

Health Advice for Running International Marathons

Everything you need to know about staying healthy when running marathons in foreign lands.

BY ROY STEVENSON AND MARK OCHENRIDER, MD

Today, marathons are run in virtually every country in the world, all trying to attract your tourist dollar and entry fee. A glance through a three-month stretch of the calendar put out by the Association of International Marathons (AIMS) reveals marathons in Thailand, Mexico, Ecuador, Finland, Brazil, Russia, Japan, Switzerland, India, Colombia, Panama, Germany, Poland, Great Britain, Estonia, Denmark, Italy, the Netherlands, Tunisia, Spain, Kenya, Ireland, Korea, Trinidad, and Greece, to name a few.

Combining a marathon with international travel is a great way to visit other countries while enjoying your favorite pastime. However, it doesn't take much for things to go horribly wrong if you fail to plan ahead. Medical-misadventure stories abound for tourists, businesspeople, and marathon runners while traveling overseas. Much of the problem lies in the fact that most of the more serious diseases that proliferate in underdeveloped or third-world countries have been eradicated in the United States, and we tend to expect this high health standard from the rest of the world. The reality is that health care around the world differs tremendously.

Furthermore, it doesn't take much for us to get sick even in westernized countries like Australia and New Zealand or those in Western Europe. When we travel, we may not pay as much attention to basic hygiene, or we may be fatigued from the travel and jet lag, which lower our resistance to whatever bug happens to be floating around at our destination. Travelers even complain of gastric upset from the clean water in westernized countries, since tap water has its own local microorganisms.

When you toss a stressful, fatiguing endurance competition like the marathon into the mix of travel fatigue, jet lag, disorientation, change of diet, inexperienced travelers, alcohol, and third-world countries, it's amazing that more marathoners don't get sick while traveling to overseas marathons.

Some pretravel advice from Dr. Ochenrider

Planning your overseas trip around a marathon requires preparation and foresight. These go a long way to helping you rectify medical problems as they occur. Here is some advice from Dr. Mark Ochenrider, a primary-care internal-medicine physician who specializes in international travel medicine at Eastside Family Health Center in Kirkland, Washington, on what runners should consider when running in international marathons: "Become self-educated on the terrain, climate, and medical hazards well before traveling. For instance, in many countries it is not wise to swim in fresh water because of the risk of schistosomiasis and other diseases, but without research beforehand, you would not know this. A Web site that has excellent country-specific advice is www.cdc.gov/travel. The UK also has a great Web site with similar info at <http://www.fitfortravel.nhs.uk>."



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▲ Le Marathon des Chateaux du Medoc goes through 59 vineyards in the fabled villages of the Medoc region of France.

Dr. Ochenrider adds: “Food, water, and insects are the three main vehicles by which the vast majority of travel-related infectious diseases enter the human body. Infectious diseases are usually just a terrible nuisance for the average traveler, but they can easily take runners out of the race. Think very carefully about caring for your health, self-educate, and get travel insurance and emergency contacts in case medical evacuation is needed.”

Diseases to dread

First, let’s look at the more serious diseases that are prevalent around the world. Then we will move on to the seven medical problems you’re most likely to encounter when you run international marathons. I will finish up by listing the contents of the most comprehensive first-aid travel kit you will ever see, so you can be ready for the most common glitches that could put you out of the race.

We strongly recommend that you consult your doctor before traveling. Your doctor will look up your destination country on the Internet and tell you what booster vaccines, immunizations, and inoculations you will need before traveling. Do this at least six weeks before you leave because some inoculations may require more than one injection in their treatment.

The following diseases should be avoided like, well, the plague: hepatitis A and B, typhoid, tetanus, diphtheria, Japanese encephalitis, rabies, meningitis, yellow fever, malaria, polio, tuberculosis, dengue fever, shigella, elephantiasis, smallpox, and pneumonia. Because of the life-threatening nature of these diseases, you should consult with your physician and research the Internet using the Web sites above. The individual causes and treatments of these diseases and the countries where they prevail are beyond the purview of this article, but you should be aware of the potential for them. If your doctor says you need immunizations for any of these diseases, take it seriously, get them done, and move on.

Above all, if you are in a third-world country and feel unusually ill, always consult a physician for diagnosis, advice, and medication. Do not put this off, hoping your symptoms will resolve themselves. Most diseases are best treated with early diagnosis and medicine. Hotels often have a physician on call or can contact one for you. Medical insurance is also indispensable if you are visiting a country where you could contract any of these diseases, and it should include emergency-evacuation coverage.

Malaria is worthy of special mention. In malarial countries, the use of prophylactic medications is prudent. There are four main options (chloroquine, Malarone, mefloquine, and doxycycline), and choosing the right one depends on the medication resistance patterns of the country you are visiting as well as side effect profiles that make one or another more suitable for a given individual. Consult with your physician or a travel doctor to find the best antimalarial medi-



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▲ The Tamarindo Beach Marathon runs along the northern Pacific coast of Costa Rica.

cation for the country you are visiting. Malaria infects 350-500 million people and kills 1 million to 2 million people each year. With its high fevers, terrible malaise, and multiple other misery-causing symptoms, malaria will certainly ruin your trip if you contract this common infection.

The seven (not-so-)deadly (medical) sins

Being prepared for medical challenges is largely a matter of common sense. If you know what medical problems are most likely to occur, you can plan for them by gathering the necessary supplies and information. Seven things top my most-likely list of offenders: jet lag, blisters, dehydration, diarrhea, sprained ankles, head cold, and sunburn. All can ruin your final preparations for your marathon, or worse, sideline you on race day, costing months of preparation. Fortunately, all seven problems are easily preventable or treatable with judicious application of common sense. Here is what to do if any of these arise.

Jet lag

Jet lag is an insidious syndrome that can flatten you for your marathon race if you do not take certain precautions. And I'm still not convinced that there are

any really effective treatments for it. Caused by rapid transit across world time zones, jet lag disrupts our body clock—the circadian rhythms that control our body temperature, heart rate, blood pressure, and other physiological patterns. It manifests itself as tiredness, lack of energy and motivation, dehydration, interrupted sleep, digestion problems, disrupted bowel activity, headaches, irritability, irrational anger, loss of concentration, lack of alertness, and disorientation—not what we want a few days before a marathon!

Couple these side effects with overeating, excessive alcohol consumption, dry skin, nasal irritation, and fatigue from the air travel, and you're a real mess. A major study by the Upjohn Company in cooperation with United Airlines and

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British Airways showed that 94 percent of long-distance travelers suffer from the effects of jet lag and 45 percent of those find their symptoms extremely bothersome.

Strategies for coping with jet lag revolve around readapting your circadian rhythms to your new time zone by making arrangements to travel as comfortably as possible, manipulating your diet, readjusting your sleep schedule, getting sunlight exposure in your new destination, and exercising lightly your first few days. Scientists believe that completely adjusting to the new time zone takes one day for every time zone you have crossed, but this formula appears to vary

◀ The Safaricom Lewa Marathon takes place in the 62,000-acre Lewa Wildlife Conservancy at the foot of Mount Kenya in central Kenya.

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widely. I report, sadly, that not all symptoms of jet lag disappear at the same rate and that these symptoms appear at different times of the day in different people. The resynchronization of our cortisol levels and temperature takes five to eight days, for example. We respond differently to jet lag according to our age, lifestyle, and personal characteristics. Some people shrug it off, while others suffer terribly by worrying about it. However, if you take the following steps, the worst of your jet lag symptoms should disappear within three days.

Before leaving

We recommend that you try to preadjust to your destination time zone by going to bed earlier or later before you leave. This means that you get up and go to bed earlier several days prior to eastward trips (which are harder on the body than westward trips) and that you get up and go to bed later for westward trips. You should also be well rested and minimally stressed before you leave. This means getting to the airport with plenty of time to spare.

While traveling on the plane

Set your watch to your destination time, and eat and sleep according to the local time at your destination, as soon as you can. If you travel when it would be night at your destination, spend as much time as possible asleep and eat as little as possible. Some people take sleeping pills to help them sleep, although I'm not a fan because of possible side effects of these medications. Your physician will be able to offer better advice than I can on this controversial issue. If you fly during what would be daytime at your destination, stay awake. Get up, walk around the cabin, and do stretching exercises in your seat. When possible, take an aisle seat.

Drink plenty of water or fruit juice to prevent dehydration, which can worsen the effects of jet lag. Likewise, completely avoid alcohol and caffeinated drinks. Do not overeat while on the plane. Buy a set of Bose noise-reduction headphones that fit over the ears to reduce your exposure to hour after hour of aircraft noise. These devices cut out almost all aircraft engine, vibration, and slipstream and turbulence noise. This constant, loud drone ranging from 60 to 88 decibels takes its toll on your nervous system and, I suspect, is almost as fatiguing, at least in the short term, as jet lag.

When you arrive

Modifying your exposure to light is one of the most effective treatments for jet lag. After a westward flight, travelers should stay awake during daytime with plenty of exposure to bright light, especially in the morning, and try to sleep as it becomes dark. However, after an eastward travel, travelers should avoid bright light in the morning (i.e. stay indoors or wear UV-blocking sunglasses) and be

outdoors as much as possible in the afternoon, again while trying to be awake during the entire daytime. This helps your circadian rhythm synchronize with your new time zone. Exercise lightly because it helps you keep awake during the day and sleep better at night. Do not overdo your running, though, because you will be doing a marathon in a few days anyway, so you should be following a tapering program. Although easier said than done, avoid napping because it delays your body's adjustment to the new time zone. If you must nap, limit it to one hour or less.

Is the loss of sleep likely to affect your marathon performance adversely? Researchers of sleep deprivation have looked at its effects on VO_2 max, treadmill running and walking to exhaustion, respiration levels, maximal heart rate, and other parameters of endurance exercise. Generally, the data show that sleep loss ranging from four to 60 hours does not impair performance in short-term, unskilled endurance activities like running, rowing, and swimming. The adrenalin rush of competition (aka "arousal") appears to override any negative physical consequences of sleep deprivation.

Other sage advice on dealing with the effects of jet lag would include not driving a vehicle in your first 24 hours. Also, pay attention to what you eat. Also, eat high-protein (meat, eggs, milk, fish, cheese, and beans) breakfasts and lunches with higher-carbohydrate evening meals. The logic here is that proteins help the body produce hormones needed for a full day, and carbohydrates help us sleep better at night.

Does taking melatonin minimize jet lag?

The answer probably depends on whom you talk to. Some travelers (and doctors) swear by this serotonin hormone, while others feel it makes little or no difference. There is some evidence that it reduces the effects of jet lag. Melatonin, produced by the pineal gland in the evenings, helps us sleep better because it tells the body's circadian rhythm that it's time for bed. It resynchronizes and resets our sleeping pattern to the new time zone.

Melatonin should be taken only in the evenings when you arrive at your new destination, about half an hour before bedtime. After taking it, avoid consuming high-carbohydrate food or alcohol. Dosages range from 0.5 to 5 mg, with 3 mg being the standard adult dose. Melatonin can even be taken on the plane to help you sleep. Considering that it has no reported serious side effects and that residual grogginess is reported only very rarely and usually with excessive doses, this is something you can experiment with on your next trip. However, you should avoid taking melatonin if you are taking warfarin (Coumadin) or any medicines used to treat a seizure disorder, since it may theoretically interact with these medications.

Blisters

You know the drill with these nasties. Reduce the fluid from the blister with a sterile needle, wash the blistered area with warm, soapy water, and apply an antiseptic cream. Cover with blister tape or Band-Aids. If you have blisters before your marathon, apply Vaseline over the Band-Aid to reduce friction when you run.

Dehydration

Dehydration is common in travelers, with walking-around sightseeing, excessive heat, and an irregular drinking schedule. It is particularly hard on marathon runners, who should be taking it easy before the marathon, staying hydrated, and conserving their energy and glycogen stores. Dr. Ochenrider tells you how to stay hydrated: “Drink lots of fluids and make sure you can do so conveniently (for example, a CamelBak or other such device if needed), and be sure to drink



Photo courtesy of real.-Berlin Marathon

▲ Runners pass through the historic Brandenburg Gate at the Berlin Marathon.

fluids with electrolytes and natural sugars. This becomes all the more important if you become ill with traveler’s diarrhea or any other illness that can dramatically increase your fluid needs.”

The water in Western Europe is quite safe to drink, but you may find that it has its own distinctive taste from the reservoir it is stored in. Belgium’s water, for example, comes from underground lime aquifers and has a strong calcium taste, rendering it almost unpalatable (although it is safe to drink). If you find the local groundwater unpalatable, stick with bottled water. One city where I can guarantee that you will enjoy the groundwater is Rome. The water comes from ancient Roman aquifers below the city and is the most delicious water you will ever taste. You can fill your water bottle from the cool, bubbling springs that empty into 2,000-year-old marble Roman troughs around the city. But *do not* fill your water bottle from the many fountains in Rome (or anywhere else), where pigeons may have left their trademark calling card!

Eastern European water is a different story. Tap water often contains giardia and other microorganisms that cause intestinal problems. Eastern European countries with reported water problems include former East Germany, Hungary, and Poland. Electric immersion coils, handy for boiling water for coffee or brushing your teeth, can be found in travel stores.

Diarrhea

Montezuma’s revenge, turista, the trots, the runs—call it what you will, this ailment, arising from bacterial contamination of food or water, will make your life a nightmare for three to five days until your meds kick in. It affects one-third of the 20 million tourists who travel to developing countries each year.

Precautions for preventing this debilitating sickness are simple. Says Dr. Ochenrider: “Drink bottled water, eat at reputable establishments, and wash your hands or use an alcohol gel before each meal or beverage.”

These precautions bear repeating. Do not drink tap water in third-world or developing tropical countries. Consult your guidebook or the Internet to see if the water is safe to drink at your destination. When in doubt, don’t drink it. As a general rule, first-class hotels tend to have purified water and to serve safe food. However, many hotels in third-world countries have their own filtration systems but are not necessarily safe, so avoid drinking this water. If you are stuck somewhere where only tap water is available, it must be vigorously boiled for five minutes.

Commercially processed water is generally safe to drink, so stick to bottled water and other bottled drinks, canned fruit juices, and carbonated soft drinks. It is safer to drink from the bottle or can rather than a glass that may not have been washed properly. Clean off the outside of the can before drinking from it,

or use a straw. And never drink water from a bottle that you have not opened yourself—the seal must be intact. Do not use ice in your drinks, and brush your teeth with bottled water.

Stay away from the salad bar because lettuce is difficult to disinfect. Ideally, it should be soaked in Clorox and water for 30 minutes before serving, and no restaurant does this. Avoid raw fruits and vegetables unless they are peeled or cleaned—oranges and bananas are safest because they have a thick, intact skin. And stay away from buffets—you can get sick from these unprotected food-stuffs anywhere in the world, where they are exposed to germs and the heating is questionable.

Eat off clean plates and use clean cutlery. Patronize busy restaurants with lots of people in them. Do not eat food from street-vendor carts under any circumstances. Avoid unpasteurized dairy products like milk, soft cheese, yogurt, ice cream, and cream sauces. Canned milk and powdered milk are safe to mix with clean water. Make sure all meat and seafood is well cooked (served steaming or piping hot)—never eat raw shellfish. Be particularly careful with seafood. If in doubt, do not eat it. Finally, just to be on the safe side, I've often had a slug of Pepto-Bismol in the morning and evening.

What to do if you have the trots

Lomotil, Imodium, or Pepto-Bismol work as a “stopper” for diarrhea. Standard doses are 4 mg of Imodium as a loading dose, followed by 2 mg after each loose bowel movement, not to exceed 16 mg daily. But you will eventually need antibiotics for self-treatment of moderate to severe diarrhea.

Most travelers do not know that you can go to your physician before you travel and request antibiotics. Your doctor will give you a prescription on the spot, and you get it filled before you leave. It's as easy as that. This is far wiser than waiting until you get the trots and having to look around for a pharmacy or doctor in a strange country, wondering when your next episode will be and whether a toilet is nearby. Rehydrate using oral-rehydration solution packets. One final warning: with prolonged or bloody diarrhea, seek medical attention immediately.

Dr. Ochenrider recommends: “Carry an antibiotic for traveler's diarrhea, the single most common infectious nuisance encountered while abroad. The two main options are ciprofloxacin and azithromycin. Speaking generally, azithromycin has some advantages over ciprofloxacin for runners. First, ciprofloxacin has been associated with tendinitis or tendon rupture, particularly of the Achilles tendon; obviously, this makes it a less-appealing option for marathon runners, though the overall risk of such side effects is low. Second, some parts of Southeast Asia have bacteria that are often resistant to ciprofloxacin, so azithromycin is a better choice in this region.”

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► The Great Wall Marathon is staged in China's Tianjin province.

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Sprained ankle

It's easy to turn your ankle when walking around while you're tired and uncoordinated from jet lag. Walking on Europe's cobblestone streets while gawking at towering cathedral spires is a bad combination for your ankles. Likewise with sidewalks that are torn up or that have gaping holes in them, as is common in some Asian cities.

If your ankle swells up immediately, apply ice ASAP and wrap it in an Ace bandage to minimize further swelling. At night, rest your foot on a pillow higher than your heart level. Wrap the ankle in a neoprene ankle sleeve—readily available in drugstores in the United States. These work very well to maintain compression on your ankle and provide support. I always pack one of these in my first-aid kit. Ankle sprains respond well to anti-inflammatory meds that you should have packed in your first-aid kit. Ibuprofen or Advil work well, as do other nonsteroidal anti-inflammatory drugs (NSAIDs) like Lodine or naproxen. Before you leave, make sure you discuss with your physician what anti-inflammatory medications work best for you. And beware: NSAIDs are hard on the gut, so they should be taken in the prescribed dosage with food.

Head cold

Head colds can be picked up while your immune system is lowered from jet lag and fatigue. Follow the usual procedure for treating head colds. Drink plenty of fluids, gargle with warm salt water, or take throat lozenges for a sore throat. Saline spray can help ease nasal congestion, and Tylenol will relieve a headache. A pharmacist in your locale can recommend a cough suppressant or oral decongestant.



Be warned about antihistamines: they can cause drowsiness that may almost incapacitate you. Modest scientific evidence suggests that 250 to 500 mg of vitamin C daily helps prevent head colds, and this was noted to be even more helpful for marathon runners and others engaging in high-intensity physical exercise.

Sunburn

Clearly, avoiding sunburn should be your approach to this painful problem. Avoid running (and seek shade) between 10 A.M. and 4 P.M. when the sun's rays are strongest. When you run on hot, sunny days, lightweight, light-colored clothing combined with plenty of sunscreen on both exposed and unexposed skin is the way to go. Tightly woven clothing is more effective at blocking ultraviolet (UV) rays than, say, a white T-shirt, which allows UV rays to reach the skin. A typical cotton T-shirt offers a sun-protection factor (SPF) of only about 7—less when it's sweat saturated. Choose T-shirts that you cannot see through when held up to a light. Add SunGuard to your laundry—this colorless dye gives your clothes an SPF of 30 or more.

If you're going to spend the entire day outside, get gear that offers built-in UV protection. See the following sidebar listing of UV sun-protective clothing brands.

Wear a wide-brimmed hat to shade your face, ears, and neck while running. Tilley hats are my favorite. A hat with a visor will not only shield your face but also keep your scalp safe from the sun. Lightweight baseball-style caps with mesh panels absorb sweat and keep you cool and are more comfortable for running. But if you choose a baseball cap, remember to protect your ears and neck with sunscreen. Follow these practices to protect your skin even on cloudy or overcast days because UV rays travel through clouds.

Wear sunglasses when training. There are some solid, sporty sunglasses available that block 90 to 100 percent of the sun's UVA and UVB rays. Polarized sunglasses may be more expensive, but the reduction in glare is worth every cent of the extra cost.

For runners, the higher the SPF in your sunscreen, the better. Don't fiddle around with SPFs of 30. Go for the full monty and use SPF 80 or higher. This is because of the increased protection that higher-SPF sunscreens provide and also because most athletes don't use nearly enough to begin with. You

Sun-protective clothing

Numerous companies sell high-sun-protection clothing and hats, including Columbia, Solartex, Solumbra, Solar Eclipse, Sun Clothing, Sun-Togs, Coolibar, Patagonia, and others. The Skin Cancer Foundation sells T-shirts that block 97 percent of the sun's UV rays.

should apply a full ounce (about a shot glass full) every couple of hours and more if you have been sweating, which is what running is all about!

You need a broad-spectrum sunscreen that blocks both UVA and UVB. While UVA is up to 1,000 times more plentiful than UVB, UVB is about 1,000 times more potent than UVA in producing sunburn and redness. To find a sunscreen that protects against both UVs, look for Parsol 1789, also called avobenzone or oxybenzone, anthranilates, zinc oxide, or titanium dioxide on the ingredients list. The label will tell you if the sunscreen blocks both types of UV rays.

Standard procedures for treating sunburn include drinking water or sports drinks to replace lost body fluids. Taking Tylenol will reduce your headache, chills, or fever. A cool bath will ease the damaged skin, and afterward apply a light moisturizer. Stay out of the sun while your sunburn is healing, or cover it up. If you are taking antibiotics or antimalarial drugs, consult a physician as to whether they will make you more susceptible to the sun's rays.

Final advice

Take an American Red Cross first-aid course before you leave to brush up on emergency first-aid procedures. If you feel unwell when you return (see symptoms below); have been traveling for more than three months; have been to rural areas, developing countries, or a place with a recent epidemic of an infectious disease; have been in contact with ill people; or have engaged in high-risk activities such as visiting prostitutes or using shared needles, you should see your doctor immediately.

The runner's ultimate first-aid kit

Having traveled through 35 countries in the past seven years, I always have the same debate with myself as to whether I should take a first-aid kit. Common sense always prevails, and I pack it. Fortunately, I've seldom had to use it, but for peace of mind I consider a first-aid kit as essential as packing changes of clothing.

This first-aid-kit list is comprehensive, and when everything is put together, it can be quite bulky and weigh a pound or two. If you are traveling to another westernized country like Australia, New Zealand, or England or to Western European countries like France, Belgium,

Symptoms to watch for when you return

Vomiting, diarrhea, fever, nausea, fatigue, poor appetite, yellowing eyes and skin, fits, shivering, dark urine, drowsiness, itching, coughing, spots on body, bleeding gums, or blood in urine.

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the Netherlands, Luxembourg, Germany, or Monaco, you might consider leaving out the basic first-aid contents like blister pads, gauze, disinfectant, Band-Aids, lozenges, scissors, tweezers, and tape and buying those items if the need arises in these countries. The above countries have well-stocked pharmacies and knowledgeable staff.

The sidebar starting below provides a list of items you should consider packing in your first-aid kit. Dr. Ochenrider advises that the most important things to pack in your kit for travel to international marathons are as follows:

- Insect repellent (DEET or the newer, odorless, and non-sticky picaridin found in Cutter Advanced Sport; natural products are generally not recommended because of their relative ineffectiveness in areas with potentially serious insect-borne diseases)
- Alcohol hand gel (such as Purell) to effectively and quickly clean hands before any eating, drinking, or food handling
- Antidiarrhea medications (loperamide or Pepto-Bismol) and a prescription antibiotic to use as needed
- Antimotion sickness medicines if you are prone to this problem
- Sunscreen

The First-aid Kit

Antimalarial medications if applicable

Antihistamine that you have used before; over-the-counter antihistamines include chlorpheniramine or Benadryl

Decongestant that you have used before for head cold or flu

Cough suppressant

Lozenges for sore throat

Tylenol, naproxen, or ibuprofen for pain or fever

One percent hydrocortisone cream or calamine lotion for rashes

Insect repellent

Sunscreen; use an SPF of 80 or higher. In my opinion, you need maximum protection when holidaying, especially in tropical countries.

Thermometer

Antacid or Pepto-Bismol for heartburn

Azithromycin or ciprofloxacin as an antibiotic for traveler's diarrhea, as recommended by your doctor. Also take Lotrimin, Imodium, or Pepto-Bismol for symptomatic treatment of the diarrhea.

Oral-rehydration solution packets. Ask your pharmacist for a solution, such as Rehydralyte, Pedialyte, Ceralyte, or IAMAT Oral Rehydration Salts. These come in small packets or sachets with powder containing sodium chloride, potassium chloride, citric acid, sodium citrate, and dextrose monohydrate. Although these come in liquid form, the constraints of packing liquid containers make the powder packets your best bet for travel.

Antifungal cream

Antibacterial hand gel

Antibiotic ointment such as Polysporin or Bacitracin

Antiseptic cream or Betadine for cuts and grazes, or antiseptic towelettes

Antimotion sickness medicine

Gauze pads for abrasions and large cuts

Adhesive bands in assorted sizes

Adhesive tape

Disposable gloves

Small scissors

Tweezers

Antiblisters tape. Band-Aid makes an excellent oval-shaped blister dressing called "Advance Healing Blister" that sticks well. Another good antiblister pad by Johnson and Johnson is called UltraHeal Multi-Day Pads.

Round foam pads. These foam-rubber tubes fit around your toes and protect them from further blistering.

Neoprene ankle support (available in U.S. pharmacies)

Water-purification tablets if traveling to third-world country

One other thing: If you bring personal prescription medications, you will need to carry a list of the medications, their side effects, and their interactions. This list should also have your doctor's name and contact details and whom to contact in case of emergency. Pack your medications in your carry-on bag. Last year, 30 million suitcases and bags were temporarily lost in transit worldwide, and 240,000 bags never reached their owners. You don't want to be caught without your meds in an emergency medical situation.

Good Web sites for travel-health information

www.cdc.gov/travel

http://travel.state.gov/travel/travel_1744.html

www.fitfortravel.nhs.uk

www.gorp.com There is some good travel health advice under the "Practical Advice" sections.

www.tripprep.com

www.who.int/topics/travel

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Disclaimer: Roy Stevenson and Dr. Ochenrider intend the information in this article to be a general guideline for the runner traveling overseas to do a marathon. This information is not intended to replace medical advice given by a physician. As we cannot anticipate any particular medical situation you may find yourself in, we cannot be responsible in any way for any and all direct or indirect applications or misapplications of the information offered here to any medical problems you might encounter. We strongly recommend that you meet with your physician to discuss any and all medical problems you may encounter while traveling before you leave your country of residence and that you follow exactly your physician's advice whether it agrees or conflicts with the information presented here. We cannot stress enough the importance of seeking medical advice for any and all medical situations you may find yourself in when the problems occur in foreign lands, no matter how trivial they may seem at the time. 