

LIVESAY EXPEDITIONS & ADVENTURES

Self-Treatable Diseases

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Despite our best efforts at helping to prevent illness, travelers will often become ill while traveling. Obtaining reliable and timely medical care can be problematic in many destinations. As a result, prescribing certain medications in advance can empower the traveler to self-diagnose and treat common health problems. During an activity in a remote setting, such as trekking, the only alternative to self-treatment would be no treatment. In some developing countries, appropriate pre-travel counseling may result in a more accurate diagnosis and treatment than relying on local medical care. In addition, the increasing awareness of counterfeit drugs in pharmacies in the developing world (as many as 20%–30% of the drugs on the shelves) makes it more important for travelers to carry reliable drugs from their own country.

Providing education and prescriptions is part of the pre-travel consultation. The key aspect to this strategy is to recognize which travelers may be at risk and to educate them as to the diagnosis and treatment of the particular illness. The keys to successful self-treatment strategies are providing a simple disease definition, providing one choice of treatment, and educating the traveler about the expected outcome of treatment. Using travelers' diarrhea as an example, one could provide the following advice:

- Travelers' diarrhea is defined as "the sudden onset of relatively uncomfortable diarrhea."
- The treatment is ciprofloxacin 500 mg every 12 hours for 1 day (two doses).
- The traveler should feel better within 6 to 24 hours.

To minimize the potential negative effects of a self-treatment strategy, the recommendations should follow a few key points:

- Drugs used must be safe, well tolerated, and effective for use as self-treatment.
- A drug's toxicity or potential for harm, if used incorrectly or in an overdose situation, should be minimal.
- Good directions are critical. Consider providing simple but clear handouts describing how to use the drugs. Keeping the directions simple will greatly increase the effectiveness of the strategy.

Following are some of the most common situations in which people would find self-treatment useful. The extent of self-treatment recommendations offered to the traveler should reflect the remoteness and difficulty of travel and the availability of reliable medical care at the particular destination. The recommended self-treatment options for each disease are provided in the designated section of the Yellow Book.

Travelers' diarrhea (TD) is perhaps most frequent indication for self-treatment. The success of this strategy is based on the epidemiologic evidence that bacterial pathogens account for more than 90% of TD in short-term travelers. The recognition of antibiotic resistance for certain organisms in specific destinations has made the empiric choice of treatment somewhat more problematic in recent times (see the [Travelers' Diarrhea](#) section next in this chapter).

Altitude illness or acute mountain sickness (AMS) is a risk for travelers who ascend rapidly to altitudes >8,000 ft (2,440 m). Certain common travel destinations, such as Cuzco, Peru, or Lhasa,

Tibet, involve flying to altitudes of 11,300 ft (3,445 m) or 12,700 ft (3,870 m). The symptoms of headache, anorexia, nausea, fatigue, lassitude, and poor sleep can largely be prevented or treated with acetazolamide (see the [Altitude Illness](#) section later in this chapter).

Jet lag affects almost everyone who crosses three or more time zones. There is no consensus on the optimal pharmacologic treatment or prevention of the symptoms of jet lag, but sleeping medication taken at the destination may help regularize sleep patterns (see the [Jet Lag](#) section later in this chapter).

Motion sickness can be a major deterrent to enjoyment for any susceptible person on a boat or a winding road. Premedication may help alleviate or ameliorate this bothersome syndrome (see the [Motion Sickness](#) section later in this chapter).

The self-treatment of suspected **respiratory infections** with empiric antibiotics is controversial. Almost all upper respiratory tract infections are initially caused by viruses. However, these viral infections, under the stress of travel, can lead to bacterial sinusitis, bronchitis or pneumonia. Respiratory infections that last longer than a week without signs of improvement may require empiric antibiotics for recovery. Prolonged respiratory infections may have more of a negative impact on a trip than diarrheal disease (see the [Respiratory Infections](#) section later in this chapter).

Bacterial skin infections are not common among travelers, but when they occur, they can be particularly distressing. Bacterial abscesses or cellulitis can worsen rapidly and be very painful. If the traveler is in a remote area or even more than a day's travel from medical care, the use of empiric antibiotic treatment can be extremely beneficial (see the [Skin and Soft Tissue Infections in Returned Travelers](#) section in Chapter 4).

Urinary tract infections are common among many women, and carrying an antibiotic for empiric treatment of this condition may be valuable in many circumstances.

Vaginal yeast infections in women can be a very annoying and debilitating problem. For women who know they are prone to infections, all sexually active women, and those who may be receiving antibiotics for other reasons, including doxycycline for antimalarial prophylaxis, a self-treatment course of their preferred antifungal medication can be prescribed.

Occupational/HIV needlestick is a particular risk to those participating in medical-related activities. Every year thousands of such individuals are now working in areas of sub-Saharan Africa, where the HIV prevalence may be higher than 15%–20%. A significant needlestick in this setting should prompt immediate wound care and the possible use of antiretroviral medications (see the [Occupational Exposure to HIV](#) section later in this chapter).

Malaria self-treatment is often referred to as stand-by emergency treatment (SBET). This strategy asks the traveler to use a therapeutic dose of an appropriate antimalarial drug when the traveler has a significant fever accompanied by systemic illness, and then proceed to reliable medical care within 24 hours. The goal is to prevent death or severe malaria. Since most travelers at risk of malaria should be advised to use prophylactic medication, this strategy is usually discouraged and reserved for a specific type of traveler under certain defined circumstances (see the [Malaria](#) section earlier in this chapter).