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BASC Asthma Policy

Swimming is a sport at which asthmatics can and often do excel. Swimmers can help prevent attacks by using inhalers. One in seven children and one in 25 adults suffer from asthma in Great Britain, but this shouldn't stop them from becoming good swimmers. Read on to learn more about Biddulph Amateur Swimming Club Policy on Asthma and Doping Control, based on ASA guidance.

In short there are two types of medication to treat asthma – relievers and preventers. Both are inhalers and they are colour-coded to help with identification.

Relievers - When should the swimmer take their inhaler relative to training or an event?

These inhalers are colour-coded; blue, for example, is salbutamol (Ventolin). They work to open up the airways and are also known as bronchodilators (or beta 2 agonists). These are mostly used after symptoms appear but sometimes give brief protection against triggers such as exercise if they are taken before they appear.

For sport, the blue inhaler can be used to prevent attacks if you suspect that training or competition will cause one. This should be used around 15 minutes before training or competition, with no more than two puffs. The effects last up to four hours so there should not be any need for repeated use of the inhaler during the swimming session.

If a swimmer needs to retake their reliever while swimming it is good practice for them to sit poolside for 10 minutes to allow it to take effect before continuing swimming. Following this if a swimmer needs to retake their reliever they should stop training and end the session.

The swimmer should NOT keep getting in and out of the water for a quick puff of their inhaler. Coaches should actively discourage this habit. This usually means that the asthma is not well controlled and the treatment needs to be reviewed.

However, the swimmer's 'rescue' inhaler should be readily at hand if needed. Swimmers should never share inhalers.

The safety and wellbeing of swimmers and club members is paramount to the Club. It is important not to exceed the maximum dosage as per the WADA guidelines, (maximum 1600 micrograms over 24 hours or 2 puffs four times daily in any 24 hours)except in an emergency, as high levels may trigger a positive Doping Control test.

Preventers

If taken regularly these can prevent an asthma attack occurring. They protect the lining of the airways and make them less likely to narrow when triggered. These should NOT be used for treating an acute attack as they don't bring immediate relief. They can take up to 14 days to be fully effective when taken regularly.

There are two main types: Steroid based inhalers – colour-coded brown, such as Beclomethasone (Becotide) and Cell membrane stabilisers – colour-coded white, such as sodium Cromoglycate (Intal)

The current treatment of asthma follows guidelines as laid down by the British Thoracic Association. Find out more on their website. This involves stepping up the level of treatment until satisfactory control is achieved. It is important not to over-treat and stepping down is important if the asthma is well controlled.



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Inhalers and Doping

As mentioned above overusing inhalers may trigger anti-doping alarm bells. However, the reliever inhalers such as salbutamol (Ventolin) and terbutaline (Bricanyl) are permitted substances under ASA and FINA law, as are the common steroid preventer inhalers such as beclomethasone (Becotide), budesonide (Pulmicort) and fluticasone (Flixotide). Visit www.globaldro.com to check your own medication and the status of its use.

Sources -

<https://www.britishswimming.org/members-resources/athletes-and-parents/asthma-and-doping-control/>

<http://www.sussexswimming.org/assets/Asthma-and-the-competitive-swimmer.pdf>

<https://www.brit-thoracic.org.uk/.../asthma-guideline>

<http://list.wada-ama.org/>