

Morbidity in elderly travelers during a short-term stay abroad, a prospective cohort study

Published: 18-05-2016

Last updated: 15-05-2024

The objective of this study is to determine frequency, duration and morbidity of (travel-related) health problems and/or exacerbations of underlying illnesses among Dutch travelers of 60 years and older visiting (sub)tropical destinations for a...

Ethical review	Approved WMO
Status	Recruitment stopped
Health condition type	Other condition
Study type	Observational invasive

Summary

ID

NL-OMON43674

Source

ToetsingOnline

Brief title

ELDEST study

Condition

- Other condition

Synonym

exacerbation of age-related diseases during travel

Health condition

Infecties, verergering onderliggend medisch lijden

Research involving

Human

Sponsors and support

Primary sponsor: Leids Universitair Medisch Centrum

Source(s) of monetary or material Support: International Society of Travel Medicine (ISTM) Research Award en project afdeling infectieziekten

Intervention

Keyword: Elderly, Foreign travel, Health complaints, Polypharmacy

Outcome measures

Primary outcome

The main endpoints of the primary objective are the occurrence, duration in days and morbidity of an acquired illness during travel and four weeks after return. The focus will be on different type of health complaints:

- Fever
- Gastrointestinal
- Respiratory
- Dermatological
- Cardiovascular
- Genitourinary tract

Other endpoints of the objective are:

- Hand grip strength in kilograms before travel (vitality).
- Patient-reported health before, during and after travel (SF-36 and Charlson Comorbidity Index).
- Independence in activities of daily living (Katz-ADL).
- Cognitive functioning before travel (6CIT).

Secondary outcome

2 - Morbidity in elderly travelers during a short-term stay abroad, a prospective co ... 12-05-2025

- Frequency of medical conditions before travel (e.g. diabetes mellitus, COPD, cardiovascular disease)
- Frequency of medication use before travel
- Number of medicines used before travel (e.g. polypharmacy)
- Frequency of infectious or non-infectious illnesses during travel or in the Netherlands until four weeks after return
- Frequency of a new medical condition or an exacerbation of underlying medical condition during travel or in the Netherlands until four weeks after return
- Percentage of medication adjustments during travel and four weeks or in the Netherlands until four weeks after return
- Frequency of self-reported compliance with prescribed antimalarials during travel
- Frequency of doctor visits abroad or in the Netherlands until four weeks after return
- Frequency and duration of hospitalizations abroad or in the Netherlands until four weeks after return

Other study parameters

Demographical parameters

- Gender
- Age
- Education level

- Weight (in kilograms)
- Length (in centimetres)
- Body Mass Index (BMI), $\text{weight}/(\text{length in meter}^2)$
- Immigrant

Travel parameters

- Destination
- Duration
- Type of travel
- Type of accommodation
- Self-reported risk behaviour during travel (nutrition, hygiene, activities)
- Jetlag
- Travel health insurance, covering medical costs and repatriation.

Study description

Background summary

People live longer in better health and are fit to travel at increasing ages. Many elderly travelers are exposed to a variety of health risks during international travel such as gastrointestinal or respiratory problems, poorly regulated diabetes mellitus, cardiovascular disease or (traffic) accidents. About ten to fifteen percent of the travelers visiting a Dutch travel clinic is 60 years or older. Statistics Netherlands reported that between 2002 and 2013 the number of individuals 65 years and above traveling to destinations outside Western-Europe increased from 382.000 to 500.000. South East Asia is a popular destination and travel to this continent is often accompanied by gastrointestinal infections.

Comorbidity and accompanying polypharmacy make elderly travelers vulnerable for diseases both at home and abroad. Over 80% of persons 60 years or older are taking medically prescribed drugs. Acquiring an infectious disease during

travel could cause serious health problems, particularly in elderly travelers on diuretics, ACE-blockers and NSAIDS. These kinds of drugs could lead to more severe symptoms in case of diarrhea or other diseases. In addition, exacerbation of underlying chronic medical conditions increase susceptibility for other health problems adding to the burden of travel-related disease. Previous studies demonstrated that between 10% and 15% of the elderly travelers develop diarrhea during travel. Travelers might be hospitalized for several reasons during travel and sometimes repatriation to their home country is required. However, the travel insurance status of Dutch travelers is not well known.

Pre-travel counseling in the Netherlands is primarily aimed at providing advice to reduce (sub)tropical travel-related health risks and administering vaccinations. A few small studies reported that elderly travelers often undertake pre-arranged and well organized trips instead of adventurous travel. Because of their travel type and age related health problems they have to deal with other health risks than younger travelers. We hypothesize that the group of elderly travelers is not getting the tailored advice appropriate for their needs and might need other information in the pre-travel advice.

The aim of the project is therefore to determine the frequency, duration and morbidity of the most common travel-related health problems among elderly Dutch travelers visiting (sub)tropical destinations for a short-term stay (35 days or less). With this information we will develop possible risk profiles of elderly travelers, which could be used for tailoring current medical and non-medical pre-travel advice to reduce illness or exacerbation of an underlying medical condition while abroad. Travel medicine guidelines could then be adjusted for this specific group of travelers. Also tailored behavioral risk reducing measures could be developed.

Study objective

The objective of this study is to determine frequency, duration and morbidity of (travel-related) health problems and/or exacerbations of underlying illnesses among Dutch travelers of 60 years and older visiting (sub)tropical destinations for a short-term stay to establish risk profiles characterized by vitality, health status and cognitive functioning.

Study design

Multicenter prospective (observational) cohort study.

Study burden and risks

In this study there are no medical risks nor benefits for the participants. All participants will receive the standard pre-travel advice according to the Dutch

national coordination center for travelers health advice (LCR). The study consists of two parts: A) Participation in a cognitive- and physical functioning test and B) Participation in questionnaires and diary. For part A travelers will be informed while visiting the travel clinic or MHS for the pre-travel advice and provide written informed consent before tests are being conducted. For part B travelers will be contacted by the study team and decide at home if they are willing to participate. Only when a traveler is interested, study documents (information letter, informed consent, questionnaires, diary and medicine list) will be sent by post. All documents can be filled in at home; only the diary has to be filled in during travel. No extra visits are required to the travel clinic where the pre-travel consult was received.

Contacts

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Trial sites

Listed location countries

Netherlands

Eligibility criteria

Age

Adults (18-64 years)
Elderly (65 years and older)

Inclusion criteria

- 60 years and older;
- Planned travel to the (sub)tropics. (Sub)tropical areas are defined as countries where hepatitis A is endemic and for which vaccination is recommended according to the LCR.
- Travel duration of five weeks (35 days) or less.
- Ability to complete the questionnaires and diary.
- Ability to speak and read Dutch fluently.
- Ability to sign the informed consent form.

Exclusion criteria

- 59 years or younger.
- Travel to a destination for which no hepatitis A vaccination is recommended according to the LCR.
- Inability to complete questionnaires and diary.
- Travel duration longer than 5 weeks (>35 days)
- Visit to travel clinic is less than two weeks before departure.
- Inability to speak or read Dutch.
- Inability to complete questionnaire and diary.
- Incapacitated travelers.
- Absence of written informed consent.

Study design

Design

Study type: Observational invasive

Masking: Open (masking not used)

Control: Uncontrolled

Primary purpose: Prevention

Recruitment

NL

Recruitment status: Recruitment stopped

Start date (anticipated): 11-07-2016

Enrollment: 500

Type: Actual

Ethics review

Approved WMO

Date: 18-05-2016

Application type: First submission

Review commission: METC Leids Universitair Medisch Centrum (Leiden)

Study registrations

Followed up by the following (possibly more current) registration

No registrations found.

Other (possibly less up-to-date) registrations in this register

ID: 26025

Source: NTR

Title:

In other registers

Register	ID
CCMO	NL54793.058.16
OMON	NL-OMON26025

Study results

Date completed: 13-03-2018

Actual enrolment: 477