

OFF THE WALL



Climbers approach the 17,000-foot camp on Denali's West Buttress.

ALTERNATIVE MEDICINE

Changing views on dex at altitude

IN AUGUST 2010, at the World Congress on High Altitude Medicine and Physiology in Arequipa, Peru, medical experts gave a preliminary thumbs up to the use of dexamethasone for the prevention—as well as treatment—of acute mountain sickness (AMS). Mountaineers have long used the steroid known as dex to help battle the effects of AMS, but differing opinions have arisen over the drug's safety and ethics.

At a round-table discussion at this year's conference, experts concluded that dex might be safer than previously thought. "If you were to ask me as a patient, would it be safe to take dex on summit day, I'd have to admit I don't see much of a downside to it," says Dr. Peter Hackett, director of the Center of Altitude Medicine in Telluride, Colorado. "It's a pretty safe drug."

When climbers ascend into thin air, the oxygen content in their blood drops even when they're using supplemental oxygen. The body compensates for this by increasing blood flow to the brain. Through unknown mechanisms, the blood vessels may start to leak, resulting in a shift of fluid into the brain, or high altitude cerebral edema (HACE).

Steroids have been used since the 1960s to treat the symptoms of HACE—

dex came about in the late 1970s—because they reverse brain swelling by decreasing blood vessel secretions and fluid exodus into the brain. However, because these drugs effectively suppress AMS and HACE symptoms—potentially misleading climbers into thinking they're acclimatized well enough to continue their summit push—many doctors have historically advised that dex should be used to treat, but not prevent, HACE.

According to Eric Simonson, co-owner of International Mountain Guides, guiding companies typically follow protocols developed by their medical directors, and often have a physician along on expeditions. Currently, such protocols almost never advise using dex for anything other than a life-saving bailout in the event of HACE.

The August medical conference in Peru suggests that the times might be changing, and Hackett says, "Dexamethasone will likely become a more popular and widely utilized medication for the prevention of AMS." However, he adds, "Before we can widely recommend its use for prevention of problems on summit day, more studies are needed to ensure its safety and efficacy." —*Brian Irwin*

PEAK FEES RISING SHARPLY

CLIMBERS PLANNING TRIPS to Denali National Park and Preserve and Mt. Rainier National Park might need to reevaluate their expedition budgets. The National Park Service intends to raise mountaineering fees for attempting Mt. McKinley or Mt. Foraker from \$200 to \$500 per climber in 2012, and from \$30 to \$50 at Rainier in 2011.

Climbing advocacy groups are concerned the NPS planned the fee increase without adequate public notice. "We want to question the concept of raising the fee," said Phil Powers, executive director of the American Alpine Club. "We want to talk about what the road map should be through public process to making a decision."

According to a letter that the AAC, the Access Fund, and American Mountain Guides Association penned to Jon Jarvis, the director of the NPS, "In these tough economic times, these large fee increases will price Americans out of their own parks." Still, climbing organizations want to remain supportive. "We've worked together really well for years," Powers says. "Our relationship is bigger than any of these issues." Jason Keith, policy director for the Access Fund, agreed. "We absolutely support the rangers up there," he says. "All we're asking for is that they open this up to the public and engage the stakeholders, and have a meaningful conversation about it."

On October 15, the AAC, the Access Fund, and the AMGA planned to meet in Denver with Paul Anderson, Denali's superintendent, and Dave Uberauga, Rainier's superintendent, to discuss "coming to an agreement about what kind of process makes sense for the park to use to get advice and opinions before they make a decision," says Powers. "We want to understand how [the money fee] is being spent, and to make sure the fee is being used in a way that supports climbers."

—*Amanda Fox*

JOHNATHAN AMPERSAND ESPER / AURORA PHOTOS