## Fitness to fly in the paediatric population, how to asses and advice

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## The physiology of altitude

When altitude increases, the barometric pressure decreases. This results in the expansion of air and ultimately a decrease in alveolar oxygen concentration. Figure 1 and table 1 sum up the effects of different heights (sea level, minimal allowed cabin pressure, summit of Mt. Everest and mean cruising altitude) on the barometric pressure $(\mathrm{Pb})$, partial pressure of inspired oxygen $\left(\mathrm{P}_{\mathrm{i}} \mathrm{O}_{2}\right)$, expansion of trapped air and partial pressure of alveolar oxygen $\left(\mathrm{P}_{\mathrm{A}} \mathrm{O}_{2}\right)$.

Figure 1 Effect of height on barometric pressure, partial pressure of inspired $\mathrm{O}_{2}$ and expansion of trapped air


Pb , barometric pressure; $\mathrm{P}_{\mathrm{i}} \mathrm{O}_{2}$, partial pressure of inspired oxygen

To understand the physiology of altitude a few physical principles are essential. The first is the inversely proportional relationship between pressure and volume at constant temperature (Boyle's law), which means that with a decrease in barometric pressure, the volume of air expands equally. The second is the fact that the total
pressure in a mixture of gasses is equal to the sum of the partial pressures (Dalton's law of partial pressures). The third is the alveolar gas equation: $\mathrm{P}_{\mathrm{A}} \mathrm{O}_{2}=0.21(\mathrm{~Pb}-47)-\mathrm{P}_{\mathrm{A}} \mathrm{CO}_{2} / \mathrm{R}$, where 47 is the water vapour pressure in mmHg at $37^{\circ} \mathrm{C}, \mathrm{P}_{\mathrm{A}} \mathrm{CO}_{2}$ is the alveolar partial pressure of carbon dioxide (around 40 mmHg with normal ventilation) and R the respiratory exchange ratio (the ratio between the elimination of carbon dioxide and the uptake of oxygen, which is 0.8 at rest) [1]. At sea level the barometric pressure is 760 mmHg and, in dry air, consists of $21 \%$ oxygen, $78 \%$ nitrogen and $1 \%$ other gasses. This composition is constant for the entire troposphere, the lowest layer of Earth's atmosphere, which reaches to $10980 \mathrm{~m}(36069 \mathrm{ft})$ at temperate latitudes [2]. With increasing altitude the Pb decreases by halve for every $5486 \mathrm{~m}(18000 \mathrm{ft})$ of gained height. At 2438 m ( 8000 ft ), the Pb is 564 mmHg , which is the minimal allowed cabin pressure during air travel. This is $74 \%$ of the barometric pressure at sea level which, according to Boyle's law, leads to a $135 \%$ expansion of all air. With the decline in Pb and a constant percentage of oxygen, the partial oxygen pressure $\left(\mathrm{pO}_{2}\right)$ decreases equally. At sea level the $\mathrm{pO}_{2}$ of dry air is $160 \mathrm{mmHg}(21 \%$ of 760 mmHg ), which decreases to 119 mmHg at the minimal allowed cabin pressure ( $21 \%$ of 564 mmHg ). Taking into account a constant water vapour pressure of 47 mmHg , an alveolar partial carbon dioxide pressure of 40 mmHg and a respiratory exchange ratio of 0.8 , the alveolar partial oxygen pressure decreases from 100 mmHg to 59 mmHg . To increase the amount of alveolar oxygen, as can be deducted from the alveolar gas equation, the body can decrease $\mathrm{P}_{\mathrm{A}} \mathrm{CO}_{2}$ by increasing respiratory minute volume, i.e. hyperventilating [3].

Table 1 Effect of height on barometric pressure, partial pressure of inspired $\mathrm{O}_{2}$ and partial pressure of alveolar $\mathrm{O}_{2}$

| Height |  |  | $\mathbf{P b}(\mathbf{m m H g})$ | $\mathbf{P}_{\mathbf{i}} \mathbf{O}_{\mathbf{2}}$ | $\mathbf{P}_{\mathbf{A}} \mathbf{O}_{\mathbf{2}}$ |
| :--- | :--- | :--- | :--- | :--- | :--- |
| Meter | Feet |  |  | $\mathrm{F}_{\mathrm{i}} \mathrm{O}_{2}(\mathrm{~Pb}-47 \mathrm{mmHg})$ | $\mathrm{P}_{\mathrm{i}} \mathrm{O}_{2}-\mathrm{P}_{\mathrm{A}} \mathrm{CO}_{2} / \mathrm{R}$ |
| 0 | 0 | Sea level | 760 | 150 | 100 |
| 2000 | 6562 |  | 596 | 115 | 65 |
| 2438 | 8000 | Cabin pressure | 564 | 109 | 59 |
| 5000 | 16404 |  | 705 | 25 |  |
| 8848 | 29029 | Everest summit | 236 | 40 | 0 |
| 12000 | 39370 | Cruising altitude | 190 | 30 | 0 |

Pb , barometric pressure; $\mathrm{P}_{\mathrm{i}} \mathrm{O}_{2}$, partial pressure of inspired oxygen; $\mathrm{P}_{\mathrm{A}} \mathrm{O}_{2}$, partial pressure of alveolar oxygen

## References

1. West JB (2005) Respiratory Physiology: the essentials seventh edition. Lippincott Williams \& Wilkins
2. Ahmedzai S, Balfour-Lynn IM, Bewick T et al (2011) Managing passengers with stable respiratory disease planning air travel: British Thoracic Society recommendations. Thorax 66 (suppl 1):i1-30. doi:10.1136/thoraxjnl-2011-200295
3. West JB, Schoene RB, Luks AM, Milledge JS (2012) High altitude medicine and physiology fifth edition. CRC Press
