

# Travelling Healthy

## Acute Altitude Sickness

Also known as Acute Mountain Sickness (AMS). Travellers who will be visiting mountainous areas, need to be aware of and ready to respond to acute mountain sickness or altitude sickness. It is caused by a lower level of oxygen available at high altitudes.

Areas known to be of greatest risk are the Himalayas, the Andes, the Rockies, Mount Kenya and Mount Kilimanjaro.

## Signs and Symptoms:

Can be a combination of nausea and vomiting, dizziness, loss of appetite, headache, lethargy and insomnia, irritability, swelling of face, hands and feet. More serious signs and symptoms include cough, breathlessness without exertion, frothy pink or white sputum, blueness around the mouth and lips, impaired behaviour and level of consciousness.

## Prevention:

Each person has their own “acclimatisation” level. That is, below your acceptable level of oxygen concentration you won’t experience symptoms but above it you will.

For many people this demarcation line is around 2,400 metres (8,000 feet) to 2,700 metres (9,000 feet). However it can be as low as 1,500 metres (5,000 feet) in some individuals.

The simplest way to avoid altitude sickness is to **ascend slowly** to give yourself time to adjust to the lower level of oxygen in the air. The greatest risk is for those who ascend rapidly. People who fly into high altitude areas are also at risk.

- You need to increase fluid intake to prevent dehydration due to dry mountain air, exercise and increased respirations.
- Spending the night at or just below your acclimatisation level gives your body time to adjust. There is a maxim “climb high, sleep low” Ascending during the day and descending part way for the night helps your body adjust more efficiently.
- Avoid using alcohol or any unnecessary medications especially sleeping pills, tranquilizers and narcotic based pain relievers as they can all reduce your breathing rate.
- Spend a few days at an altitude of 2,400 metres before ascending further, then limit your ascent to 300 metres every day and try not to sleep at an altitude higher than 300 metres than you slept at the previous day.

- Symptoms of altitude sickness occur during ascent, not descent. If you or a member of your group becomes sick during ascent, always assume it is altitude sickness and respond accordingly.

## Minimize Your Risk:

- Spend a few days at an altitude of 2400 metres before ascending further, then limit your ascent to 300 metres every day and try not to sleep at an altitude higher than 300 metres than you slept at the previous day.
- Symptoms of altitude sickness occur during ascent, not descent. If you or a member of your group becomes sick during ascent, always assume it is altitude sickness and respond accordingly.

## Treatment:

If you experience mild symptoms of AMS, limit your activity and stay at the same altitude for a day or two before resuming the climb. You can take aspirin for headache. If symptoms don't improve or get worse during your day of rest you will need to descend.

The sulpha drug acetazolamide helps prevent or lessen symptoms of AMS by increasing the breathing rate and assisting acclimatisation.

Treatment such as the use of oxygen, hyperbaric Gamow bag and anti-inflammatory medication is usually restricted to emergency or paramedical personnel.

More serious types of altitude sickness that involve changes in the level of consciousness (swelling of the brain) or shortness of breath, (swelling of the lungs) even when resting, are medical emergencies. Mild AMS can deteriorate to the more serious altitude sickness quickly.

## Maximise Your Travel Experience:

All climbers need to watch each other for signs of altitude sickness as individuals may not notice their symptoms. Denial of altitude sickness is common, discounting their headache as “sinus” or “tiredness”. Not being hungry after a long day of trekking is a sign of altitude sickness.

Other risks associated with high altitude are sunburn, eye damage, venous problems and peripheral and facial swelling.

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