

At Colorado Resorts, Ski Fever Often Comes With Case of Nausea

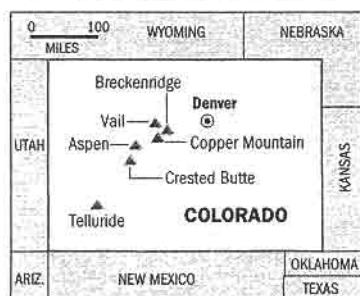
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Highest Slopes Can Leave
Flatlanders Feeling Sick;
'Something Was Wrong'

By ELLEN E. SCHULTZ

CRESTED BUTTE, Colo.—At a temperature of zero degrees and an elevation of about 11,000 feet, 12-year-old Brooks Williams was doing what many skiers at high-altitude resorts in Colorado do: turning a pale shade of gray and throwing up in the snow.

A ski patroller recognized the symptoms immediately: altitude sickness. He strapped the boy onto a sled behind a snowmobile late last month and dragged him down the mountain at the Crested Butte resort to a clinic at the base. After 45 minutes on oxygen, Brooks was pink



Popular Colorado ski resorts and their elevations, in feet

	BASE	PEAK
Crested Butte	9,375	12,162
Breckenridge	9,600	12,998
Telluride	8,750	12,255
Vail	8,120	11,570
Aspen/Snowmass	7,945	12,510
Copper Mountain	9,712	12,313

Source: Colorado Ski Country USA

and breathing easy. He was sent back to his bed-and-breakfast in a cab, accompanied by a 55-pound oxygen concentrator, a machine that looks like an air conditioner on wheels and costs more than \$100 a day to rent.

For the doctors and nurses at Colorado's highest elevations, ski season means a steady flow of casualties from a little-understood malady: acute mountain sickness. Skiers prepared for the risk of broken bones often don't know how mountain sickness works and some resorts do little to warn them. Caused by a decrease in oxygen in the blood at higher altitudes, it afflicts people who travel rapidly from sea level to elevations over 8,000 feet.

Brooks, a sixth-grader from Kansas City, Kan., (elevation 835 feet) was one of the thousands of skiers every year who experience the symptoms within a day of

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arriving: a medley of headaches, nausea, dizziness, fatigue, insomnia, loss of appetite and vomiting. About 1% will develop pulmonary edema, a potentially fatal condition in which the lungs fill with fluid, says Peter Hackett, director of emergency medicine at Telluride Medical Center.

Dr. Hackett has spent 30 years researching the effects of altitude from Everest to Alaska. About 40% of people coming from sea level will have some symptoms at the highest resorts, he and doctors at some other Colorado resorts say. Most of the world's ski mountains are lower than 8,000 feet, but a handful of Colorado resorts—Crested Butte, Telluride, Copper Mountain and Breckenridge—are higher, with bases of close to 9,000 feet and summits of 12,000 to 13,000 feet.

Copper Mountain Ski Resort sends out brochures warning would-be visitors that between 25% and 40% will experience symptoms of mountain sickness. These include faster heart beats and a "hang-over" feeling, the flier says, and pregnant women and people with anemia or chronic lung and heart conditions should be especially cautious.

Aspen, Vail and some other Colorado mountains also have bases at or above 8,000 feet, but skiers experience less altitude sickness because most of the hotels lie at lower elevations, allowing visitors' bodies more time to adjust. Even though Europe boasts many high peaks, the ski resorts are at lower elevations and so mountain sickness is less of a problem.

At Telluride and the higher-altitude ski resorts, visitors are not only skiing high, they're sleeping high, says Dr. Hackett. On a busy day at Telluride Ski Resort, he says he treats three to five fractures and five to seven cases of acute mountain sickness. For every skier who goes to a clinic, he estimates 100 others simply tough it out on the slopes or puke in their rooms.

Roger Sherman, who runs one of the clinics at the ski area in Crested Butte and is the physician adviser for the ambulance service and for the ski patrol, says on a busy day he'll treat three cases of mountain sickness and three fractures. "People are often coming in with routine symptoms, like shortness of breath and headaches, and they don't know what the causes are," Dr. Sherman says.

The flow of sufferers is predictable. When one of the medical clinics at the base of the resort in Crested Butte found out that Club Med was bringing in a shipment of 681 skiers from low lands such as Texas, Florida and Brazil on the Saturday after Christmas, the staff prepared for mountain sickness.

Sure enough, patients began dribbling in on Sunday morning. A fit woman in her 40s showed up wondering why she couldn't climb a flight of stairs without having to sit down. Like most patients, she was given oxygen for an hour, and sent back to her hotel with instructions

to drink water, take ibuprophen and relax. She was able to ski the next day.

When Jason Gumenick, 29, a high-school teacher from Ann Arbor, Mich., (elevation 839) got a headache and fatigue after his first two days of skiing Christmas week in Telluride, he blamed the symptoms on a cold. But on the third morning when he began coughing up blood, "I knew something was really wrong," he says. He went to the clinic and was diagnosed with high-altitude pulmonary edema. Immediately, he remembered reading about the condition in the book about Everest climbers, "Into Thin Air." "And only then did I realize what my symptoms were," he says.

Dr. Hackett sent him back to his room with enough oxygen for the rest of his trip. He was fully recovered by the time he went home.

Vicki Fouquet, a Club Med nurse in Crested Butte, says most people who come to the infirmary have no idea why they feel so lousy. But they typically perk up with a little oxygen. She also notes that alcohol is far more potent at such high altitudes. So at this elevation, she says, "everyone is a cheap date."

Sometimes, the misery skiers experience is, in part, self-inflicted. "They start drinking when they get on the plane. They continue drinking when they get to the hotels. Then they have a big dinner," says Sue Purvis, a medical assistant for eight years at the Crested Butte Mountain Clinic. Some guests then poach themselves in the hot tubs and get even more dehydrated. Then they race around on the slopes. "Then we get them," she says.

For other skiers, going straight to the slopes is the problem. In one bed at the Crested Butte clinic lay 10-year-old Coco Coogan, pale and listless, with oxygen tubes up her nose. She had arrived the day before from Chicago (elevation 668), and that same day had ridden up the lifts

to 11,250 feet with her father, Michael Coogan, a bond trader. His daughter had been at high elevations in the past without any problems, he says, but this time she felt too ill to ski down. So a patroller hauled her back to the Club Med hotel, where the staff nurse put her on oxygen overnight.

But unlike most people with altitude sickness, Coco didn't improve right away. The next day, her father brought her into the clinic, where doctors worried she was developing pulmonary edema because of her symptoms: fever, fatigue, coughing and some streaking in the lungs on her X-rays.

Because pulmonary edema can be fatal, the clinic staff sent Coco by ambulance to a hospital at a lower elevation, 30 miles away. Even though she then developed the flu, she was back on the slopes two days later.

"Skiers are a real determined group," says Dr. Hackett. He says they can prevent some of the problems by avoiding alcohol and antihistamines, eating more carbohydrates and drinking more water. Some research shows that ginkgo biloba, an antioxidant, may help, as can Viagra, which blocks vasoconstriction. Doctors sometimes also prescribe Diamox (acetazolamide).

Not all ski resorts warn visitors about altitude sickness. If travelers request information, Breckenridge offers up brochures advising that 20% to 30% of them could experience shortness of breath and other symptoms, and suggesting they limit alcohol and take other precautions.

Crested Butte and Telluride acknowledge they do not flag visitors, but spokeswomen for those two resorts say they will consider providing more information about mountain sickness in the future. "A lot of people are not aware of how sick they can get," says Mary Helen Kirwan, a spokeswoman for Telluride's ski resort.