip to escort them home if a problem arises.

PRE-DEPARTURE ASSESSMENT AND PREPARATION

The best indication of how your patient will respond to wilderness/adventure travel is their past history in similar situations. The proposed itinerary and activities should be reviewed in the light of this and the following information.

1) General considerations

- Serious mental and emotional episodes can be very difficult to deal with in a remote setting.
- Adventure travel is not a way for people to 'sort themselves out'.
- Remote travel away from familiar situations can destabilize even 'normal' psyches.
- A past record of remote travel is a positive indication as long as your patient's problems have not increased since then.
- Some malarial prophylactic medications can provoke psychotic behaviour.

2) Specific problems

- **Depression** is not a contraindication if it has been treated and the patient is now stable and symptom-free.
- **Psychotic illness**, **severe anxiety states**, **paranoid tendencies** and **schizophrenia** are absolute contraindications even if currently stable, as a relapse in a remote area can be very difficult to manage for even experienced doctors with the necessary medication.
- **Bipolar disorder:** this covers a whole spectrum of disability; some sufferers have gone on remote trips but only after careful assessment. The manic phase of bipolar disorder is the problem and a history of hospitalisations for this is a contra-indication.
- **Addiction** to alcohol or recreational drugs can be a problem and is often undiagnosed or not admitted. On holiday people often indulge in illegal psychotropic drugs.

- **Anorexic** travellers can be distressing for other participants and the patient's physical stamina and mental stability are questionable. It is a relative contra-indication.
- **Bulimia** is a relative contraindication.
- "**PUTA**" (Psychologically Unfit to Travel in Asia, Altitude, Anywhere): this 'condition' is hard to predict before departure and can affect even 'normal' people. It is brought on by being in a strange country, far from home and its routines and certainties. It may manifest itself on holiday in any number of ways including depression, anxiety, social withdrawal, insomnia or somatization disorder. The patient often feels immediately better on being told to go home.

3) Review medications

- Antimalarials (especially mefloquine) can trigger psychotic episodes especially in people with pre-existing disorders.
- Anti-depressants are usually ok if the patient is well established on treatment.
- Anti-psychotic medications have numerous adverse effects.
- The need to change medication or dose within three months prior to departure is a relative contra indication.

4) May they go?

- If you have any doubts about your patient's stability, consult their psychiatrist.
- With consent, talk to the travel company to get an idea of what the trip entails.
- Will they be accompanied by a family member or friend? Will there be a doctor on the trip?
- Apply the **'tent test'**: ask yourself, "Would I be happy to be in a tent/room/vehicle for two or three weeks with this person"?
- Is your patient happy to openly discuss their problem, ie with sales staff or trip leaders? If not, this is a relative contraindication.
- Talk the situation through with your patient, perhaps suggesting a less challenging alternative.
- Warn your patient not to change their medication and to see you if their condition worsens before departure.
- If you are still unsure contact Dr Jim Duff (jduff@worldexpeditions.com.au).

5) Pre-departure check list

- Written medical history with current medication, plus phone numbers of their doctor(s).
- They should carry a supply of their medication in hand baggage while flying
- A written list of warning symptoms and signs should be carried along with an agreed plan of action. This is to be shared with a companion and the leader.
- Consider providing a suitable medication to control a severe exacerbation of symptoms along with clear instructions. These should be given to companion or leader.
- They must agree to leave the trip if their behaviour becomes unmanageable.