(See page 56)

Part one

1. (b). Despite the common belief that symptoms of altitude sickness do not start until climbers reach 3500 metres (10 000 feet) most people start to feel ill, mainly from lack of oxygen, 1000 metres below that level.
2. (a). Although people differ, headache is the commonest early warning symptom. It develops within a day of climbing above 2500 metres, and will ease within 8 hours of descending. It is worse at night and with any slight exertion. Oxygen at 2L per minute should ease the head ache within 15 minutes.

Part two

3. (c). The most recent studies suggest that staying for 6 days at 2200 metres gives people better exercise tolerance when they reach 4300 metres. The Wilderness Medical Society states that people travelling above 3000 metres should only climb a further 300 metres per day, and rest for a day after each further 1000 metres. Choices (d) and (e) are dangerous if taking the medication persuades people to climb faster and for longer. They may not prevent the double catastrophe of disorientation and hallucinations. Although Gingko biloba has been claimed to help altitude sickness, it has not been shown to be as effective as acetazolamide in a randomised placebo-controlled trial.[1]

Part three

4. (a) 2000 m. (b) 2500 m. (c) 2500 m. (d) 3500 m. (e) 3500 m. (f) Above 4500 m.
These answers are approximate, and vary with individual subjects, but they confirm the suspicion that altitude sickness symptoms do arise well below the heights to which many people think they can climb without pausing or acclimatising.

Part four

5. (b), (c), (d), (f). Being apparently fit and healthy beforehand does not give extra protection against altitude sickness. On the contrary, patients with a history of hypertension who are taking diuretics to control their blood pressure are often less affected by altitude sickness than normotensive people of a similar age on no treatment. Obesity is one of the few predictive factors for altitude sickness, so travellers should be encouraged to lose excess weight before setting foot on the mountains. Answer (d) is correct, but with the proviso that if the headache does not ease quickly on treatment, the patient should descend. Answer (f) is safer than answer (e), provided that the pharmaceutical treatment can be given quickly. Answer (e), of course is still acceptable. Answer (g) is inviting a fast return to symptoms, and possibly disaster, although the climber will usually try to put pressure on his medical advisers to allow him or her to carry on up the mountain. That decision is fraught with risk.