
ASTHMA + TUE



HISTORICAL PERSPECTIVE: Asthma + TUE

<2004 WADA: abbreviated TUE for β 2 agonist use

2004 WADA: Objective proof of AHR required for TUE for inhaled β 2 agonist use (salbutamol, salmeterol, formoterol, terbutaline)

2010 WADA: Removal of TUE requirement for salbutamol (urinary thresholds) and salmeterol



HISTORICAL PERSPECTIVE: Asthma + TUE

< 2011: Declaration of Use for inhaled GC

2011: Declaration of Use no longer required for inhaled GC

2013: Formoterol: TUE only for doses > 54 mcg/d





2014:

**one can still get a
TUE for the prohibited
 β 2 agonists if TUE
criteria are fulfilled**

Prohibited Substances

ASTHMA TUE REQUIREMENTS



- All oral/ intravenous β 2 agonists
- All oral/ intravenous GC
- Salbutamol (>1600mcg/ d) or (> 1000ng/mL in urine)
- Formoterol (> 54 mcg over 24h)
- Terbutaline
- Procaterol + other LABA
- ****Salmeterol does not need a TUE!****

Medical File to Support TUE Application

ASTHMA TUE REQUIREMENTS



- Medical History
- Clinical Examination
- Spirometry report, or
- Bronchial Provocation Test
- Treating Physician contact info.
- Explanation as to why salbutamol, salmeterol or formoterol are not appropriate



Objective criteria for granting of a TUE for β 2 agonists

Objective Test	Criteria to be met for permission to use β 2 agonists
Spirometry	
Bronchodilator test	$\geq 12\%$ increase in FEV ₁ over baseline following inhalation of an inhaled beta 2 agonist



Objective criteria for granting of a TUE for β_2 agonists

Objective Test	Criteria to be met for permission to use β_2 agonists
Bronchial Provocation Tests	
Eucapnic Voluntary Hyperpnea	$\geq 10\%$ fall of FEV ₁
Methacholine Aerosol challenge	$\geq 20\%$ fall of FEV ₁ - PC ₂₀ < 4mg/mL, [steroid naïve] or if taking inhaled GCS > 1 month, then PD ₂₀ should be less or equal to 1600 mcg or PC ₂₀ less or equal to 16.0 mg/mL
Hypertonic Saline Aerosol challenge	15% fall of FEV ₁ after inhaling or ≤ 22.5 ml 4.5% saline
Exercise Challenge Tests (field or laboratory)	$\geq 10\%$ fall of FEV ₁
Histamine Challenge	$\geq 20\%$ fall of FEV ₁ at a histamine concentration of 8mg/mL or less during a graded test of 2 minutes
Dry Powder Mannitol Challenge	15% fall of FEV ₁ after inhaling ≤ 635 mg of mannitol

TUE Validity

- 4 years
 - Annual review by respiratory physician
 - ADO may impose other stipulations:
 - Shorter time frame
 - Review by respirologist
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RETROACTIVE TUE

WADA IST 4.3

FULL DOCUMENTATION OF EMERGENCY SITUATION REQUIRED!

« AN ATHLETE'S HEALTH
SHOULD NEVER BE JEOPARDIZED
BY WITHHOLDING MEDICATION
IN AN EMERGENCY »





HEALTH IMPLICATIONS

Sports physicians looking after endurance athletes should be educated in the presentation, diagnosis, treatment principles and TUE requirements for the management of asthma/ AHR.



TUE IMPLICATIONS

of all medical conditions we see in athletes this is the one that is now managed in a way that:

- Respects the health of the individual
- Respects the potential for ergogenesis

play true

Thank you!

Audrey Kinahan + Margo Mountjoy

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