



Chronic Illness & Medication Management on Expedition

A practical guide for travelling safely with ongoing medical conditions

Diabetes, cardiac disease, epilepsy, anticoagulation and mental health medication behave differently once cold, altitude, exertion and time zones are added to the mix. Here's what to plan for, what to pack, and what to tell us before you go.

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Before you go — read this once

This guide is for anyone travelling with OffChartCPD who manages an ongoing medical condition — diabetes, heart disease, epilepsy, a bleeding disorder, asthma, or a mental health condition on regular medication. None of these are automatically a reason to stay home. They are, without exception, a reason to plan properly and tell us in advance.

The single biggest predictor of a chronic condition causing problems in the field isn't the condition itself — it's a traveller who didn't plan for how their condition and medication would behave once cold, altitude, exertion and time zones were added to the mix. This guide covers the conditions we're asked about most often. If your situation isn't covered here, or you're unsure how it applies to your trip, talk to your treating specialist and to us before you book.

1. Diabetes on expedition

Insulin requirements at altitude are genuinely unpredictable — research has found conflicting results, with some people needing more insulin and others less, and the effects of exercise and diet generally outweigh the direct effect of altitude itself. Above about 5,000 m this becomes more complex again. The practical implication is frequent glucose monitoring rather than assuming your usual regimen will behave the same way it does at home.

Glucose meters are temperature-sensitive too

Most glucose meters are designed to operate between roughly 10–40°C. Outside that range, a cold meter tends to give falsely low readings and a hot meter falsely high ones — and many modern meters will simply refuse to give a result at all if their internal temperature sensor is out of range. Carry your meter and strips in an inner layer in cold conditions, the same way you would insulin.

Key principle

Confusion, sweating, or odd behaviour in a diabetic traveller should prompt a glucose check first — not an assumption that it's altitude, exhaustion, or something else. Hypoglycaemia is easy to misattribute in the field, and the fix is fast if caught early.

Item	Why it matters
Insulin — two full, in-date supplies	Never rely on a single supply — freezing, breakage or loss shouldn't end your trip
Body-warmth insulin pouch	Worn under a base layer; prevents freezing in sub-zero conditions without overheating the insulin
Spare glucose meter, strips and lancets	Cold and heat both degrade meter accuracy — carry a genuine backup, not just spare strips
Fast-acting glucose (gel or tablets)	For hypoglycaemia — don't rely on finding food quickly when appetite is already suppressed by cold or altitude
Glucagon or equivalent rescue treatment	For severe hypoglycaemia where the person can't safely swallow
Ketone testing strips	Especially relevant if unwell or vomiting — DKA risk doesn't pause for a trip

If possible, arrange for a backup supply of insulin to be kept refrigerated at your trip's gateway city or base logistics point, so a reliably cold supply is waiting for you if anything happens to what you're carrying in the field.

2. Cardiac disease and altitude

Pacemaker patients can generally travel safely to altitude, provided normal device function is confirmed before you go. For coronary artery disease and angina, reduced oxygen availability at altitude can genuinely worsen symptoms — anticipate reduced exercise tolerance and build in more conservative pacing than you would at sea level.

People with a prior episode of high-altitude pulmonary oedema, or a known intracardiac shunt such as a patent foramen ovale, are generally advised to avoid high-altitude travel altogether. For anyone with hypertension, arrhythmia, or other structural heart disease, a pre-expedition medical review should specifically plan adequate acclimatisation time and avoid physical overloading early in the itinerary.

Before you book

A pre-departure cardiology or GP review is strongly recommended for anyone with a history of angina, arrhythmia, heart failure, previous high-altitude pulmonary oedema, or a known intracardiac shunt, before committing to a high-altitude itinerary.

3. Anticoagulation and bleeding risk

Warfarin is genuinely harder to manage on expedition than at home: unpredictable dietary changes and altitude itself can both shift your INR, sometimes considerably. Have your INR checked shortly before departure, and for longer trips, discuss whether interim monitoring is realistic for your itinerary.

Direct oral anticoagulants (dabigatran, rivaroxaban, apixaban) don't need routine blood monitoring, which suits remote travel better, and trial data generally show lower rates of major bleeding compared with warfarin. That said, there's very little dedicated wilderness medicine literature on trauma outcomes for anticoagulated patients in the field — the practical takeaway isn't that DOACs make trauma risk disappear, it's that any anticoagulant raises the stakes of a fall or blunt injury on your specific trip.

When to evacuate

Any significant fall, head knock, or blunt trauma in someone on anticoagulation should be treated as higher risk than it looks. Delayed intracranial bleeding after a head injury is a genuine concern — the threshold for evacuation and formal assessment should be low, even if the person seems fine immediately afterwards.

4. Epilepsy and seizure disorders

Altitude modestly lowers the seizure threshold in some people, and case reports describe first seizures occurring in people on previously stable antiepileptic therapy within the first two to three days at altitude. Sleep deprivation is one of the best-established seizure triggers of all, and it's common on expedition — early starts, time zone shifts, noisy shared accommodation, and altitude-disrupted sleep all stack up. Protecting sleep on an expedition is a genuine seizure-prevention strategy, not just a comfort measure.

The essentials

- Continue antiepileptic medication exactly as prescribed — never taper or stop for a trip.
- Avoid alcohol, and be aware some other medications can lower seizure threshold — check with your prescriber before adding anything new for the trip.
- Epilepsy is generally treated as a relative, not absolute, contraindication to altitude travel — it depends heavily on your individual seizure control history and needs specialist input before booking anything above trekking altitude with vehicle support.
- Carry double your expected medication supply, split across two separate bags.

5. Asthma and respiratory disease

Altitude itself doesn't typically worsen asthma directly, and some people notice an improvement due to lower allergen and pollution exposure at altitude compared to home. The combination of cold, dry air and hard exertion is the more consistent trigger — the same physiological irritation that affects most people's airways in cold conditions is amplified in someone with reactive airways.

- Carry your reliever inhaler on your person at all times — not packed away in a bag.
- A spacer device improves technique in windy conditions, where inhaler coordination is genuinely harder.
- Warm a metered-dose inhaler in your hand before use in the cold — propellant performance drops noticeably at low temperatures.
- A recent exacerbation or poorly controlled asthma warrants a pre-trip respiratory review, particularly before altitude or cold-environment trips.

6. Mental health medication continuity

Antidepressant discontinuation syndrome occurs in roughly one in five people who stop abruptly after six or more weeks of treatment. Symptoms typically start two to four days after a missed dose and can include anxiety, insomnia, nausea, dizziness and irritability — genuinely unpleasant, and not something you want to be managing for the first time on a remote trip. Medications with a shorter half-life, such as paroxetine and venlafaxine, are particularly prone to this.

This is easier to trigger accidentally than people expect: lost medication, a schedule thrown off by time zones, or simply underestimating how many days you'll be away. Carry more than you think you'll need, split across two separate bags or between yourself and a trusted group member, and keep a written note of the drug name and dose with you.

Key principle

Don't stop or change the dose of a mental health medication for a trip without discussing it with your prescriber first. A stable, continued regimen is a safer position to travel from than "seeing how you go without it."

7. Storing medication: heat, cold and altitude

Cold does real, permanent damage to some medications, not just a theoretical reduction in effectiveness. Insulin and epinephrine (EpiPen) are both damaged by freezing — a pen or injector that has frozen should be treated as unreliable and replaced, not thawed out and used. Heat matters too: most in-use medication should stay below about 25–30°C, and insulin denatures with extended heat exposure.

- Use an insulated pouch with gel packs rated not to freeze on direct contact — medical-grade biogel typically freezes above 0°C, so it won't freeze insulin or an EpiPen through direct contact the way standard ice can.
- Keep temperature-sensitive medication in hand luggage on flights — the cargo hold can drop well below freezing at altitude.
- Glucose meters and test strips have their own operating range (commonly around 10–40°C) and can lock out or misread outside it — store them with the same care as insulin in cold conditions.

8. Crossing borders with medication

Get a doctor's letter, on letterhead, listing each medication by both generic and brand name, the dose, and the condition it treats — translated into the destination language if relevant. Travellers who carry this documentation are far less likely to have medication questioned or confiscated at a border than those who don't.

- Keep medication in its original, labelled packaging — loose pills in an organiser box are the single most common reason a border officer asks further questions.
- Carry a copy of your prescriptions separately from the medication itself, and leave another copy with someone at home in case you lose yours.
- Check destination-specific rules well before departure — some medications that are unremarkable in Australia (certain stimulants, strong opioids, some sedatives) are controlled or banned elsewhere, with genuinely serious consequences for an unknowing breach.
- This applies to transit countries and layovers, not just your final destination — check the rules for everywhere your itinerary passes through.

9. ADHD medication on expedition

Stimulant medications for ADHD — methylphenidate, dexamfetamine, lisdexamfetamine — have well-documented chronotropic and pressor effects: they raise heart rate and blood pressure. In otherwise healthy people, large studies haven't found a significant association between stimulant use and serious cardiovascular events. What hasn't been specifically studied is the combination of stimulant medication with the added sympathetic load of altitude, which also raises heart rate and blood pressure on its own — this is a genuine evidence gap, not a settled reassurance.

Evidence gap

There is no dedicated research on ADHD stimulant use at altitude or on expedition. Treat the absence of reported problems as an absence of data, not evidence of safety — anyone with additional cardiac risk factors should get individual advice from their prescriber before a high-altitude or physically extreme trip.

Practical points

- Continue your medication exactly as prescribed — don't start, stop, or change the dose specifically for a trip.
- If you're considering a deliberate break from medication (a “medication holiday”), discuss it with your prescriber beforehand rather than deciding in the field — a demanding, high-consequence environment is not the place to find out how you function without it for the first time.
- Stimulant medications are controlled substances in most jurisdictions and are restricted or banned outright in some countries — this needs the same doctor's letter and documentation covered in the border-crossing section, checked specifically against your destination and any transit countries.

→ Sleep disruption and dehydration, both common on expedition, can affect how a stimulant medication feels and performs — build in margin rather than assuming an unchanged response.

10. Organ transplant recipients

Well-selected, properly prepared transplant recipients have successfully completed genuine high-altitude expeditions. A study of transplant recipients climbing Mount Kilimanjaro found tolerance for strenuous physical activity and rates of acute mountain sickness comparable to non-transplanted climbers on the same route, when preparation included structured training from around six months out, up-to-date vaccination, malaria prophylaxis where relevant, and prophylactic acetazolamide from the day before ascent. Participants continued their own immunosuppressant regimen throughout, and blood levels were well maintained at altitude in that cohort.

The added consideration for a transplant recipient isn't altitude physiology so much as infection risk. Immunosuppression blunts the normal inflammatory response, which changes both how infections present and how much margin you have if one takes hold in a remote setting.

When to evacuate

Fever in an immunosuppressed traveller is not a “wait and see” situation. A blunted inflammatory response means early signs can be subtle and deterioration can be faster than expected — treat any fever as urgent and lower your threshold for seeking assessment or evacuation compared with a non-immunosuppressed group member.

Practical points

- Get pre-trip clearance from your transplant team specifically for the itinerary — altitude, remoteness, and evacuation time all matter, not just a general “fit to travel” note.
- Carry a genuine extra supply of your immunosuppressant medication, stored with the same heat/cold discipline covered earlier in this guide, and have a clear plan for what happens if a dose is delayed by travel disruption.
- Take extra care with food and water hygiene, wound care, and vaccination status — the margin for a minor infection to become a significant problem is smaller than it is for other travellers.
- Carry explicit contact details for your transplant unit or coordinator — local providers en route may not be familiar with your specific regimen and will want to speak with your treating team directly.

11. Telling us before you go

We ask every participant to disclose relevant chronic conditions and current medications before departure — not to gatekeep who can travel, but so your trip leader and medical support know what to look for and how to help if something goes wrong.

A trip leader who knows you're on anticoagulation treats a head knock differently from the outset. A guide who knows you're diabetic recognises confusion as a glucose check first, rather than assuming it's simply altitude. This information stays confidential and is used only for your safety planning on the trip.

12. What to pack — personal medical kit

This supplements the standard OffChartCPD expedition medical kit — don't duplicate what's already in the group kit, and check with us if you're not sure what that covers.

Item	What it's for
Doctor's letter (generic + brand names, translated if needed)	Border crossings and emergency prescribing overseas
Two full supplies of all regular medication, packed separately	Loss of one bag doesn't mean loss of your entire supply
Written medication list — generic names and doses	For any clinician who needs to treat you in the field
Insulated, temperature-controlled pouch	Insulin, EpiPens, and other heat/cold-sensitive medication
Spare glucose meter, strips and lancets (diabetes)	Cold and heat both degrade meter accuracy
Fast-acting glucose or glucagon (diabetes)	Hypoglycaemia management
Medical alert card or bracelet	Identifies your condition if you're unable to communicate
Written action plan (seizure plan, asthma plan, etc.)	Gives your trip leader clear steps if something happens
Emergency contact details for your treating specialist	For phone advice in a genuine emergency

Further reading

- **Wilderness Medical Society** — wildernessmedicalsociety.org
- **UIAA Medical Commission — mountain medicine advice papers** — theuiaa.org
- **CDC Yellow Book — Travelers with Additional Health Considerations** — cdc.gov/yellow-book
- **High Altitude Medicine & Biology — Travel to High Altitude Following Solid Organ Transplantation (Luks, 2016)** — liebertpub.com
- **OffChartCPD pre-departure learning hub — full modules on altitude illness, hypothermia, and scene safety** — offchartcpd.com