CONDITION

Airsickness

Learn why airsickness causes nausea, dizziness, and sweating during flights, along with practical prevention, treatment, and follow-up guidance.

WHAT IT IS
Motion sickness during air travel

BODY SYSTEM
Nervous system

MAIN SYMPTOMS
Nausea, dizziness, sweating, vomiting

WHAT CAUSES IT
Mismatched sensory signals

HOW IT IS DIAGNOSED
Symptom pattern linked to flight

MAIN TREATMENT
Practical measures and motion-sickness medicines

CAN IT BE CURED?
Yes, usually resolves when motion stops

IS IT AN EMERGENCY?
Sometimes, persistent vomiting or significant dehydration

LONG-TERM OUTLOOK
Usually temporary without lasting harm

Overview

Airsickness is motion sickness that occurs during air travel. It can cause nausea, dizziness, sweating, and sometimes vomiting. Symptoms often develop when an aircraft turns, climbs, descends, or passes through turbulence.

The brain normally uses information from the eyes, inner ears, muscles, and joints to understand movement and body position. Airsickness can occur when these signals do not agree. For example, the inner ear may sense that the aircraft is moving while the eyes focus on a seat, book, or screen that appears still. This sensory conflict can activate brain pathways involved in nausea and vomiting.

Airsickness is unpleasant but is usually temporary. Symptoms commonly improve when the motion becomes smoother or after the flight ends. It is not usually a sign of damage to the

inner ear or brain.

The condition matters because it may interfere with travel, work, or a person's ability to care for themselves or others. Vomiting can also lead to dehydration. Planning ahead is often helpful because motion-sickness medicines generally work better when used before symptoms become established.

Not every illness during a flight is airsickness. Chest pain, trouble breathing, fainting, new weakness, or other severe symptoms need prompt attention rather than being assumed to result from motion.

Symptoms

Symptoms may begin gradually or appear soon after turbulence or other aircraft movement starts. Nausea is common, but some people first notice less specific signs.

Possible symptoms include:

Some people become unusually quiet or sleepy before nausea begins. Others may feel anxious once they recognize the early signs, especially if they have vomited on previous flights.

Symptoms usually decrease after the motion stops, although fatigue, mild nausea, or an unsteady feeling can continue for a few hours. A temporary sensation of still moving after landing may also occur.

Symptoms that continue well after travel, repeatedly occur without motion, or are accompanied by hearing loss, ringing in one ear, severe headache, or difficulty walking may have another cause. These symptoms should be discussed with a healthcare professional.

- A general feeling of discomfort or uneasiness
- Nausea or loss of appetite
- Cold sweating, pale skin, or feeling warm
- Increased saliva
- Dizziness or a sense of imbalance
- Headache
- Tiredness, yawning, or difficulty concentrating
- Burping or stomach awareness
- Retching or vomiting

Causes and risk factors

The main cause of airsickness is a mismatch between sensory signals about movement. The balance organs in the inner ear can detect acceleration, turning, and changes in direction that may not be obvious to the eyes. Turbulence, repeated banking, and limited outside views can make this mismatch stronger.

Susceptibility differs widely. A person may feel well on one flight but become sick on another because the motion, seating position, visibility, sleep, stress, and meal timing are different.

Factors that may increase the chance or severity of airsickness include:

Motion sickness is common in children, although very young infants are generally less susceptible. Sensitivity may change with age. People who frequently experience a type of motion can sometimes adapt through repeated exposure, a process called habituation.

Airsickness is not usually caused by infection, food poisoning, or the lower cabin pressure found on commercial flights. However, these and other problems can cause similar symptoms during travel.

- A personal or family tendency toward motion sickness
- A history of migraine
- Turbulence or repeated aircraft movement
- Reading, watching a screen, or looking down during motion
- Sitting where aircraft motion feels more pronounced
- Lack of sleep
- Anxiety about flying or becoming sick
- Heavy, rich, or spicy food shortly before travel
- Alcohol use
- Strong odors, heat, or poor ventilation
- Pregnancy or menstruation-related hormonal changes in some people

Diagnosis

Airsickness is generally identified from the pattern of symptoms and their relationship to flight. There is no single blood test, scan, or inner-ear test that confirms it.

A healthcare professional may ask when symptoms begin, which types of movement trigger

them, how long they last after landing, and whether they also occur in cars, boats, or other settings. They may also ask about migraine, hearing changes, balance problems, medications, pregnancy, and other medical conditions.

An examination or testing may be appropriate when symptoms are unusual, severe, new, or unrelated to motion. Other possible causes of nausea or dizziness include migraine, an inner-ear disorder, medication effects, low blood sugar, dehydration, anxiety, infection, and heart or neurologic conditions.

During a flight, tell a flight attendant if symptoms are severe, difficult to manage, or different from previous motion sickness. Cabin crew can help assess the situation and seek medical assistance when needed.

Treatment and management

Practical measures are often the first step. They are most useful when started before nausea becomes strong.

Choose a seat near the aircraft's wings when possible, because movement may feel less pronounced there than at the front or rear. A window seat can allow you to look at the horizon or distant stable objects. Keep your head supported and as still as practical. Facing forward and reclining slightly may also help.

Avoid reading or focusing on a phone, tablet, or laptop during rough movement. Instead, look outside, close your eyes, or rest. Slow, regular breathing may reduce discomfort and anxiety. Cool air from an overhead vent can help, especially if the cabin feels warm.

Before and during travel, consider a light meal and regular fluids. An empty stomach does not always prevent nausea, while a heavy or greasy meal may make it worse. Avoiding excess alcohol is sensible because alcohol may worsen nausea, dehydration, and medication-related drowsiness.

If you have experienced airsickness before, discuss medicine with a pharmacist or clinician before traveling. Medicines used for motion sickness include certain antihistamines, such as dimenhydrinate, diphenhydramine, or meclizine. These medicines enter the brain and reduce motion-related signals, but they can cause sleepiness, slowed reaction time, dry mouth, blurred vision, constipation, or difficulty urinating. "Non-drowsy" antihistamines like cetirizine or loratadine used for allergies generally do not work for motion sickness.

Scopolamine is a prescription medicine available as a patch in some countries. It is placed on the skin before travel so the medicine can be absorbed gradually. Possible effects include dry mouth, blurred vision, sleepiness, confusion, and difficulty urinating. Medicine transferred from

the hands to the eyes can temporarily enlarge a pupil or blur vision, so careful handwashing after handling a patch is important.

Medication choice depends on age, pregnancy, other health conditions, current medicines, trip length, and activities planned after landing. Some motion-sickness medicines may be unsuitable for people with certain eye, urinary, prostate, heart, or cognitive conditions. Children should receive only products that a clinician or pharmacist confirms are appropriate for their age. Older adults may be more sensitive to confusion, falls, blurred vision, and urinary effects.

Do not drive, operate equipment, fly an aircraft, or perform safety-sensitive work if a medicine causes drowsiness or slowed thinking. Pilots and aviation crew should follow applicable aviation medical rules rather than self-treating with a sedating medicine.

Evidence for ginger, acupressure bands, and similar approaches is mixed. Some people report benefit, but these products should not replace appropriate assessment when symptoms are severe or unusual. Ondansetron, a medicine used for several other forms of nausea, is not generally effective for preventing ordinary motion sickness.

Complications

Most airsickness ends without lasting harm. Possible complications mainly result from repeated vomiting or impaired function during travel.

Vomiting can cause dehydration, especially when a person cannot replace fluids. Signs may include a dry mouth, intense thirst, reduced urination, weakness, or lightheadedness. Repeated vomiting can also irritate the throat and, rarely, lead to inhaling vomit into the lungs.

Drowsiness from motion-sickness medicine can affect judgment, balance, and reaction time. Combining a sedating medicine with alcohol or other medicines that cause sleepiness may increase impairment.

Frequent airsickness may lead to anticipatory anxiety or avoidance of necessary travel. A clinician can help develop a prevention plan and consider whether migraine, an inner-ear condition, or another problem is contributing.

Seek immediate help during a flight for chest pain, severe trouble breathing, fainting, new confusion, seizure, new one-sided weakness, difficulty speaking, or a sudden severe headache. Alert cabin crew promptly.

Urgent medical assessment is also appropriate for persistent vomiting with an inability to keep fluids down, signs of significant dehydration, blood in vomit, severe abdominal pain, or severe dizziness that prevents standing or walking safely.

Follow up

Routine medical follow-up is reasonable if airsickness is frequent, is becoming worse, prevents necessary travel, or does not respond to basic measures. A clinician or pharmacist can review prevention options and check for medicine interactions or conditions that affect treatment choice.

Arrange an evaluation if nausea, spinning, or imbalance continues beyond the expected period after travel; occurs when you are not moving; or appears with hearing loss, ear symptoms, migraine-like symptoms, or repeated falls. These patterns are not typical enough to assume they are simply airsickness.

Before a future flight, note what happened during the previous episode. Useful details include the seat location, turbulence, food and alcohol intake, sleep, activities such as reading, medicines taken, and how long symptoms lasted. This information can help identify practical changes.

People who are pregnant, traveling with children, older, or managing glaucoma, urinary problems, heart disease, or several medicines should seek advice before using a motion-sickness product.

Sources

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