Asthma – Minimum Requirements

January 2010 version

As from 1 January 2010, salbutamol and salmeterol, when taken by inhalation and in therapeutic doses, have been removed from the WADA Prohibited List. Their use should be declared on the UEFA doping control form (D3 Declaration of Medication) during a doping control. However, there is no intent to deny the use of alternate beta-2 agonists in players who require this medication.

For all beta-2 agonists other than salbutamol and salmeterol, the following applies:

1) The TUE application for the use of the inhaled beta-2 agonists (except salbutamol and salmeterol) 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) If applicable, players (through their physician) must declare the concomitant use of **inhaled glucocorticosteroids** on the TUE application form and on the UEFA doping control form (D3. Declaration of Medication), to be completed by the team doctor at the time of testing.

3) The **medical file** to be used for a TUE application to the UEFA 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. Provocation may be by inhalation of cold, dry air, inhalation of aerosols, or exercise. Common provocation tests include, but are not limited to, Methacholine Aerosol Challenge, Mannitol Inhalation, Eucapnic Voluntary Hyperpnea test, Hypertonic Saline Aerosol Challenge, and Exercise Challenge Tests (field or laboratory).
- 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 must be submitted to the UEFA Anti-Doping Unit, as well as the results of repeated lung function tests and, ideally, a peak flow diary.