

Letters to the Editor

Helping Adults With Dementia Travel by Air

Original Article: Medical Advice for Commercial Air Travel

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See additional reader comments at: <https://www.aafp.org/afp/2021/1000/p403.html>

To the Editor: Drs. Powell-Dunford and Adams noted in their article that many air travelers are adults who may have multiple medical conditions potentially affected by flight. I want to highlight another disease, dementia, that may influence airline travel, is common among older adults, and that primary care physicians are more commonly treating.

Patients with dementia and their caregivers may ask their physician for advice about air travel, although few physicians have received training in this area.¹ The Transportation Security Administration and the U.S. Department of Transportation offer guidance about ways to prepare for checkpoints and assistance that may be available at the airport.^{2,3} Flight attendants may have limits with which activities they are able to assist, so extra planning around certain functional needs (e.g., toileting, eating), additional preparation before travel, and arranging an accompanying caregiver are often necessary.

Multiple planning documents may be useful or needed. A complete medication list with directions, particularly for longer flights, can be helpful when passing through security checks and if the traveler requires any medical assistance.^{1,4} A list of emergency contacts, and possibly a copy of advanced directives, should also be available.

Flying may be delirigenic because of pressure changes, noise, humidity, and time shifts.^{4,5} For long flights, anticholinergic medications prescribed in anticipation of incontinence may worsen cognition or precipitate delirium. Medications sometimes used to assist with time shifts, such as diphenhydramine (Benadryl), z-drugs, and benzodiazepines, are listed on the American Geriatrics Society Beers Criteria and should be avoided.⁶ Alcohol should also be avoided because of possible cognitive effects. Melatonin has limited supporting evidence but may be considered.⁴ If

significant time shifts for long flights are expected, environmental cues and shifting medication times can assist with adjusting a patient's circadian rhythm. Careful planning, such as seating arrangement, noise reduction, activities, and adjusting sleep schedules before a flight may be necessary.⁴

Dementia should not prevent adults from enjoying travel and visiting family and friends. Primary care physicians can advocate for their patients and families by providing trusted guidance, recommendations, and assurance before travel.

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In Reply: I thank Dr. Rosenstein, who makes an important and well-referenced observation about dementia and air travel, for the insightful feedback. In particular, benzodiazepines, cited in the American Geriatrics Society Beers Criteria, should be avoided.¹ Family physicians can play a vital role for their patients when considering the effects of flight on dementia and when performing the mitigation measures described by Dr. Rosenstein.

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Reference

1. 2019 American Geriatrics Society Beers Criteria® Update Expert Panel. American Geriatrics Society 2019 updated AGS Beers Criteria® for potentially inappropriate medication use in older adults. *J Am Geriatr Soc*. 2019;67(4):674-694. ■

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