

European Respiratory Society Annual Congress 2012

Abstract Number: 2274

Publication Number: P3796

Abstract Group: 4.1. Clinical physiology and Exercise

Keyword 1: Hypoxia **Keyword 2:** Apnoea / Hypopnea **Keyword 3:** No keyword

Title: Breathing patterns in mountaineers climbing to extreme altitude (7546m)

Dr. Tsogyal D. 14980 Latshang tsogyal.latshang@usz.ch MD ¹, Ms. Ainara 15021 Garde ainara.garde@upc.edu ², Dr. Alexander J. 15048 Turk alexander.turk@zhw.ch MD ¹, Dr. Thomas 15049 Hess Thomas.Hess2@ksw.ch MD ³, Dr. Martina M. 15187 Bosch martina.boesch@usz.ch MD ⁴, Dr. Daniel 15269 Barthelmes daniel.barthelmes@usz.ch MD ⁴, Dr. Jacqueline 15272 Pichler Hefti jacqueline.pichler@insel.ch MD ⁵, Prof. Dr Marco 15309 Maggiorini marco.maggiorini@usz.ch MD ⁶, Dr. Urs 15310 Hefti urs.hefti@insel.ch MD ⁷, Dr. Tobias M. 15315 Merz tobias.merz@insel.ch MD ⁸, Dr. Otto D. 17051 Schoch otto.schoch@kssg.ch MD ⁹ and Prof. Dr Konrad E. 15047 Bloch konrad.bloch@usz.ch MD ¹.
¹ Sleep Disorders Center and Pulmonary Division, University Hospital, Zurich, Switzerland ; ² Institut de Bioenginyeria de Catalunya and CIBER de Bioingenieria, Biomateriales y Nanomedicina, Universitat Politecnica de Catalunya, Barcelona, Spain ; ³ Pulmonary Division, Dept. of Internal Medicine, Cantonal Hospital, Winterthur, Switzerland ; ⁴ Department of Ophthalmology, University Hospital, Zurich, Switzerland ; ⁵ Institute of Laboratory Medicine, Cantonal Hospital, Aarau, Switzerland ; ⁶ Medical Intensive Care Unit, Dept. of Internal Medicine, University Hospital, Zurich, Switzerland ; ⁷ Department of Surgery, Cantonal Hospital, Aarau, Switzerland ; ⁸ Department of Intensive Care Medicine, University Hospital, Berne, Switzerland and ⁹ Sleep Disorder Center and Pulmonary Division, Cantonal Hospital, St. Gallen, Switzerland .

Body: Background We investigated breathing patterns and oxygenation in mountaineers climbing to extreme altitude to evaluate effects of hypoxemia and acclimatization. Methods In 34 mountaineers (mean age 45y, 7 women) portable recordings of respiratory inductive plethysmography, pulse oximetry and ECG were performed during a climb to the summit of Muztagh Ata, China (7546m). Breath by breath ventilation was analyzed and periodic breathing quantified by spectral analysis. Results Repeated recordings during 2 climbs from 4497-5533m within 5-8 days revealed an increase in oxygen saturation and periodic breathing and a decrease in heart rate (table). During the climb from 6865-7546m hypoxemia was pronounced. Conclusions Mountaineers were able to climb to extreme altitude despite severe hypoxemia. The heart rate reserve was utilized to a greater extent than the ventilatory reserve. With acclimatization, periodic breathing increased despite a higher oxygen saturation, consistent with a persistently high ventilatory drive while the heart rate reduction suggested a decrease in sympathetic tone.

Physiologic adaptation during ascent to 7546m

	Climbs from 4497-5533m	Climb from 6865-7546m
--	------------------------	-----------------------

	day 4 n=33	days 9-12 n=32	days 17-19 n=19
Oxygen saturation, %	73±4	77±4*	68±3**
Minute ventilation, L/min	33.1±8.1	35.3±7.5	31.1±9.6
Minute ventilation, %MVV	25±11	24±11	22±8
Mean inspiratory flow, L/min	1.1±0.3	1.2±0.3*	1.1±0.3
Power of periodic breathing, arbitrary units	0.6±0.1	0.7±0.1*	0.6±0.1
heart rate, 1/min	122±15	112±14	122±11**
Heart rate, %HRmax	85±13	80±12*	86±9**

Means±SD during 6-8h climbs;*P<0.05 vs day 4;**P<0.05 vs 4497m, day 9-12; MVV=40*FEV1 at corresponding altitude; %HRmax=% of heart rate during maximal exercise at 5533m (Latshang 2011)