



PRESS RELEASE

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Asthma rise for elite athletes: a warning for the Olympics 2012

London/Zurich, 9 June 2010 - Elite athletes have an increased risk for asthma and allergy, especially those who take part in endurance sports, such as swimming or rowing, and in winter sports. But it is not widely known and there is a lack of knowledge about the appropriate treatment, warned an Australian expert ahead of the Olympics in 2012.

Professor Connie Katelaris from the University of Western Sydney has been investigating the asthma and allergy in Olympic and other elite athletes. Research suggests that up to in some cases, more than double the number of athletes are prone to asthma and exercise-induced asthma, compared to the general population.

Speaking at the congress of the European Academy of Allergy and Clinical Immunology in London today, she said, "Asthma can be difficult to diagnose in athletes as their lung capacity is greater than most people's and they are pushing themselves to the limit."

Data on the prevalence of asthma and allergy in athletes has been accumulated over the last 20 years from questionnaires exploring symptoms reported by athletes, confirmed doctor-diagnosed asthma, treatment with beta 2 agonists (such as salbutamol for the quick relief of symptoms) and the numbers of athletes registered as having asthma with the governing bodies at Olympic Games.

"Athletes hate taking medication but if they want the best chance to excel in their sport their allergy and asthma has to be well-controlled," said Professor Katelaris.

There has been growing interest in the occurrence of rhinitis (hay fever like symptoms) in athletes. Rhinitis is commonly reported by swimmers and in skiers who report cold-induced rhinitis. Compared to the normal population the rates are definitely higher in the elite athlete. This is an important finding because of the impact on the quality of life of untreated rhinitis when athletes do not have optimal management of chronic nasal symptoms. Rhinitis may be an important indicator of underlying asthma symptoms highlighting the need for screening. Treatment with a nasal steroid spray, however, does reduce the symptoms, and improves the quality of life and performance.

As with asthma, the mechanisms and causes of rhinitis in athletes may differ depending on the particular environmental exposures associated with the various sports.

"A lot of children with asthma and allergy are encouraged to swim because it is one of the few sports they can do more comfortably. Certain groups of athletes never attempt some sports because it triggers allergic reactions. For example, equestrian sports where exposure to horses, hay and pollen cannot be tolerated," she said.

With the Olympics in London just two years away, Professor Katelaris is calling for a greater recognition of the increased prevalence of asthma and allergy amongst athletes.



In particular, allergic rhinitis is often not diagnosed and is often ignored. Optimal management of these chronic conditions will ensure allergic athletes can perform to their best ability.

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Symposium 38

NOTES TO EDITORS

- CH Katelaris, Professor Immunology & Allergy, University of Western Sydney & Campbelltown Hospital, Sydney, Australia chk@allergyimmunol.com.au
- **Publications:** Carlsen KH, Anderson SD, Bjermer L, et al. Exercise-induced asthma, respiratory and allergic disorders in elite athletes: epidemiology, mechanisms and diagnosis: part I of the report from the Joint Task Force of the European Respiratory Society (ERS) and the European Academy of Allergy and Clinical Immunology (EAACI) in cooperation with GA2LEN. In: *Allergy*; 2008:387-403.

Katelaris CH, Carrozzi FM, Burke TV, Byth K. Patterns of allergic reactivity and disease in Olympic athletes. In: *Clinical journal of sport medicine: official journal of the Canadian Academy of Sport Medicine*; 2006:401-5.

About EAACI:

EAACI - The European Academy of Allergy and Clinical Immunology is a non-profit organisation active in the field of allergic and immunologic diseases such as asthma, rhinitis, eczema, occupational allergy, food and drug allergy and anaphylaxis. EAACI was founded in 1956 in Florence and has become the largest medical association in Europe in the field of allergy and clinical immunology. It includes 5'500 individual members from 107 countries, as well as 40 National Allergy Societies.

Throughout 2011, EAACI will develop different activities to celebrate the 100th anniversary of immunotherapy in Allergy, which will aim at increasing the knowledge in this field among healthcare professionals, increase awareness in the general population, and finally, promote the availability of immunotherapy for allergic patients.

EAACI 2010 Press Center

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