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# ain't no mountain high enough

*Dealing with the effects  
of high altitude on the body*

**By Laura Bylund**

**W**ith the brows of Old Man Winter peaking over the horizon, many of us low-altitude beach dwellers are planning our high-altitude weekend endeavors. Our attentions are firmly fixed on the skiing, snowboarding and mountaineering we'll do—with little thought of how half of us will have throbbing headaches and one in five of us won't be able to crawl out of bed, let alone make it to the chair lift.

At least half of all people who live at sea level will show symptoms of Acute Mountain Sickness (AMS) within 24 hours of arriving at 8,000 feet and above. And, considering that most of the major mountain resorts of the west are located at elevations between 7,000 and 10,000 feet, this could easily be you.

While effects can sometimes only last a few hours, suffering from nausea, drowsiness, fatigue or a splitting headache is still always an unwelcome setback on your limited vacation time.

## **STAY WELL**

The good news is that you can maximize your chances of a perfectly healthy trip by helping your body facilitate the transition to high altitude, or acclimatizing.

Our bodies are naturally adept at adapting to the environment—they only need time to do so. AMS was not always as common a problem during the good ol' days of slow goin' transport. Most people today do not think to slow their ascent and allow their bodies time to adjust, and end up increasing their susceptibility to a vicious cycle of altitude sickness.

Optimal conditions for the human body are found at sea level where there is enough oxygen in the air to breathe comfortably. At 8,000 feet, however, there is only about 75% of that amount available for consumption. Our respiratory system must work much harder to bring in the oxygen it needs to function properly.

Because of the decrease in oxygen molecules per breath, we find ourselves breathing in and out at a much faster rate. This hyperventilation is usually the first change we notice in our bodies' performance at high altitude. Our heart rates also increase in a struggle to oxygenate the body for the first few days and then actually drops lower than at sea level after about a week, thwarting our capacity for physical output.

*(continued)*



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## well being

(continued)

As we climb on without stopping to rest and acclimate, the air keeps getting thinner, making us breathe harder and start to blow off more carbon dioxide than we should. Carbon dioxide triggers our bodies' need for oxygen, thus advising it to breathe. The decrease of CO<sub>2</sub> levels in the blood causes another condition of AMS known as sleep hypoxia. This is where breathing slows significantly during sleep (occasionally stopping!) until gas levels in the blood are so offset that we gasp for air to get the oxygen levels back up—at which point breathing slows again. This perpetuating symptom of AMS makes it impossible to get the restful night's sleep one needs for a long day of physical activity.

Sleep hypoxia may be why symptoms of AMS, such as headaches, are most severe in the mornings: a headache is usually the first telling sign. This is because the brain is one of



the organs most sensitive to the need for oxygen. It consumes a greedy 20% of all that the body takes in. Upon noticing this deprivation, the brain gluttonously sends for more blood, causing it to swell and inflict a massive pressure headache on the unsuspecting person.

Aspirin can be taken for a minor headache at first, but if it worsens and nothing is done to alleviate this pressure, it can eventually lead to High Altitude Cerebral Edema (HACE). HACE is brain swelling so severe it alters consciousness, disrupts basic motor skills (such as walking) and affects vision. Though it rarely occurs below 12,000 feet, this is a life threatening condition that if suffered for too long can cause permanent damage to the brain or nervous system.

Though HACE is a serious concern, the more common danger is High Altitude Pulmonary Edema (HAPE). This is when fluid enters



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the lungs because of increased blood flow and pressure. The fluid can block oxygen saturation of the red blood cells and eventually lead to death by suffocation (if left untreated). HAPE occurs at 8,000 feet and above and can affect even the acclimatized if they exert themselves after too rapid an ascent.

The most indicative symptoms of HAPE are rales (bubbling fluid sounds in the lungs) and a dry cough progressing to a wet, phlegmy one. Cyanosis (bluish discoloration) of the fingernail beds, lips and face is also a symptom of both HAPE and HACE. Upon recognizing any of these symptoms, immediately descend to a lower elevation and seek medical attention.

If you experience any symptoms associated with AMS, this should be warning enough for you to descend and treat before it escalates to HAPE or HACE. The easiest (and best) treatment for any type of altitude illness is a descent of 2,000 to 3,000 feet. This usually provides almost immediate relief.

There is no clear explanation why some people are more prone to altitude sickness than others. However, some correlations to specific ages and gender have been found. For example, children seem most susceptible to AMS; HAPE tends to be most common in young males, and HASE (systemic: the swelling of the extremities due to salt and water retention) is most common in women. So, if your hands, face and feet swell up and you find you've gained 8-12 lbs, do not be alarmed! It is not dangerous and will subside once you return to sea level, if not within a few days.

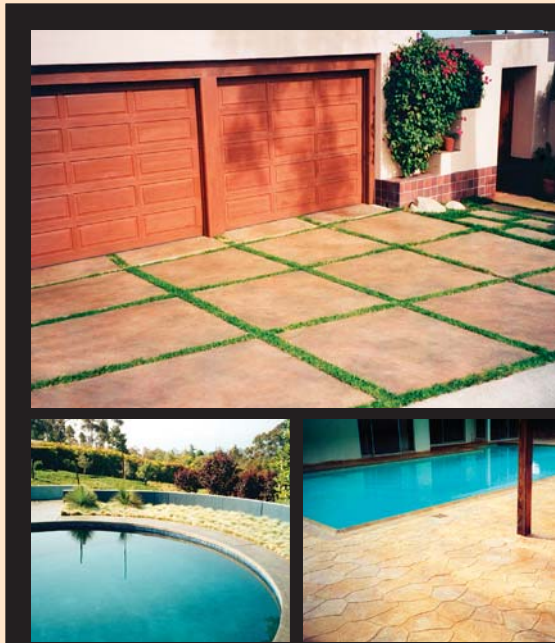
### AN OUNCE OF PREVENTION

One thing remains clear: proper acclimatization can prevent or dramatically reduce the severity of symptoms, and AMS will go away as your body adapts to the decreased oxygen levels. A gradual ascent and intermediate staging (taking your time going up, possibly stopping to sleep 2,000-3,000 feet lower than your destination) is the best course of action.

It is also recommended to limit physical activity for the first couple days, drink plenty of water and get plenty of rest. To achieve the latter, you should follow this age-old mountaineer's motto: Climb high and sleep low. Take your daily activities to higher ground and descend to a lower elevation for a restful night's sleep. Keep a light diet high in carbohydrates and potassium and low in fat. Avoid taking depressants such as alcohol, tobacco, tranquilizers and sleeping pills, as these inhibit respiratory drive.

Just remember: take your time on those ski trips this winter—you are, after all, on vacation!

Laura Bylund is a climbing instructor and is the supervisor of the Adventure Climbing Center at UCSB.



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