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Steroid use in the mountains :

Treatment of HACE

Prevention of AMS

Prevention of HAPE

Other Uses : ?

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Other Usage of steroids:

For Cough (Khumbu)

No firm data. Ongoing study by DrAshishLohani from Ludwig Maximillian University in Munich and Mountain Medicine Society of Nepal.

At present indiscriminate use of oral steroids for cough in the mountains. TB in locals?

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- Increasingly we are starting to see eager climbers helped by their equally eager doctors being given steroids for weeks to months for prevention of AMS, HACE, and HAPE to safely trek up to the base camp of Mount Everest and sometimes also to the summit of Everest.
- (Case report of a climber who took a “cocktail” of drugs to get him to the top of the Everest)

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[Complications of steroid use on Mt. Everest.](#)

Subedi BH, Pokharel J, Goodman TL, Amatya S,
Freer L, Banskota N, Johnson E, Basnyat B.

Wilderness Environ Med. 2010 Dec;21(4):345-8



Desperate to climb Everest

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Zell SC, Goodman PH: Acetazolamide and dexamethasone in the prevention of acute mountain sickness. West J Med 1988 May;148:541-545

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Researchers randomly assigned 32 healthy backpackers to receive placebo, acetazolamide (250 mg twice a day), dexamethasone (4 mg four times a day), or both drugs in combination to determine the drug efficacy in preventing acute mountain sickness (AMS) at altitudes of 3,650 to 4,050m (12,000 to 13,300 ft).

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- Fatigue
- Depression, and insomnia were reported by more than half of those receiving dexamethasone alone.
- Five of the seven subjects reporting depression after discontinuing the use of dexamethasone described the depression as so severe that they would never want to take the medication again.

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- Prevention should not be worse than the cure.
- It is one thing to use steroids for a disease (HACE) but something else to use steroids for prevention with potential complications.

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It is ironical that people do not use supplemental oxygen but are taking steroids and Viagra to get them to the top of Everest.

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Pilgrims to high altitude sacred areas:

A neglected problem.

A very non American and non European problem except that many of the victims are people of Indian ancestry settled in the West.

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- Pilgrims are older and sicker with **pre-existing medical problems.**
- More fatalistic than tourist.

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- Most common destination is KailashMansarovar about 5500m.
- Very good roads from the Chinese side and also now local airport in the Kailash region making it possible for people to go up too high too fast and become very ill.
- Thousands upon thousands every year travel to Kailash

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- Every year about one hundred pilgrims die of altitude sickness or their own pre existing diseases being worsened by the hypoxia (low oxygen) at high altitude sites.
- No data gathering system. A comprehensive data gathering system needs to be in place before we can properly help pilgrims and others in the Himalayas.



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In 1907 Sven Hedin the famous Swedish explorer was one of the first people to describe this mountain and lake (Kailash\Manasarovar) to the Western World.

He discovered the sources of some of the largest rivers, the Bhramaputra(the YarlungSampo in Tibetan), the Indus, Sutlej in the Kailash area.