Clinical Reminder

Delirium and long haul travel

An older gentleman with limited English was found confused in Sydney International Airport and brought to our Emergency Department. Delirium was diagnosed using the CAM. MMSE via interpreter was 21/30, and following both investigations and a neuropsychological assessment he was diagnosed with delirium on a background of dementia precipitated by air travel.

Investigations revealed him to be an Australian citizen resident in Poland who had travelled extensively between the two countries over his lifetime. His family in Poland were unaware of this trip. Repatriation was complicated by Australian citizenship, lack of travel insurance and inability to travel unescorted, but he eventually was returned to the care of his family following a prolonged in-patient stay.

The number of older airline passengers is rising, and airline travel is a recognised cause of delirium [1]. Screening for fitness to fly has traditional concentrated on physical illness, but brief cognitive screening should be part of assessment especially in those flying long distances unaccompanied [2, 3].

Lisa Kelly*, Gideon Caplan
Acute Aged Care, Prince of Wales Hospital, Randwick
Sydney, New South Wales 2031, Australia
Email: drlakelly@hotmail.com
*To whom correspondence should be addressed

References

doi: 10.1093/ageing/afp171
Published electronically 16 September 2009