


## Travel consultation essentials: for departures and arrivals



Travellers requiring medical advice should consult a health professional at least six to eight weeks before departure. The first goal is to establish the traveller's itinerary and determine any risks they are likely to encounter. Remind people that their travel insurance needs to cover pre-existing conditions and any planned activities; supplementary insurance may be required. As a rule, people with unstable medical conditions should not fly and long-term conditions need to be well managed before departure. Travellers taking prescription medicines require sufficient supply to cover the time that they will be away and a letter outlining their current medicines, any allergies and their medical history. Guidance on vaccination, malaria prophylaxis and as-required medicines depends on the region the person will be travelling in, their immunisation status, general health and the length of time until departure. People crossing multiple time zones who are taking medicines dosed at specific times, e.g. insulin or warfarin, may need advice on how to temporarily adjust their regimen.

database containing information on medicines used in 185 countries is available from: [www.drugs.com/international](http://www.drugs.com/international). To ensure continuity of care, give the patient a printed copy of their consultation notes and if appropriate, organise a follow-up consultation. Febrile illness in a patient who has recently visited a country with a high incidence of infectious disease is a potential red-flag: establish the patient's immune status and possible exposure, consider whether precautions should be taken to minimise transmission and have a low threshold for contacting a medical officer of health or infectious diseases specialist.


If a visitor to New Zealand requires a medicine that is unavailable here it may be necessary to research an alternative. A

 For further information, see: "Travel consultation essentials: for departures and arrivals", *BPJ* 72 (Dec, 2015)

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## Melatonin: is it worth losing any sleep over?

Modified-release melatonin is an unsubsidised medicine that is approved for the treatment of insomnia in adults aged over 55 years; other formulations of melatonin are unapproved. Melatonin is not currently approved for younger patients as the trials that showed modified-release melatonin was moderately effective at treating insomnia only included people aged over 55 years. Prescribers are reminded that non-pharmacological interventions, e.g. improving sleep hygiene, are the first-line treatment for insomnia. Patients taking modified-release melatonin for insomnia should do so one to two hours before bedtime, for up to 13 weeks. There is some evidence that "off-label" use of melatonin may improve sleep quality in shift workers or reduce the severity of jetlag. Melatonin may also be used in specialist situations, such as in people with vision impairments and adolescents or children with neurodevelopmental disorders and sleep disturbances. The effects of long-term melatonin use are unknown due to a lack of studies therefore this should be considered with caution.

 For further information, see: "Melatonin: is it worth losing any sleep over", *BPJ* 69 (Aug, 2015).

