

Altitude sickness



Certain normal physiological changes occur in everyone who goes to altitude.

These are: shortness of breath on exertion; changed breathing pattern at night; frequent waking at night; and increased urination.

Altitude sickness is an umbrella term which covers the benign Acute Mountain Sickness (AMS), and its two life-threatening complications: High Altitude Cerebral Oedema (HACE, or fluid on the brain) and High Altitude Pulmonary Oedema (HAPE, or fluid in the lungs). HACE and HAPE may follow AMS, especially when people do not listen to their body and continue to ascend despite increasing symptoms.

Acute Mountain Sickness (AMS) is a group of symptoms that represent your body not being acclimatised to its current altitude. It has been likened to a bad hangover or worse. Symptoms include a headache, with one or more of the following:

- Loss of appetite, nausea or vomiting
- Fatigue or weakness
- Dizziness or light-headedness
- Difficulty sleeping

Anybody can get AMS. Your likelihood of getting AMS is not significantly affected by age, gender, physical fitness or previous altitude experience.

However, there is little doubt that AMS is 100% preventable. There are 4 golden rules for preventing altitude sickness, which you should bear in mind on your trek:

1 / Understand and recognise the symptoms of AMS – if you feel unwell at altitude it is AMS until proven otherwise.

2 / Never ascend with obvious symptoms of AMS - AMS will NOT go away if you continue to ascend.

3 / Descend if symptoms get worse – you should descend IMMEDIATELY if your symptoms worsen.

4 / Look out for one another – and be willing to admit that you have got altitude sickness. This rule gets broken with unfailing regularity because people are just too anxious to complete their trek.

Remember – AMS is dangerous and should not be ignored. Seek help immediately if you or any of your fellow trekkers experience any symptoms of AMS.

Diamox

Diamox is a prescription drug which can assist acclimatization. Research has been carried out on the benefit of Diamox prophylactically in an altitude setting. The ascent profile of this trip means that we do not recommend that Diamox is necessary in this instance, although we do recognise that it is of value in certain altitude settings. If participants do decide to use it, they need to seek further advice from their GP and also inform the trip doctor. Participants should be aware that not all GP's will be familiar with its use at altitude if they do not have comprehensive knowledge of altitude medicine.

Advice is available on a number of recognised websites: www.himalayanrescue.org or www.basecampmd.com or www.expeditionmedicine.co.uk