Asthma & Breathing Problems

Introduction

Asthma is often better in those with the condition who travel from the UK to other countries, but this is not always the case. If you are staying in large cities where pollution levels are high, your symptoms may get worse. Examples include Cairo, Lagos, La Paz, Mumbai, Kathmandu and Mexico City. Sometimes dust associated with dry climates, sudden changes in temperature, pollens of certain plants or crops, or moulds associated with monsoon rains can trigger an attack.

If one or more of the following applies to you, please follow the guidelines listed below:

- You are on inhaled steroids on a regular basis e.g. Clenil, Qvar, Pulmicort, Flixotide, Seretide. These are UK branded inhaler names and inhaled steroids are likely to have different brand names in other countries. Common steroid ingredients for inhalers include fluticasone, beclometasone or budesonide. If in doubt, check with your doctor.

- You require your bronchodilator e.g. salbutamol (Ventolin), terbutaline (Bricanyl) at least once per day.

- You have been admitted to hospital for asthma over the last 5 years.

- You have needed a nebuliser or spacer device (Volumatic or Aerochamber) over the last 5 years.

- You have been prescribed a course of oral steroids over the last 5 years.

What guidelines should I follow?

1. Discuss a self-treatment plan with your doctor or asthma specialist. This is especially important if you are unlikely to have access to reliable health care when abroad. Your plan should include:
   - Assessing the likely risks from pollution, climate and any other factors (such as allergies) that might worsen your asthma.
   - Agreeing how to assess your asthma, usually by using a peak flow meter as well as monitoring your symptoms.
   - Setting appropriate thresholds for increasing your treatment, such as deciding what symptoms or peak flow reading would cause you to double your inhaler dose.

2. Take adequate supplies of all your medications (including spacer devices and stand-by courses of steroids and/or antibiotics if you have needed them over the last 3 years) to cover the whole duration of your stay overseas, unless this is longer than 6 months. Keep one set of supplies with you at all times.

3. Those on inhaled steroids should normally be immunised against influenza in addition to travel vaccines required for your journey. Discuss this with your doctor.
4. Obtain a doctor’s letter explaining that all the medication you are carrying is for your own personal use to treat asthma. This should be on headed note paper and be signed, dated and stamped by your doctor.

5. Divide your asthma supplies between your hand luggage and the rest of your luggage in the hold. This helps to minimise the risk of losing all your supplies in the unlikely event of your main luggage going missing. If your supplies are stolen or you start running out, try to obtain supplies from the best locally available pharmacy or email home.

6. If travelling as an employee or volunteer, inform your team leader of your condition (and any other key people who are taking responsibility for you e.g. local host or placement supervisor) in case you have a severe attack and require emergency treatment.

7. As soon as possible after arrival, identify the most appropriate local health facility. The most likely people to be able to advise you are your team leader, employer, local host and expatriates.

8. You won’t usually need to take a nebuliser overseas, as large volume spacing devices are just as effective for most people. Discuss this with your asthma specialist if you have needed to use either in the past 5 years. Nebulisers can be adapted to work on car batteries or mains. If using a spacer device, follow instructions carefully to keep it clean and functioning effectively.

9. Make sure that your health insurance covers any pre-existing conditions including asthma.

Asthma and altitude

People with well controlled asthma usually cope perfectly well at high altitude. However dry air, changes in temperature, dust or unaccustomed exertion may trigger an attack. Take extra care if you have a respiratory infection, and start antibiotics early. Consider travelling by land rather than flying direct into a high altitude airport, or fly into a lower airport and acclimatise for a day or two first. Altitude sickness itself is no commoner in those with asthma than in anyone else. Those for whom house dust mites are a trigger for asthma may well find that their asthma improves at altitude.

Asthma and pollution

The effects of pollution can vary from person to person. High levels of particulate matter, sulphur dioxide, or ozone can worsen asthma. Monitor symptoms carefully. In some cases you may need to plan your day so as to avoid the higher pollution levels, which build up during the day. For example, you could exercise indoors and arrange visits for the mornings only. Make use of local weather information, which may include a daily pollution indicator. The specific location you are staying in can be important as levels of pollution vary within cities. If there is an industrial area of the city, try to find accommodation upwind of the prevailing wind direction.

Chronic Obstructive Pulmonary disease (COPD)

Many of the guidelines for asthma also apply for COPD. You will need to plan your trip with special caution. It is important to check with your doctor that they feel it is safe for you to fly. If you need oxygen this can usually be arranged in discussion with your specialist and with the airline. Rest times, good quality hotels, having access to good health care and taking all the supplies you need
will be especially important. Your doctor may recommend a standby course of antibiotics and steroids.

**Asthma and immunisations**

People with asthma who are also on inhaled steroids are recommended to have an annual vaccine against influenza (‘flu) in the UK in addition to the other travel vaccines related to their destination. Other countries vary in their guidelines, for example the Centers for Disease Control and Prevention (CDC) agency in the United States currently recommends that all people with asthma have an influenza vaccine. Those with COPD should have both an influenza vaccine and a vaccine against pneumococcus which protects against some of the common causes of pneumonia.

**Further Guidance and Information**

You may find some of our other resources useful. These are also available on our website:

- Air Pollution (Outdoor)
- Extreme cold - keeping warm

**Sources**

- *Going on holiday booklet*, British Lung Foundation, accessed on 14 December 2016 [https://www.blf.org.uk/support-for-you/going-on-holiday](https://www.blf.org.uk/support-for-you/going-on-holiday)
- *Asthma UK*, general advice for patients about managing asthma, accessed on 14 December 2016 [https://www.asthma.org.uk/](https://www.asthma.org.uk/)

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