

T. Küpper

## Borg's rating of perceived exertion - what does it measure and does it work at altitude?



Institute for Occupational, Social & Environmental  
Medicine, RWTH Aachen Technical University /  
Germany

&

Faculty of Travel Medicine, Royal College of  
Physicians and Surgeons Glasgow, Schottland



11th European Hypoxia Symposium  
Kührint, 26.-28.09.2025

## Borg Scale (RPE) - Version for endurance (training) -

- |     |                    |
|-----|--------------------|
| 6.  | No exertion at all |
| 7.  | Extremely light    |
| 8.  | --                 |
| 9.  | Very light         |
| 10. | --                 |
| 11. | Light              |
| 12. | --                 |
| 13. | Somewhat hard      |
| 14. | --                 |
| 15. | Hard (heavy)       |
| 16. | --                 |
| 17. | Very hard          |
| 18. | --                 |
| 19. | Extremely hard     |
| 20. | Maximal exertion   |

- RPE = **R**ating of **P**erceived **E**xertion
- First scale: 1 – 20 → not linear to power or workload
  - Since 1970: 6 – 20
- Plausibility check:
  - $\text{RPE} \times 10 \approx \text{heart rate (HR)}$
- Endurance training → most effective at 11 - 14



## Situation at altitude

1. HF at rest increased
2.  $HF_{\max}$  decreased

Consequence:

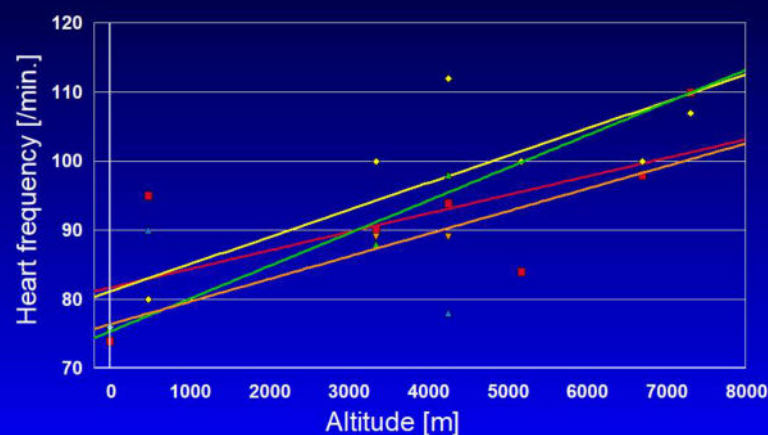
- Range of possible workload limited with the starting point ( $HF_{\text{rest}}$ ) shifted to higher values

Questions:

1. Is there a bias when RPE scales are used?
2. If not: Which system indicates the body the level of RPE?



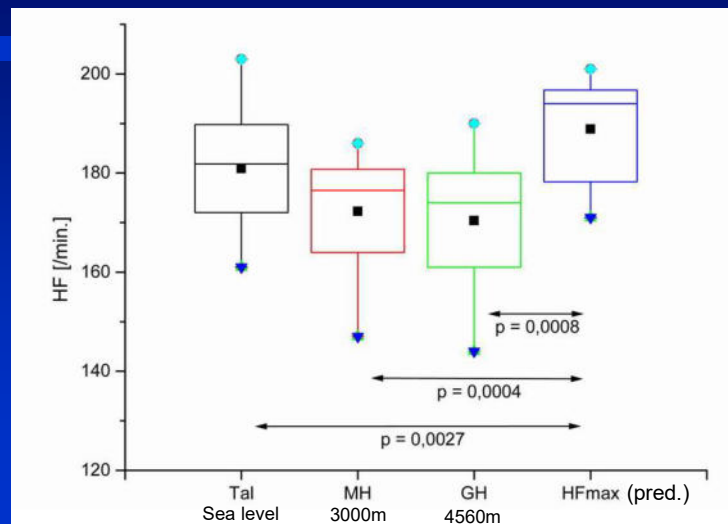
## Pulse rate at altitude



Glaisher J: Notes of effects experienced during recent balloon ascents. Lancet 2: 559-560 (1862)



## HRmax at altitude



Küpper T. Workload and professional requirements for alpine rescue. Professoral thesis, 2006



## Validation of the scale at altitude

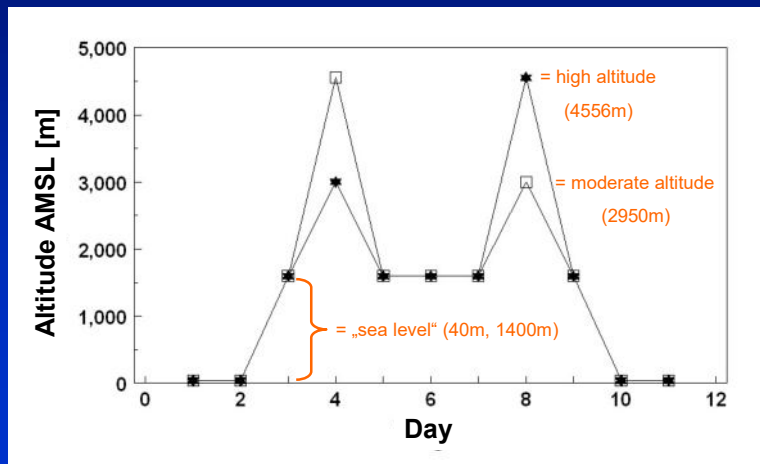
### Material and Methods

- Collective
- Measurements
  - Spiroergometry with lactate analysis → 40W steps for 3' until exhaustion
  - Data: HF, lactate, blood pressure (BP), SaO<sub>2</sub>, pO<sub>2</sub>, Rf, VT...
  - Borg values (RPE)
- Statistical evaluation
  - $p < 0.05$  defined as significant
  - covariance-analytic model (→ which factor?)
  - T-test (→ accuracy)
  - Maloney-Rastogi-Test (→ reliability)
  - Bland-Altman-plots (→ validity)
- Altitude profile





## Altitude profile



## Validation of the scale at altitude

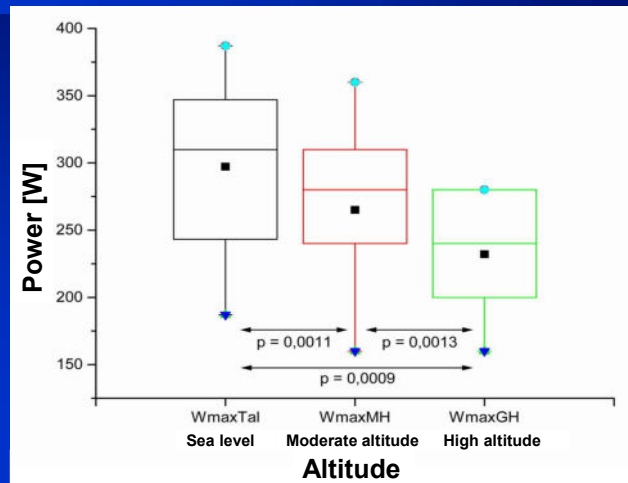
### Data evaluation

- **Boxplots**
  - summary of all factors influencing maximal power at different altitudes
  - decrease from sea level to moderate altitude < decrease from moderate altitude to high altitude
  - power decrease: -12.4%/1000 hm ( $p < 0.05$  for all altitude steps)
- **Bland-Altman-Plots**
  - Each compares the results of two locations with different altitude
  - Average of two RPE against difference of two RPE
  - Only few values outside the limits of agreement (95%-interval)



## Validation of the scale at altitude

→ Max. power at different altitudes

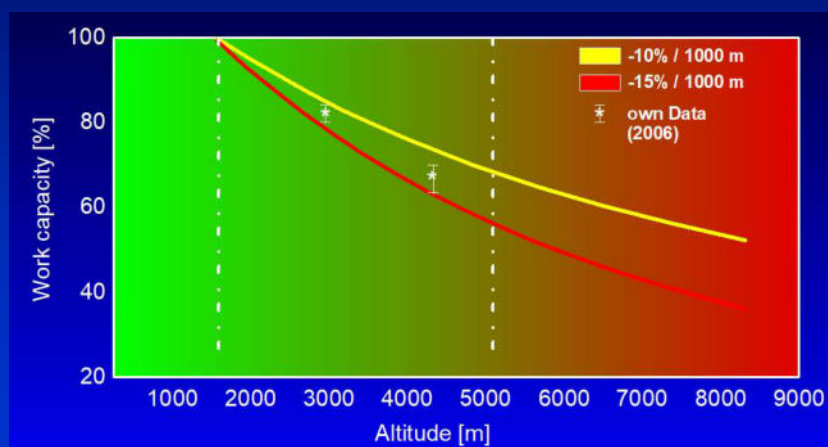


Küpper T. Workload and professional requirements for alpine rescue. Professoral thesis, 2006



## Validation of the scale at altitude

→ Max. power at different altitudes

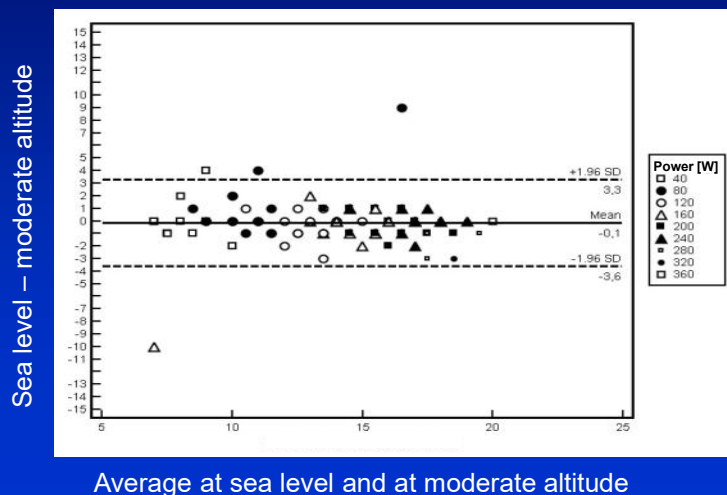


Küpper T. Workload and professional requirements for alpine rescue. Professoral thesis, 2006



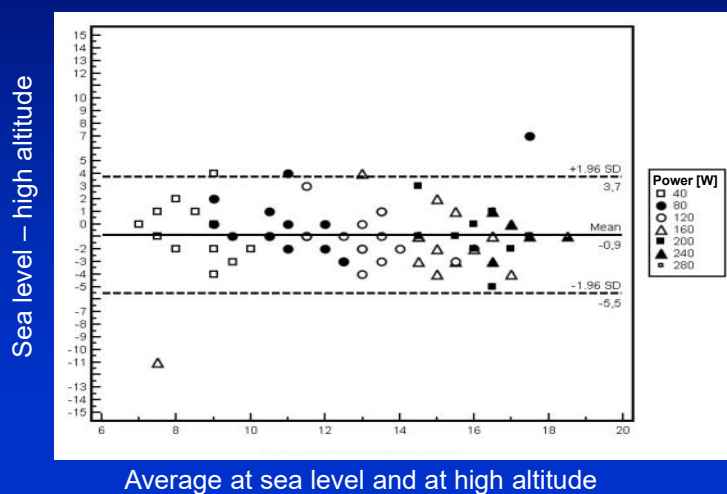
## Validation of the scale at altitude

→ Bland-Altman-Plots



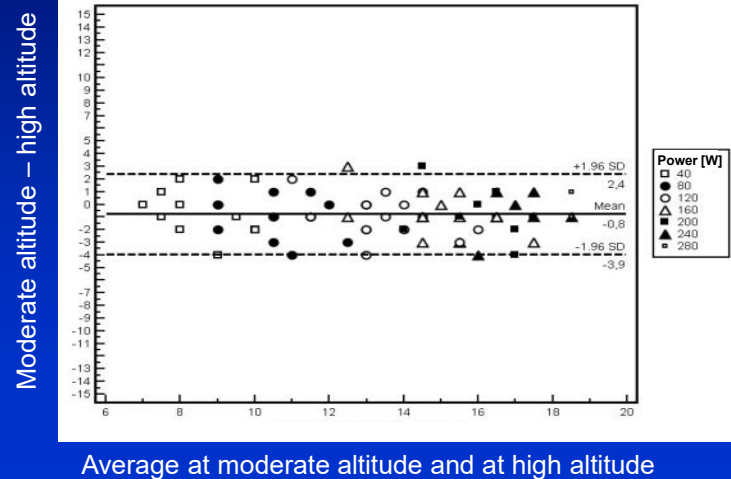
## Validation of the scale at altitude

→ Bland-Altman-Plots



## Validation of the scale at altitude

→ Bland-Altman-Plots



## 1st conclusion:

- Borg's RPE scale does not show a bias when used at altitude / in hypoxia
  - There must be another factor than HF or breathing volume to indicate the actual level of exertion

Arising questions:

1. What does Borg's scale really measure?
2. Which factor(s) indicate the actual level of exertion?



## 2nd conclusion:

- Borg's RPE scale is valid at least up to high altitude (5000m)!
  - Corresponds to about 11% O<sub>2</sub> (isobaric conditions at sea level)
  - Probably even > 5000m, but that has not yet been evaluated!



Margherita Hut at Signalkuppe (4560m),  
seen from Parrotspitze (4325m)



## 3rd conclusion:

- Covariance-analytic model
  - Increase of systolic blood pressure (BP) is the most important factor ( $p = 0.0356$ )
  - Other factors are barely relevant ( $p < 0.1$ ):  
FeCO<sub>2</sub>, VE, lactate





## Possible explanation (hypothesis):

- Right cerebral hemisphere is dominant for negative emotions, impressions and **basal autonomic reactions in stress situations**
- Hypoxia → stress → activation of sympathetic system in the autonomic nervous system
  - Increase of HR, BP, VE, Cortisol, Adrenaline...
    - Increase of systolic BP is the most frequent vegetative reaction in hypoxia
  - Correlation with activation of right cerebral hemisphere (lobus temporalis)
    - Left cerebral hemisphere has inhibitory effect on BP



## How to prove the hypothesis?

- Difficult under altitude conditions
  - Weight of equipment!
    - EURAC at Bolzano?
- Direct methods
  - Electroencephalography (EEG) / Magnetoencephalography
    - Measure the electrical or magnetic field changes caused by simultaneous discharges of groups of neurons
- Indirect methods
  - Functional magnetic resonance imaging (fMRI) / positron emission tomography (PET)
    - Measure regional changes in blood flow (regional cerebral blood flow, rCBF) as a measure of neural activity



**Thank you for your attention!**

Acknowledgements to Dr. R. Waanders, Bregenz/Austria, for the very interesting discussion about the brain's right hemisphere and the interpretation of the results!

Breithorn North Face (Welzenbach Route), solo  
(60°, 1100m)

