INTERNATIONAL WATER SKI FEDERATION

ASTHMA – MINIMUM REQUIREMENTS

1) Since January 01, 2010, salbutamol and salmeterol, when taken by inhalation and in therapeutic doses, were removed from the Prohibited List. Hence, a TUE is no longer required. As of January 01, 2013, inhaled formoterol up to a maximum dose of 54 micrograms over 24 hours is no longer prohibited. If a delivered dosage in excess of 54 mcg/day is legitimately required by the athlete, then a TUE must be requested (see Annex 1 for more information on formoterol). Much of the following information and testing requirements only pertain now to alternate beta-2 agonists, e.g. terbutaline, procaterol and for inhaled dosages of formoterol in excess of 54 micrograms. Despite the fact that some beta-2 agonists
have been removed from the Prohibited List, it is recognized that asthma is not always well diagnosed or treated and therefore it is recommended that all athletes who are considering taking any asthma medications seek a clear diagnosis from a respiratory specialist and undergo the appropriate tests. TUE application needs to clearly establish whether the diagnosis is:

- exercise-induced asthma (EIA; some patients require only pre-exercise treatment);
- mild or more severe chronic, persistent asthma with an exercise-induced component (daily anti-inflammatory therapy plus pre-exercise treatment required);
- bronchial hyperreactivity during exercise following an upper respiratory tract infection (therapy of shorter duration of up to three months).

2) Athlets (through their physician) must declare the use of inhaled glucocorticosteroids on the TUE application form.

3) The medical file to be used for a TUE application to the IWSF TUE Committee must include the following, to reflect current best medical practice:

– A complete medical history, including presence of symptoms typically related to asthma (chest tightness, shortness of breath, coughing, wheezing) during and after exercise, including fatigue, prolonged recovery and poor performance, as well as the onset and severity of symptoms as related to exercise, including resolving of symptoms after cessation of exercise, and any influencing factors (e.g. environmental conditions, infections of the respiratory tract):

- a comprehensive report of the clinical examination with specific focus on the respiratory system;

• a spirometry report with the measure of the forced expiratory volume in one second (FEV1) at rest (peak expiratory flow measurements are not accepted);
• if airway obstruction is present at rest, the spirometry needs to be repeated after inhalation of a short-acting Beta-2 agonist to demonstrate the reversibility of bronchoconstriction (however, absence of response to bronchodilators does not exclude diagnosis of asthma;
• in the absence of reversible airway obstruction at rest, a bronchial provocation test is required to establish the presence of airway hyper-responsiveness; this may either be by an exercise test or metacholine challenge;
• exact name, speciality, address (including telephone, email, fax) of examining physician.

– If applicable, a peak flow diary listing, for example, the peak flow values, the time they were taken, symptoms, possible allergen exposure, etc. to support the application is recommended but not mandatory.

4) TUEs for asthma will be granted for four years in the case of chronic asthma and exercise induced asthma. For renewal of a TUE, the results of follow-ups performed at least annually during the exemption period by a respiratory physician or a physician experienced in treating asthma in athletes, as well as recent lung function test results no older than three months, and, ideally, a peak flow diary, must be submitted to the IWSF.