MEDICAL INFORMATION TO SUPPORT A TUE APPLICATION

Asthma

Asthma is a respiratory condition typified by recurrent episodic symptoms, which can include shortness of breath and wheezing, due to an airway obstruction that is reversible either spontaneously or with treatment.

Status of Medication

Beta-2 agonists –

All beta-2 agonists (e.g. Terbutaline, Procaterol, Vilanterol) not mentioned as exceptions below are prohibited and require a TUE.

The following inhaled beta-2 agonists do not require a TUE:

- Inhaled Salmeterol is not prohibited up to a maximum dose of 200 micrograms in a 24 hour period.
- Salbutamol: Inhaled Salbutamol is not prohibited up to a maximum dose of 1600mcg in any 24 hour period and not exceeding 800mcg in any 12 hour period. The use of Salbutamol by any other route is prohibited and would require a TUE.

Note: Salbutamol via a nebuliser will exceed the allowable doses. If used, when there is a severe flare of asthma symptoms, a TUE will be required which can be applied for retroactively as this is likely to be an acute medical event.

- Formoterol: Inhaled Formoterol is not prohibited up to a maximum dose of 54mcg in a 24 hour period. The use of Formoterol by any other route is prohibited and would require a TUE.

Glucocorticoids

Systemic treatment with glucocorticoids is prohibited in competition and requires a TUE when used during or immediately prior to (i.e. within 7 days) competition. An extended TUE for up to 12 months will be considered but further evidence regarding the severity and frequency of the asthma will be required. It is worthwhile checking with your sport what is designated as ‘in competition’.

What information is required in your application for a TUE?

- A completed TUE application form signed by the treating doctor and athlete.
- Detailed typed clinical letter(s) from treating specialist(s) that includes:
  - diagnosis – summary of clinical history leading to diagnosis
  - age of diagnosis and management to date including any hospitalisations
  - clinical response to non-prohibited medications (what and when has been tried)
  - rationale for use of prohibited medication
  - current treatment, including route, dose and frequency of all medications.

  **NOTE:** A clinical letter can be a copy of a specialist’s letter to another doctor (e.g. a GP), and at least one of the clinical letters submitted with the application must have been written in the last 12 months.

- Supplementary investigations to support the initial diagnosis must be submitted and could include:
  - Spirometry - FEV1 pre and post bronchodilator (12% increase in FEV1 post bronchodilator)
  - Methacholine challenge (20% fall in FEV1)
  - Mannitol inhalation test (15% fall in FEV1)
  - Eucapnic Voluntary Hyperpnea (EVH test) (10% fall in FEV1)
  - Hypertonic saline aerosol challenge (15% fall in FEV1)
  - Exercise challenge (field or lab) (10% fall in FEV1)
  - Histamine challenge test (20% fall in FEV1)

For additional information please refer to the medical information relating to your condition on the WADA website at <www.wada-ama.org>.