

## York Medical Practice

### Protocol for the prescribing of sedative medications for travel

At York Medical Practice, our value of safety in prescribing is of upmost importance when considering prescribing sedative medication for travel.

As a general principle, we believe the risks of being sedated for travel (see below) normally outweigh the benefits, which include a more comfortable and less anxious journey. When benzodiazepines are requested by a patient for the purposes of sedation during travel, our preference is not to prescribe. Some of the reasons for reaching this conclusion can be found below.

#### Safety in Flight

The use of any sort of CNS depressant causes longer reaction times and slowed thinking, which during a flight can put a passenger at significant risk of not being able to act in a manner which could save their life in the event of a safety critical incident. One cannot assume that the cabin crew are there to guide passengers in such a scenario). Incapacitation from Benzodiazepines can thus potentially be a risk to life of all onboard an aircraft in the event of an emergency requiring evacuation. (See the outcomes of flights BA2276 on 08.09.2015 vs BA28M on 22.08.1985). Furthermore, there may be a paradoxical increase in aggression reported by patients taking benzodiazepines (see BNF) with the potential to put other occupants of the aircraft at risk. Benzodiazepines added to alcohol consumption causes an increase in the risk posed by many of the points above, and many (nervous) flyers will consume alcohol in the terminal before boarding and during their flight, despite medical advice to refrain from doing so. It is also worth noting that the BNF states that Benzodiazepines should be avoided in phobic states.

#### Risk of Thrombosis

The use of any sort of CNS depressant has the potential to increase the risk of DVT. Such drugs may induce non-REM sleep which tends to be of a type where the person does not move in their sleep, and therefore increases the possibility of sitting without moving for more than four hours at a time (the amount of time which has been shown to increase the risk of developing DVT whether in an aeroplane or elsewhere).

#### Respiratory Depression

The sedating effects have the potential to cause respiratory depression, resulting in a drop in oxygen saturations. Normal sats for a healthy person at 8000ft are around 90%, so with the effects added together, this may become significant.

#### Legalities in Foreign Domains

In some countries it is illegal to import such drugs, e.g. in the Middle East, and so passengers will need to use a different strategy for the homeward bound journey and / or any subsequent legs of a journey.

Standard GP indemnity does not treatments initiated outside the UK, so your GP would only be insured for medicines administered within the UK.

#### NICE

Guidelines suggest that medication should not be used for mild/self limiting mental health disorders, and that there is a risk of addiction from inappropriate use. In more significant anxiety related states, benzodiazepines, sedating antihistamines or antipsychotics should not be prescribed.

Benzodiazepines are only advised for short term use for a crisis in generalised anxiety disorder, i.e. acute anxiety emergencies. In such a scenario, an individual would not be fit to fly (due to the potential risk adversely affecting completion of the flight without diversion). Fear of flying in isolation

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is not generalised anxiety disorder. There is also a possible risk of early dementia in users (though it is currently unclear if this risk is in regular users only, or includes occasional use).

#### Fear of Flying

There are plenty of good quality fear of flying courses available in the UK which are easily accessible by those who genuinely wish to fly & conquer their fear of flying, eg:

<https://fearlessflyer.easyjet.com/>;

<http://www.flyingwithoutfear.com/>;

<http://flyingwithconfidence.com/>;

<https://www.flyingwithoutfear.co.uk/>

The practice may consider prescribing when the benefits of undertaking the flight clearly outweigh the risks of prescribing, and where the risks can be contained to be as low as reasonably possible, i.e., medication usage in full collaboration with the airline medical department; where the passenger has a medically trained escort; and where there has been sufficient liaison and clearance with relevant customs authorities & medical defence organisations.

See also:

<https://www.bustle.com/p/how-to-deal-with-travel-anxiety-during-the-holidays-according-to-science-13201169>

<https://www.brit-thoracic.org.uk/media/70236/thoraxjnl-2011-200295.pdf>