

Asthma and your Swimmer

By Coach Chris Swensen

As I continue to coach, I have seen an increase in the number of young swimmers that need to get out of the water in order to use their inhalers. Some swimmers get out and ask to get their inhaler and show no signs of having a breathing problem, while others exhibit the classic signs of having an asthma attack or needing to relieve symptoms. While I experienced many of these signs when my own son was growing up, the prevalence in swimmers and other athletes has led me to explore the trend and write about what parents and athletes may need to do as they continue on in sports.

14.6 million Americans are known to have asthma and 5 million of them are under the age of 18. The diagnoses of asthma has been on the rise, as can be seen by a 62% increase in diagnoses between 1884 and 1992. For children under 18, the increase has been about 72%. This has been a result of poorer air quality, both in inside and outside environments.

As described by Dr. Jim Miller in a talk at the American Swim Coaches Association (ASCA) 2017 World Clinic, asthma is a reversible issue with breathing due to an inflammatory component in the air ways that actually leads to a spasm. Unless the inflammatory cause is addressed, the lungs of the swimmer, or any other individual, will end up with destructive damage to the airways. The damaged lungs will take on the look of a smoker. In fact, many untreated asthmatics have gone to Dr. Miller in their 40's and, after having a chest x-ray, had irreversible damage to their lungs that appeared similar to a pack a day smoker's lungs. This is just one reason to have your child tested for asthma and allergies if they show any signs of having asthma. These signs include wheezing, shortness of breath that is disproportionate to the level of exercise, chest tightness, and a barking cough. Many times this condition is more pronounced during exercise, bringing on the label of Exercise Induced Asthma (EIA). The predominant cause of patients with EIA, however, are the result of asthma caused by another allergen, such as mold, pollen, chemicals, cigarette smoke, or a respiratory infection that are exaggerated as a result of increased exercise intensity. The treatment of these underlying triggers, in Dr. Miller's experience has greatly reduced the incidence of asthmatic attacks and the need for using inhalers as a result of exercise.

Dara Torres is an example of another reason to have your child tested for asthma if they show the above mentioned symptoms. "I was always coughing," is a quote Dara gave when interviewed by the New York Times. She always had a hard time breathing, but thought it was normal. Although Dara had a very successful swimming career, she did struggle unnecessarily until she was diagnosed after the Barcelona Olympics.

Finally, it is a good idea to have your child tested for asthma before they are given an inhaler since documented proof of the condition and the need for medication is required for any athlete to obtain a waiver to compete in a United States Olympic Committee (USOC) event or an event sanctioned by one of the USOC National Governing Bodies. This includes 10 & under swimmers who are swimming as members of USA Swimming. This is not because the medication is considered a performance enhancing drug. It is because many asthma treating drugs may cover up the use of performance enhancing drugs and they may also harm athletes who do not need to use them. If an athlete does not have the documented proof necessary to use the medication, they will have to go off the medication for a period of time in order to be tested and obtain the necessary documentation. While it is rare for 12 & under athletes to be tested, it has happened as all athletes in the NGB are subject to random testing. For more on testing by USADA, please refer to the following website: <https://www.usada.org/athletes/antidoping101/>