

Travelling to the Andes, the Himalayas or East Africa (Kilimanjaro, for example) can involve trekking at high altitude. Often, only a few days are set aside for these treks, which means unusual efforts and, in part, a strain on the body.

Climbing at high altitude entails risks even for people in good health. People with heart or respiratory conditions should consult their doctor before undertaking such a trip.

## **Acute mountain sickness**

Anyone can contract acute mountain sickness, even the young and fit. The risk begins at around 2,500m and increases with altitude. The difference in altitude should not exceed 300 to 600m per day (the altitude at which you sleep).

## **The symptoms of mild altitude sickness are:**

- Headaches
- Nausea or vomiting
- Weakness or abnormal tiredness
- Dizziness

## **The symptoms of severe altitude sickness are:**

- Very severe headaches that no longer respond to analgesics
- Increased vomiting
- Coordination problems (inability to walk in a straight line)
- Changes in behaviour
- Confusion or disorientation
- Increased coughing
- Shortness of breath that does not go away despite rest
- Chest tightness (inability to lie down)

## **Prevention**

- As a first step, spend at least two nights at a moderate altitude (2000 to 2500 metres). Also try this method if you are flying directly to a high-altitude airport.
- Above 3,000 metres, never sleep more than 500 metres higher than the previous night, or sleep two nights at the same altitude if you can't do otherwise.
- During the day, you may want to climb higher ('climb high, sleep low'). But don't do this if you already suffer from altitude sickness.
- In the weeks leading up to your departure, spend a few nights at a moderate altitude (2000 to 3000 metres).
- If you do not have enough time to acclimatise or if you have already had altitude sickness at a similar altitude, you can take acetazolamide as a preventive measure.

## Adapt your behaviour

- Do not take sleeping pills or drink alcohol for the first few days at altitude. Do not exert yourself during the first few days at altitude.
- Drink enough fluids to avoid dehydration.

## Preventive treatment

Taking DIAMOX® (acetazolamide) can stimulate breathing and sometimes reduce the risk of mountain sickness. DIAMOX® may cause slight reversible sensory problems in the hands and feet. Avoid combining with acetylsalicylate (e.g. ASPIRIN®).

As DIAMOX® increases urinary excretion, you should compensate by drinking enough. If you are allergic to sulphonamide, DIAMOX® is contraindicated.

Dosage: DIAMOX® 2 x 125 mg/day, starting 24 hours before going to altitude and finishing at the end of the descent.

## In the event of mild symptoms

- Do not climb any higher until the symptoms have disappeared, or descend 500 metres overnight. Descend again if symptoms do not improve.
- Stay calm for a few days.
- Drink enough fluids; the urine should remain clear.
- Take acetazolamide (Diamox®), a 250mg tablet every twelve hours for three days to help acclimatise, especially if you then want to climb even higher. If you go back down, you can stop taking it. If you develop symptoms again, for example if you continue to climb, you can start taking it again.
- You may need to take a painkiller (1 g of paracetamol or 600mg of ibuprofen) or an anti-vomiting agent (metoclopramide or domperidone). These may reduce the symptoms, but will not improve acclimatisation.
- Half a tablet of acetazolamide (125 mg) in the evening is also effective against sleep disorders.

## In the event of serious symptoms (see above)

- Immediately descend to 2500 metres or lower. It could save your life!
- Consult a doctor as soon as possible. Call your travel assistance insurance company for advice on reliable medical facilities.