As for the evaluation of subjects after ascent by car to a height of 4000 m, a recent survey by Onopa⁶ shows that close to 30% of day visitors to the Mauna Kea peak in Hawaii experienced acute mountain sickness. One and a half percent had severe illness (poorly responsive on descent). Given the uncertain effect of acute mountain sickness on ABI, the considerable risks involved, and the uncertain role of physical activity on acclimatization, we believe it would be ethically questionable to expose subjects to the risks of ascent by car for the purpose of obtaining data that would most likely be inconclusive.

Patrice Nault, MD, RVT
Gatineau, Quebec, Canada

In Reply to Dr Jamshidi's Letter

To the Editor:

In response to the letter by Dr Jamshidi, we believe there are sufficient data published to date that describe the effects of physical activity, including strenuous physical activity, on ankle-brachial index (ABI). De Cossard et al,¹ Abraham et al,² Desvaux et al,³ Abraham et al,⁴ and Taylor et al⁵ have all shown that ABI is lowered after physical activity. It has also been shown that the effects of physical activity on ABI are short lived.⁴ Given that our subjects were at rest for 1 hour before measurements were taken, we believe we have dissociated the effects of physical activity on our results.

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