Travelling with IBD: Hazards, hints & health

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Conclusion: immunocompromised patients often travel to high-risk destinations with limited or inadequate pre-travel preparations.
If you suffer from IBD, travel can be a little trickier
&
Safety a little more challenging
If you suffer from IBD, travel can be a little trickier & safety a little more challenging. Be adventurous, be prepared, be safe.
What are the main issues in travelling with IBD?

• Maintaining health
• Maintaining safety
• Maintaining medications
Maintaining health

IBD associated concerns

- Relapse & exacerbation of symptoms
- Deep Vein Thrombosis
- Sunburn!
Maintaining health-relapse

- Acquiring gut infections
- Forgetting to take medications
- Running out of medications
- Change in dietary habits
- Stress from unfamiliar environments may initiate symptoms
‘my holiday snaps’
The issue of travellers diarrhoea

- **HIGH risk** (diarrhoea rates = 40%)
  Latin America, Africa, Southern Asia

- **Moderate risk** (diarrhoea rates = 5-18%)
  China, Russia, Middle east, Caribbean, South Africa, Thailand, South Pacific, Southern cone of South America

- **Low risk** (diarrhoea rates = <4 %)
  US, Canada, Northwest Europe, Japan, NZ
IBD flare vs Infection (travellers diarrhea) 

Travellers diarrhea from unclean food may not only initiate a flare but may also lead to the wrong diagnosis of an exacerbation of IBD and then unnecessary (and potentially harmful) self treatment.
Prevention

- Travel when well
- Plan.....ahead!
- Hints and tips
- Travel doctor
- Be SENSIBLE- not all destinations are suitable

Management

- consider taking a travellers diarrhoea kit
- Be prepared to seek assistance
A word on Deep Vein Thrombosis (DVT)

- Long haul travel
- People with IBD have three times more risk of developing DVT than the general population (Nguyen et al. Consensus statements on the risk, prevention and treatment of venous thromboembolism in Inflammatory bowel disease: Canadian association of Gastroenterology. Gastroenterology 2014; 146; 835-848)

- Flare......................increased platelets
- Recent surgery........decreased mobility

- Other risks
  - Family history or previous personal history
  - Taking the pill or HRT
  - Obesity, pregnancy, medical co-morbidities ie cardiac

Plan, Prevent, Know the signs & symptoms
Maintaining safety - the risk of immune suppression

- Opportunistic infections
  - Exposure to infections not commonly seen in Australia
  - Vaccination issues
  - Northern Hemisphere flu season

- Behavioural risks - as a traveller you may have more relaxed attitudes & therefore greater exposure to risky sexual contact, unclean tattooing, substance abuse & unsafe needles
What do we classify as immune-compromising medications?

- Prednisolone
- Methotrexate
- Thiopurines - Azathioprine, Mercaptopurine
- Anti-TNF’s - Infliximab (Remicade®), Adalimumab (Humira®)
- Anti-integrins - Vedolizumab (Entyvio®)
Let’s name them......

- **TUBERCULOSIS** - concerns with Remicade/Humira/Vedolizumab particularly
- **YELLOW FEVER** - ‘live’ vaccine issues
- **MALARIA** - diarrhoea from preventatives & possible interaction between IBD meds & antimalarials
- **OTHERS** - hepatitis, typhoid, cholera, a number of worms acquired through soil, sand & freshwater....travel doctor
Maintaining medications

- What should I take with me?
  - Everything prescribed!
  - Travellers diarrhoea kit
  - Prednisolone for emergency
  - Original packaging
  - Letter re medications
  - Consider organizing contacts with IBD health professionals
PBS subsidized medications

- Do-able...with limitations
- Plan ahead ++++
- Reciprocal rights
- Maintaining the cold chain
Useful tips

- Insurance: travel when well and plan early - may be more complicated
- Travel doctors
- Websites: IBD Passport, GESA
- Brochures: RAH