Airline travel at high altitude may also put elderly people at risk of hypoxaemia

SIR—Reading the review by Low et al. [1] reminded me of an incident during a long-haul flight from Amsterdam to Nairobi via Rome in September 1988. In Amsterdam a group of American senior citizens boarded eagerly looking forward to a safari trip in Kenya. All went well on the first leg of their journey, but shortly after the departure from Rome members of the group became confused, restless and querulous. Some started wandering about and hindered the cabin crew in their work whilst others complained of headaches.

The unusual behaviour struck a chord with a companion and me. Working as a mission doctor in Zambia I had been involved with assessing ill and injured expatriates for medical fitness to fly back home, while my colleague had worked at high altitudes for Medecins sans Frontières. With this background we both wondered whether the sudden change in behaviour of the elderly people on the plane was due to hypoxia and we accordingly informed the cabin crew of our suspicion.

Under the guise of impending turbulence the captain ordered everyone back into his or her seats and indicated that seat belts should be worn. All complied and the atmospheric pressure in the passenger cabin was then increased. Within a short time things improved. Tempers cooled down and individual party members felt better; soon they were the pleasant, happy group as before. The flight was thereafter uneventful.

Incidents like the above make me wonder how common sub-optimal cabin oxygen pressure is during day-to-day long-haul high altitude flights. It confirms the statement made by Low et al. [1] that an aircraft cabin can be hazardous: even to apparently fit, active elderly people.

A proper study into these effects is urgently needed. Only then can airlines be made to provide optimal cabin pressures. After all, present day flying should not be a health hazard.

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