

Letters to the Editor

Adolescents at Altitude

To the Editor:

We read with great interest the paper “Morbidity and Determinants of Health on Youth Expeditions.”¹ This important paper clearly identifies the risks associated with youth travel to remote areas of the world. The authors report that two thirds of the expeditioners ($n = 1688$) reached altitudes higher than 2500 m. A total of 116 (6.9%) developed acute mountain sickness (AMS), though the authors do not indicate how AMS was defined and formally assessed. It was noticeable that in this paper, most groups trekking to altitude used acetazolamide to help prevent AMS, and this probably contributed to the low prevalence of AMS.

In our paper² the prevalence of AMS was 91.7% after acute ascent to 3250 m and further travel to 5500 m (self-assessment with the Lake Louise scoring system, defining AMS as any individual with a score of 3 or more with headache and recent ascent). None of this group used acetazolamide in either prophylaxis or treatment. The group appeared to be capable of self-assessment, and we believe that this offers potential increased group awareness of AMS and consequent safety.

The very marked difference in prevalence of AMS between the 2 studies could be accounted for by a num-

ber of explanations: There were different ascent profiles, different altitudes reached, different methods of assessment of AMS, different drug prophylaxis, and possible poor specificity of the Lake Louise scoring system³ (background level of nonspecific symptoms).

More and more adolescents are traveling to high altitude on organized expeditions. They represent a particularly vulnerable group who merit further study.

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