

Trekking with children

Trekking with children can be fun and rewarding but as with any individual traveling to a remote region, some health issues need to be considered. The main concern of parents trekking with children is how they will be affected by altitude. While this is an important issue, it is not the only potential health problem facing young children on the high trails of Nepal.

Altitude illness and children

Whilst a profusion of data and information exists on the subject of altitude related illness; little research has been done on the effects of a brief visit to altitude on children. The signs of Acute Mountain Sickness (AMS), when present in children may be very hard to spot. Most symptoms are constitutional in nature with the most common complaints being headache, nausea, tiredness, loss of appetite and disturbed sleep. These very complaints may be due to travel alone and not altitude as shown by a study in Colorado. 500 children were assessed at an altitude of 2,800 meters and a similar number were observed at sea level. Symptoms of AMS existed in both groups but only slightly more often in the group at altitude (28% compared to 21%). So travel alone or some other factors can upset children. In very young children the problem is compounded by the fact that they are unable even to tell you about their headache or feeling sick.

The data that does exist suggests that altitude sickness occurs in children about as often as it does in adults. That is to say it can be expected to affect about 20-22% of children ascending to an altitude of about 3,500 meters or more, including very young children (under three). The first step therefore is for parents to acknowledge that AMS may affect their children.

Recognizing AMS in children means being alert to any minor behavioral changes. This includes excessive sleepiness, "fussiness" or sleeplessness, reduced appetite, a "cranky" or clingy child as well as more obvious symptoms such as vomiting and drowsiness. If there are any concerns about AMS affecting your child then descent should be prompt, just as it should be for an adult. Descent is very effective in alleviating symptoms of AMS and will also help to decide if AMS is the problem or not. The second step therefore is that parents must be prepared to act on symptoms that concern them, no matter how easy it may be to explain those symptoms away as due to some other innocent cause.

In addition to the possibility of AMS affecting your child, there is good evidence to suggest that young children that travel to altitude whilst suffering from a cold or cough are more likely to get High Altitude Pulmonary Oedema (HAPE) than otherwise healthy children. HAPE is a condition that causes fluid to leak into the lungs and in the early stages of the illness causes a cough, shortness of breath and fatigue. This may progress to severe breathlessness at rest and a cough productive of frothy, blood stained sputum. The message here is to avoid taking your child to altitude if they are suffering with a cold or cough. This means having a flexible timetable so you can easily postpone ascent for as many days as are needed for your child to

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recover fully. Do not set yourself a rigid timetable with internal flights etc if you are traveling with children.

Medicines for AMS in children: the effective dose of Diamox for the prevention of AMS in children has not been established. What has been established is that Diamox is not required if ascent is slow and care is taken to fully acclimatize. Dexamethasone for the treatment of HACE is effective in children in an emergency situation when combined with descent. The use of medicines for the prevention of AMS in children can not be recommended.

Other issues regarding trekking with children.

Exposure to cold. The higher you go the colder it gets and children are particularly prone to getting hypothermia for several reasons. They are smaller and lose heat more quickly. Children that are being carried are not generating heat by walking. Children being carried may be separated from their parents if the porter is a fast walker; they rely on parents to regulate their temperature by wrapping and unwrapping them as they go. Often children do not complain of being cold and if the parents are struggling they may forget the needs of a child in a backpack.

Accidents. Children of about three years of age are constantly in danger of accidental injury as their curiosity leads them to pet the dog, stray near the vertical drop off at the edge of the path or place into their mouths (nose or ears) a variety of hitherto unknown plants and other bits of debris. If you have more than one young child with you will need to keep a constant vigil and often at a time when you as a parent are exhausted, sick or both. Nepali porters are quite incredible when given the role of attending to young children, but they often have many different roles on trek and ultimately the children are your responsibility. Remember that falling off the path is the commonest cause of traumatic death in trekkers. Although to our knowledge it has not yet happened to a child, playful children are at much greater risk for dropping off the path.

A summary of points to remember when trekking with children

1. Children suffer from Acute Mountain Sickness (AMS) as frequently as adults.
2. AMS is difficult to diagnose in children.
3. Parents must be prepared to act if their child exhibits symptoms or signs of AMS.
4. Descent is effective in alleviating the symptoms of AMS. It may even be life saving.
5. Children with coughs or colds suffer from HAPE more than healthy children.
6. A flexible itinerary is essential. Do not take a sick child to altitude.
7. A slow rate of ascent is essential to promote proper acclimatization.
8. The use of drugs to prevent AMS can not be recommended.
9. Children get cold more quickly than adults; they are also more prone to accidents.

Which trek and how high?

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Avoid flying to the start of your trek. This imposes a tight schedule on your time and takes you up to about 2,500 meters or more in one hop, precisely the two things you should be trying to avoid. There are plenty of beautiful treks that commence with a short bus journey from Kathmandu or Pokhara and one of these would be ideal.

Your altitude ceiling should not be for us to dictate but for you to decide upon. Going high means going where it is cold, remote and where your child (and you) are more likely to suffer from AMS. You can have a very fulfilling and rewarding trek whilst remaining below 2000 meters. You don't need to go to Everest Base Camp, the significance of which will be totally lost on most children under eight.

Other issues concerning children and travel, not related to altitude

Getting to Nepal usually means a long air flight. Most young children cope well, some do not. Children with blocked ears are likely to experience pain on descent. Decongestants and sucking boiled sweets may help. On arrival you will need several days rest to adjust to the time difference, children suffer from jet lag as well.

Diarrhea is very a common problem in Nepal and children can dehydrate quickly. Bring plenty of oral rehydration salts with you, preferably pleasant tasting. Ask at the clinic about specific treatment.

The traffic in Kathmandu is chaotic and random and a particular danger to young children. In addition there are endless new and fascinating sights, sounds and smells to distract them.

Don't let your children pet street dogs. A facial bite from a Kathmandu street dog carries a very high risk of rabies, not to mention the tissue damage it may cause. The post-exposure treatment for rabies is very painful for children if they have not been pre-vaccinated, especially for face and hand bites, the most common in children. Strongly consider pre-vaccinating your children, especially the under five's, against rabies.

Abduction of foreign children is virtually unknown in Nepal. Generally the Nepalese will be fascinated by your children and will be very warm and playful in their approach. Some trekking companies specialize in arranging treks with children, ask at your hotel (please don't ask us!).

If you have any questions regarding trekking with children, please contact the clinic