FACTSHEET
TRAVEL IN GREAT HEIGHTS

Expertenkomitee für Reisemedizin
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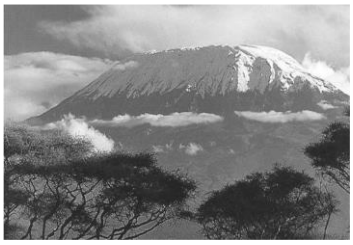
Key aspects briefly summarized

- Altitude sickness can be life-threatening and occur in any traveler.
- The danger begins at about 2500m and rises with increasing altitude.
- If you are planning a stay at altitude, please read this factsheet carefully!
- Depending on the type of travel and / or pre-existing conditions, the advice of a specialist is strongly recommended.



General Information

Travel to the Andes, the Himalayas or East Africa (e.g. Kilimanjaro) can lead to unusual heights. In many travel offers, only a few days are planned for these high-altitude treks, which means unusual demands and, in some cases, excessive demands on the organism. Travel to high altitudes is not without risk, even for those in good health. People who already suffer from respiratory or heart problems at home should consult their family doctor.

Acute mountain sickness / altitude sickness

The risk of acute mountain sickness exists for all persons. The risk of suffering acute mountain sickness is largely independent of age and training status and is primarily determined by the rate of ascent and the sleeping altitude. The risk begins at about 2500m and rises with increasing altitude. Acute altitude sickness is characterized by headache, nausea, loss of appetite and sleep disturbances.

High altitude pulmonary edema, high altitude cerebral edema

If the above symptoms increase, e.g. headache no longer responds to headache tablets, and are additionally accompanied by dizziness, vomiting, listlessness, unsteadiness of gait and possibly shortness of breath, then the patient should be descended as quickly as possible or transported to lower altitudes. If the patient does not descend, there is a risk of life-threatening conditions such as high-altitude cerebral edema and/or high-altitude pulmonary edema.

Prevention

1. Slow ascent. **Ascent rules: above 2500m the *sleeping altitude* should not be increased by more than 300-500m per day and for every 1000m gain in sleeping altitude an additional day of rest should be taken**.
2. If symptoms of mountain sickness occur (see above), the ascent must be paused and may only be resumed when the symptoms are no longer present. If the symptoms increase, the ascent must be stopped or the patient must be transported to lower altitudes. If the symptoms are ignored, the life-threatening forms of altitude sickness, **high-altitude cerebral edema** and/or **high-altitude pulmonary edema** may develop.
3. If adherence to the above ascent rules is not possible due to the situation or the terrain, taking acetazolamide (DIAMOX®) may reduce the risk of developing acute altitude sickness. The prescription of the drug requires a medical indication as well as information about possible side effects!

Treatment of altitude-related disorders

- **Headache**: Paracetamol (e.g. PANADOL®, DAFALGAN®). Do not use sleeping pills!
- **High altitude cerebral edema**: immediate descent. If available: Oxygen administration, emergency medical therapy.
- **High altitude pulmonary edema** (shortness of breath even at rest, rattling breathing sound, irritating cough) Immediate descent. If available: Oxygen administration, emergency medical therapy.

No guarantee can be given for the accuracy and completeness of the medical information, nor can any liability be accepted for any damage that may occur.