

Swimming with Asthma

Swimming is a sport at which asthmatics can and often do excel. Swimmers can help prevent attacks by using inhalers. Read on to learn more and how inhaler use ties in with anti-doping measures.

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. It didn't stop Adrian Moorehouse from winning the 100m breaststroke gold medal at the Seoul Olympics and it didn't stop Rebecca Adlington collecting four medals from the Beijing and London Olympics.

The key is to ensure inhaler use. 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

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 will cause one. This should be used around 15 minutes before training, such on arrival at the pool. The effects last two to three hours so there should not be any need for repeated use of the inhaler during the swimming session.

It is important not to exceed the maximum dosage as per the WADA guidelines, except in an emergency, 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.

There are two main types:

- Steroid based inhalers – colour-coded brown, such as beclomethasone (Becotide)
- Cell membrane stabilisers – colour-coded white, such as sodium cromoglycate (Intal)

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.

Sodium cromoglycate can be helpful if there is a strong allergic component to the asthma. Other long acting inhalers and oral tablets form a second line treatment if the above do not adequately control the condition.

The current treatment of asthma follows guidelines as laid down by the British Thoracic Association. They take the form of a step care plan, now known as the [British Guidelines for the Management of Asthma](#).

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.