Notes about HACE and HAPE

In addition to descent, treatment includes oxygen, steroids and Delay can be fatal.

metres (1,500-3,000 feet) and as soon as is possible. The descent needs to be at least 500-1,000 even if this is in the night

Two sets of symptoms requiring immediate descent:

Emergencies requiring immediate descent

Two sets of symptoms requiring immediate descent:

1. Fluid on the lungs
   Showing up as struggling to breath, extreme fatigue, rattling breathing, coughing, blue or grey lips and fingernails, drowsiness, collapse, confusion and death. This condition is known as HAPE (High Altitude Pulmonary Oedema). The cardinal feature is extreme shortness of breath – being short of breath when everybody else has got their breath back.

2. Fluid on the brain
   Showing up as changes in behaviour, lethargy, and loss of coordination (unable to walk in a straight line). This can progress to coma and death. This condition is known as HACE (High Altitude Cerebral Oedema). The cardinal feature is cognitive impairment (inability to think straight and carry out normal tasks).

Acclimatisation

Ascend slowly with overnight stops at regular intervals.

- People planning to ascend over 3,000 metres (10,000 feet) should spend a night at an intermediate elevation below 3,000 metres before they start to ascend.
- Above 3,000 metres ascend only 300-500 metres (1,000-1,500 feet) a day to each next new sleep height.
- If more than 500 metres (1,500 feet) of ascent is required in the day, descend back to 500 metres to sleep (climb high, sleep low).
- For every 1,000 metres (3,000 feet) of ascent stop for 2 nights sleep before going higher.

Acetazolamide for altitude sickness

Most trekkers and climbers do not need, and should not take acetazolamide tablets (formerly known as Diamox).

- Altitude problems are unlikely below 2,500 metres (8,000 feet).
- Anybody can suffer from illness caused by altitude. Nobody is immune to it.
- The best way to reduce the risk is to acclimatisate and be prepared to descend.

Acetazolamide dosage

1. In the mild acute mountain sickness (headache, fatigue, light headedness, difficulty with sleep) symptoms resolve more quickly with acetazolamide. The symptoms usually go by themselves in around 24-48 hrs. This usually reduces to around 12-24 hrs with acetazolamide.
2. Taking acetazolamide will reduce the likelihood of altitude sickness in people who are forced to ascend without proper acclimatisation. Serious illness and even death are still possible. acetazolamide is not a substitute for acclimatisation.
3. Acetazolamide improves the pattern of breathing during sleep at altitude and thus quality of sleep. During sleep at altitude the breathing pattern alters; rapid breaths are followed by prolonged pauses. This is not dangerous but tends to lead to poor sleep.

We do not recommend taking acetazolamide for people planning to undertake routine ascents. Most people who acclimatise properly do not need it. Taking acetazolamide can give a false sense of security.

Acetazolamide side effects

1. For the treatment of mild early acute mountain sickness (headache, fatigue, light headedness, difficulty with sleep): Acetazolamide 250mg (one tablet) twice daily until symptoms resolve, when planned ascent can be resumed.
2. Where rapid ascent without proper acclimatisation cannot be avoided: Acetazolamide 125mg (half a tablet) twice daily, started the day before ascent or as soon as possible after starting to ascend and continue for 2-3 days after final altitude is reached.
3. For disturbed breathing pattern during sleep: Acetazolamide 125mg (half a tablet) twice daily. Continue until descent to an altitude where sleep is no longer a problem. Acetazolamide is not a sedative.

Notes

Stopping acetazolamide does not cause a rebound in symptoms. The symptoms will not be worse than they would have been if acetazolamide had not been taken in the first place.

Taking acetazolamide for early symptoms does not mean it is OK to keep ascending. Do not ascend until symptoms resolve completely, usually 24-48 hrs.

Acetazolamide does not mask serious underlying symptoms. It treats the cause, not the symptoms. If a person feels better on acetazolamide it is because their condition has improved.

Take a trial dose of half a tablet 3-4 days before travel to check for possible adverse reactions.

Acetazolamide increases the amount of urine produced and changes the acidity of the blood. The net effect is to improve breathing and reduce fluid around the brain and in the lungs.

Acetazolamide is not licensed to prevent and treat altitude sickness, although it has long been used for this purpose.

Acetazolamide uses

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