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High-Altitude Sickness

Source: TH

The recent death of a trekker from Kerala due to <u>high-altitude sickness</u> (HAS) or **Acute Mountain Sickness (AMS)** while attempting to scale a **peak in Uttarakhand** has brought attention to the dangers of trekking in the mountains.

- Popular trekking routes often exceed 3,000 meters, increasing the risk of AMS among unacclimatised trekkers.
- <u>High-altitude sickness</u> occurs when individuals ascend rapidly to elevations **above 2,400 meters**, without adequate acclimatisation.
 - As altitude rises, both air pressure and oxygen levels drop, causing hypoxia, which is a shortage of oxygen in the body's tissues.
 - Symptoms include headaches, nausea, fatigue, and shortness of breath.
- Severe cases of HAS/AMS can lead to High Altitude Pulmonary Edema (HAPE) and High Altitude Cerebral Edema (HACE), both life-threatening conditions requiring immediate descent.
 - At high altitudes, the body adapts by increasing breathing (can cause hyperventilation) and producing more red blood cells, thickening the blood and straining the heart.
 - HAPE causes lung fluid buildup, and worsening breathing, while HACE leads to confusion, hallucinations, and coma.
- Treatment Strategies:
 - Supplemental oxygen or a portable hyperbaric chamber can help alleviate symptoms of **AMS** and **HACE** in emergencies.
 - Pharmacological treatments, such as **acetazolamide and dexamethasone**, may provide short-term relief.
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