

MOUNTAIN SICKNESS

In every walk with nature one receives far more than he seeks – John Muir

Basics

- Acute Mountain Sickness (AMS) results from poor oxygenation of tissues at high altitude.
- High-altitude: Elevations over 1,500 m (4,800 ft).
Very high altitude: Elevations of 3,500-5,600 m (11,200-18,000 ft)

Risk factors

- Living near sea level, previous altitude illness, ascending too high too quickly, sleeping at high altitude
- Patients with COPD, coronary artery disease, arrhythmias, and chest pain should anticipate exacerbation of symptoms

Symptoms

- Difficulty breathing, cough
- Headache, drowsiness, confusion, seizures, coma
- The loss of full control of bodily movements is a reliable early warning sign



Prevention strategies

- Everyone traveling to altitude is at risk, regardless of age, level of physical fitness, prior medical history, or previous altitude experience. Symptoms occur in nearly everyone if the ascent to altitude > 2,500m is too rapid. Physical fitness is not protective!
- Factors that affect severity of illness include rate of ascent, altitude reached (especially altitude of sleep), length of stay, and the amount or intensity of exercise at altitude.
- If you feel unwell at high altitude, develop symptoms of altitude illness, or your symptoms are worsening, descend immediately. Acclimatize by planning daytime climbs with return to a lower sleeping altitude.
- Fluid consumption (water +/- added electrolytes) should be increased to approximately 3-4 liters per day to minimize fluid loss which is magnified at high altitude. Consider Acetazolamide for prevention and treatment of acute mountain sickness.