

generic name of the item and if possible get advice from a pharmacist. Buy from a reputable source, not a street market.

## Medical kits for travel

Travellers often ask what medicines and first aid supplies should be included in a medical kit for travel in addition to their regular drugs. These kits can be quite extensive depending on the nature of travel and include first aid items such as antiseptic and dressings, illness care items such as analgesics, anti-diarrhoeals and rehydration salts, and preventive care items such as insect repellent, antimalarial drugs, sunscreen and condoms. In a study of British travellers the most frequently used items in travel to developing countries were analgesics, treatments for diarrhoea, antiseptics and sticking plasters. Under-use of insect repellents was noted, and 16% of the travellers in the study used antibiotics during their trip, most commonly for travellers' diarrhoea.<sup>6</sup>

A new prescription may be needed for the prevention or treatment of illnesses associated with travel. The most common examples are drugs for malaria prophylaxis and self-treatment courses of antibiotics for travellers' diarrhoea. Consideration needs to be given to indications, contraindications, possible adverse effects and interactions. Poor compliance with drugs for malaria prophylaxis is common, especially with more complex regimens. Advice is therefore needed to improve compliance and on how else to reduce the risk of infection.

## References

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*Conflict of interest: none declared*

## Self-test questions

*The following statements are either true or false (answers on page 87)*

9. When a patient with insulin-dependent diabetes travels by air, their insulin must be kept in the aircraft's refrigerator.
10. There are no limits on the quantity of Pharmaceutical Benefits Scheme drugs that can be taken out of Australia for personal use.

## Dental notes

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### Drug treatment of neuropathic pain

The most common cause of intraoral pain in patients presenting to dentists is odontogenic and rarely presents a diagnostic challenge. However, pain in the oral cavity that is not dental or periodontal in origin may be difficult to diagnose and treat.

Neuropathic pain in the orofacial region, such as post-herpetic neuralgia, post-traumatic painful peripheral neuropathy ('phantom tooth pain'), idiopathic trigeminal neuralgia (tic douloureux), or chronic orofacial pain ('atypical odontalgia') can be defined as pain initiated or caused by a primary lesion or dysfunction in the nervous system. The presentation of neuropathic pain in and around the mouth has been extensively reviewed.<sup>1,2,3</sup>

If neuropathic pain is suspected a thorough clinical evaluation is necessary to assess this type of pain and its mechanism. Dental

treatments that are irreversible and potentially harmful to the underlying dentoalveolar structures must be avoided when the diagnosis is uncertain.

Dentists are often asked to exclude the likelihood of pain of odontogenic origin contributing to neuropathic pain. They need to be aware of the drugs patients may be taking as well as making themselves available to assist in the management of these patients within multidisciplinary pain clinics.

## References

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