



ASTHMA THERAPEUTIC USE EXEMPTIONS 2010

The World Anti-Doping Agency's (WADA) 2010 List of Prohibited Substances includes a change of status to the therapeutic use of inhaled Beta-2 agonists, salbutamol (e.g. ventolin) and salmeterol (seretide and serevent):

- Therapeutic use of inhaled salbutamol (maximum 1600 micrograms per day) and salmeterol was permitted as of 1 January 2010. No Therapeutic Use Exemption (TUE) application form will be necessary. However, athletes will be required to declare their use on the Doping Control Form when tested.
- Salbutamol is still prohibited for urinary concentrations above 1,000 nanograms per millilitre. There will be a presumption that the substance was not taken by inhalation and the athlete will have to demonstrate through a controlled pharmacokinetic study that the level found in their urine was the result of therapeutic inhaled use. **Athletes are advised not to overuse their salbutamol inhalers.**
- Prohibited Beta-2 agonists including formoterol and terbutaline will still require an in advance TUE and meet the WADA's specific criteria of a positive bronchial provocation test



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Andrew personally assisted me with problems I faced during my International Cricket career a few years ago. Under Andrew's care, my health turned around within a week which eventually led me back to reselection on the Australia team. As a professional athlete, your team of trusted advisors is everything, so I in turn have no hesitation in

recommending Dr Andrew Scott, his colleagues and their own support team to those who are seeking first class care and attention in their specialised field.

MATTHEW HAYDEN, AM
FORMER AUSTRALIAN CRICKETER, IPL PLAYER
AND HOST OF 'MATTHEW HAYDEN'S HOME GROUND'

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Athletes and Asthma

*Having asthma does not mean
giving up your dreams of
becoming a professional athlete.*



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This brochure will explain how you can take your asthma medication legally while pursuing a career in sport.

For more information on Asthma or other respiratory disorders, visit our website

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WHAT IS ASTHMA?

Asthma is an inflammatory disorder of the small airways leading to bronchoconstriction. This involves 3 major pathological processes including eosinophilic inflammation, smooth muscle constriction and excess mucous in the airways. Triggers are variable, and commonly includes exercise. Asthma affects over 2 million Australians and as of yet the cause is unknown.

ASTHMA AND ATHLETES

Many athletes struggle with competition due to having asthma.

WHAT IS A THERAPEUTIC USE EXEMPTION (TUE)?

A TUE grants an athlete permission to use, for therapeutic purposes, a substance or method that would otherwise be prohibited.

HOW DO YOU APPLY FOR A TUE?

A therapeutic use exemption is administered by ASADA's partner organization, the Australian Sports Drug Medical Advisory Committee (ASDMAC)

The forms are available at www.asdmac.gov.au

Your supporting evidence will need to include the medical file requirements.

Always tell your doctor you are subject to doping control, and ask them to check substances *before* prescribing them to you.

To check your asthma medication you can also phone the ASADA Hotline **13 000 ASASA (13 000 27232)**.

PROHIBITED B2 AGONISTS TUE

- Medical History - age, symptoms, trigger factors, other allergic conditions, history of hospitalisations, prior use of glucocorticosteroids, family history
- Clinical Examination
- Previous Investigations – skin prick, RAST, lung function testing, prior bronchial provocation testing

WHAT IS THE EVIDENCE FOR YOUR ASTHMA?

One positive result is required, but if a bronchial provocation test is negative, athletes can submit their application with the medical file and negative test for consideration.

The evidence must include either:

Reversible airway obstruction:

- Evidence of airway obstruction with a 12% increase in FEV₁ after the administration of an inhaled Beta-2 agonist, or

Bronchial Provocation tests (BPT)

- eg Mannitol – 15% fall in FEV₁
- Exercise Challenge tests – 10% fall in FEV₁

HELPFUL HINTS FOR ATHLETES

- Ensure you cease inhaled steroids and long acting beta-2 agonists before you are tested. The testing lab will assist you.
- If you are unsure if you are in the International or Domestic Testing Pool contact your National Sporting Organisation.

ASTHMA MANAGEMENT FOR ELITE ATHLETES

- Asthma management in elite athletes should follow established treatment guidelines and include appropriate drug therapy that meet the requirements of the World Anti-Doping Agency.
- Asthma control is usually achieved with inhaled corticosteroids and inhaled B₂-agonists
- Long-term intense training, particularly in unfavourable environmental conditions, is associated with increased risk of developing asthma in elite athletes
- Globally, the prevalence of asthma, exercise-induced bronchoconstriction, and 'Airway hyperresponsiveness' (AHR) in elite athletes reflects the known prevalence of asthma symptoms in each country.
- The policy of requiring professional and elite athletes to demonstrate the presence of asthma, exercise-induced bronchoconstriction, or AHR to be approved will continue.

BANNED SUBSTANCES INCLUDE:

Formoterol, Terbutaline, Salmeterol, Eformoterol, Budesonide, Fluticasone Prednisone and Prednisolone.

More advice on restricted medications can be obtained from the Australian Sports Anti-Doping Authority (ASADA)

www.asada.gov.au