



# Travelling with medications

## Some lessons learned

Travelling with medication overseas can require additional care and thought in case the medication is lost or stolen. There are basic steps to follow to ensure medications can be easily replaced while overseas. This article outlines some valuable lessons learned from one patient's experience.

**Recently a patient shared the following experience concerning travelling in Europe. I was sufficiently impressed by the story to offer it as a timely lesson for our patients who are travellers, are dependent on their medications, and are moving through countries in which English is not the national language.**

What finally motivated the preparation of this article was that two of his medications dispensed overseas showed an innovation that I had never seen before, but thought was a fabulous idea.

### The experience

The patient provided the following description of his experience. 'While travelling in Italy recently I was unfortunate to have a small bag stolen. I had put it down at my feet with a larger bag while consulting a notice board about train timetables. The scene was a fairly busy railway station in the city of Bergamo, Italy. My wife and I were approached by two women seeking help. While distracted, both my small bag and one of the women disappeared in the crowded station.

Perhaps the most significant thing in this bag was my medications for the remaining week of my travels. I take Tenormin 50 mg, Diltiazem (vasocardol) 180 mg, Zocor 40 mg and half an aspirin daily, and at the time I was taking Neurontin 600 mg and Tofranil 25 mg. All these, plus the original prescriptions, had disappeared along with my bag.

So, what to do? We were in a strange city, my Italian was useful but limited, and English was not widely spoken; Bergamo not being on the regular tourist itinerary. Our hotel people and the police were helpful and advised me to go to the hospital.

I listed the medications I needed, someone was found who spoke reasonable English, and within about half an hour, the necessary medications were supplied by the emergency department in quantities sufficient to get me home, and for some medications, considerably more than that. No questions were asked and no payment

was involved. Indeed they were concerned about their city gaining a bad name for such incidents, perpetrated, as they claimed, not by local people but by the 'floating population'.

### Lessons to be learned

The experiences recounted indicate a number of important lessons, which we, as both clinicians and advisors, should impart to our patients who are about to travel overseas. This is especially important for patients who are dependent on their medications, be they antiepileptic medications, cardiac therapy or diabetic treatment.

The first and foremost message is to keep multiple copies of the names of medications, the dosages, regimen and diagnoses. These should be separated so that, should a bag go missing, as described above, or simply be mislaid or delayed by carriers, there is no doubt what is required and why. The patient in this case knew his medications but this is not always so. It is extremely helpful to have these listed and perhaps three copies kept, one with travel documents, one in a separate compartment in hand luggage, and one in the main suitcase.

From the description provided, only one of the generic names of the medications was recorded. Not all countries use the same 'trade names' as used in Australia and hence both trade and generic names should be listed, as was done by the patient with respect to Diltiazem (vasocardol). The generic names are far more internationally recognisable than trade names and it is advisable to record both plus tablet dose as this also is not universal, even for the same product from the same company.

It is also ill advised to keep all medications within a single piece of luggage. Medications should be split into at least two sets so that if there is a mishap, the patient is not left pharmaceutically destitute. If the patient carries medications split into at least two sets it follows that there should always be a remaining supply available. It behoves the traveller to carry significantly more medication than would be necessitated by the itinerary, as delays and

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Patient experiencing the described event.

unforeseen circumstances do occur. This advice is relevant even if the patient is on a day trip in Australia, as was encountered with one of my patients some years ago.

A salient lesson is to be acutely aware of one's possessions when travelling. In this instance, the patient was approached by two benign looking women, one of whom acted as a decoy while the other stole possessions. The patient was subsequently advised that this was a common practice throughout parts of Europe.

The considerable goodwill displayed by the hospital in resupplying the patient without cost provides a further lesson. Doing this with a sense of kindness and empathy was greatly appreciated. Unfortunately no city is immune from thieves and vagabonds and, while I am unsure how Australian cities and hospitals would respond, the negative feeling this patient felt for his surroundings was dissipated by the generosity and compassion shown to him. Theft of medication is not an every day event, and the cost incurred by the state would be minimal, but the kindness shown to this patient was sufficient for him to bring it to my attention.

Perhaps the most fascinating lesson learned related to the packaging of the medications supplied. The patient showed me the packaging of the Neurontin and Tofranil and both boxes, which contained pop-out strips of medication, had in their surface, the extrusions, in Braille, of what I presume to be the names of the medication. This is something I have never seen before and believe to be highly innovative and of great assistance to visually impaired patients. This was an idea I thought could be duplicated in Australia where the pharmaceutical industry may offer Australian patients similar courtesy.

## Additional lessons

Patients travelling overseas should be referred to the Department of Foreign Affairs and Trade (DFAT), the Health Insurance Commission (HIC) and other potential websites for additional travel information (see *Resources*).

It may behove patients to carry a letter prepared by their doctor to advise diagnoses, management and any idiosyncratic characteristics, such as allergies. Again it

would be sensible to carry photocopies of these letters, together with photocopies of travel documents, credit cards, aeroplane tickets and any vital correspondence or vouchers in more than one place (most efficiently with the split medications).

Some might advise the patient to go to a local doctor, upmarket hotel or seek embassy advice rather than attend a local hospital. The counterargument is that in a situation in which the traveller finds him/herself off the beaten track, the local hospital is more likely to have English speaking staff and ready access to needed medications. It may be advisable, if knowing where the majority of time will be spent, to contact a local doctor or pharmacist – if only by letter before leaving, especially if one is dependent on specific therapies. If need for specialist contact is anticipated it may be worthwhile pre-empting this with correspondence to such a specialist before departure. This may never be needed but such is the nature of insurance.

It may also be wise to carry an original prescription for the medication. Some countries will honour overseas prescriptions. A letter from a doctor may also assist when taking drugs through Customs to confirm bonafide medical status.

## Conclusion

While the above experience could have been perceived as negative, there were very positive lessons generated and it is appropriate, at this time of year, when travel in Europe is particularly popular, to publicise them. Patients should keep multiple lists of their medications, dosages, regimen and diagnoses, using both generic and trade names, and separate both the lists and medications to obviate losses. They should carry more medication than they expect to need and always should be vigilant against unscrupulous individuals. It is also advisable to keep separated copies of passports, travel documents, credit cards and contact details as these can assist with replacements if required. It is worth pre-empting travel and contacting overseas doctors, taking prescriptions for vital medications, and keeping copies of important documents in at least two places. A letter from the treating doctor may assist with potential problems with

Customs officials.

Finally, the idea of identifying boxes of medications by use of Braille seems an innovative concept which deserves further consideration.

## Resources

- [www.smartraveller.com.au](http://www.smartraveller.com.au)
- [www.nlm.nih.gov/medlineplus/druginformation.html](http://www.nlm.nih.gov/medlineplus/druginformation.html)

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