

Official

Ref: FOI-253

26 February 2020

Dear [REDACTED]

1. Thank you for your email of 3 December 2019 in which you requested information from UK Anti-Doping ('UKAD') under the Freedom of Information Act 2000 ('the Act'). Your request was for the minutes of a meeting concerning hypothyroidism among elite British athletes and subsequent correspondence.

2. Specifically, your request was for:

*In 2014, UK Sport convened a meeting to discuss hypothyroidism among elite British athletes. Among others there, UKAD sent a representative. Please could you forward the minutes of that meeting and any subsequent correspondence between UKAD and UK Sport on the matter.*

3. On 5 February 2020, UKAD requested the following clarification in relation to your request for information:

*In order that UKAD can provide an accurate response, we require clarification regarding your request for information. In particular, can you please specify what is meant by subsequent correspondence between UKAD and UK Sport "on the matter". Do you mean subsequent correspondence related to: 1) the meeting in 2014; or 2) hypothyroidism among elite British athletes?*

4. By reply on 5 February 2020, you provided the following clarification:

*I mean 2) hypothyroidism among elite British athletes.*

## Response

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5. In response to the first part of your request, specifically the minutes of a meeting in 2014, UKAD can confirm that there was no meeting convened by UK Sport in 2014 to discuss hypothyroidism among elite British athletes. There was, however, a meeting convened by the English Institute of Sport on 12 March 2014 at which hypothyroidism among elite British athletes was discussed.
6. The minutes of the meeting on 12 March 2014 are enclosed at Annexure 1.

7. In response to the second part of your request, UKAD confirms that it does not hold the information you have requested. That is to say, there was no correspondence between UKAD and UK Sport regarding hypothyroidism among elite British athletes following the meeting on 12 March 2014.

## Conclusion

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8. If you are dissatisfied with the handling of your request, you have the right to ask for an internal review. Internal review requests should be submitted within two months of the date of receipt of the response to your original letter and should be addressed to: Philip Bunt, Chief Operating Officer, UK Anti-Doping, Fleetbank House, 2-6 Salisbury Square, London EC4Y 8AE. Please remember to quote the reference number above in any further communications.
9. If you are not content with the outcome of the internal review, you have the right to apply directly to the Information Commissioner for a decision. The Information Commissioner can be contacted at: Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, Cheshire, SK9 5AF.

Yours sincerely

A handwritten signature in blue ink that reads "UK Anti-Doping".

**UK Anti-Doping**

## Summary Minutes: Thyroid function and dysfunction in athletes

EIS & British Athletics Meeting

12<sup>th</sup> February 2014

### Attendees

[REDACTED]

### Summary Minutes

#### General Approach

The definition of clinical and subclinical hypothyroidism was discussed. Subclinical hypothyroidism is defined as a raised TSH with normal range free T4. It was agreed that subclinical hypothyroidism occurs in athletes, as it does in the general population. Arduous training can theoretically cause the same effects on TSH and thyroxine as illness, but in both this would expectedly cause a lowering of TSH. The British Athletics historical blood test data was presented and shows a similar pattern to the large population studies demonstrating normal distribution of TSH.

Treatment of subclinical hypothyroidism should be based on a medical approach to treat asymptomatic pathological process and not a performance focused strategy.

#### Identifying Subclinical Hypothyroidism

##### *Questionnaire*

It was agreed that the Questionnaire currently in use by British Athletics (SHARQ) which weights different clinical symptoms and historical risk factors was a potentially useful tool in the identification and monitoring of elite athletes. It needs some further work.

ACTION POINT 1: Input from Consultant Endocrinologist on weightings ([REDACTED])

ACTION POINT 2: Include 'dummy' questions in the form ([REDACTED])

ACTION POINT 3: Family history would be included as a weighting in the SHARQ ([REDACTED])

Antibodies would not be included as a weighting in the SHARQ but as a separate entity.

ACTION POINT 4: Circulate updated SHARQ to this Thyroid working group for approval ([REDACTED])

ACTION POINT 5: British Athletics to incorporate this form into screening questionnaires and Smartabase system for audit and monitoring use in both normal athlete population and in fatigued athletes ([REDACTED])

ACTION POINT 6: Other sports to use SHARQ for audit / monitoring purpose in normal population and in fatigued athletes ([REDACTED])

## **Blood Testing**

It was agreed that TSH should form the screening blood test (either in whole athlete screening panel or in the investigation of a fatigued athlete)

There was some discussion about an appropriate level that would suggest further investigation was needed. There are different normal ranges of TSH from different studies with the American Thyroid Association regarding a level of 4.12 as the upper range. Most studies have an upper range between 4.5 and 5.0. Different laboratories will give different levels for the same sample of blood so laboratory consistency is important. A TSH level of 4.8 was 2 standard deviations above normal in the British Athletics data (which is comparable to age range 20-29 in general population data studies) and it was agreed that this was a suitable **guideline** for further investigation until we have more data available to us.

Further investigation should include;

1. Coeliac screen – twenty times more common in hypothyroidism and can be treated with a gluten-free diet.
2. a repeat TSH and Thyroid Antibodies (thyroglobulin autoantibody and thyroid peroxidase antibody) at an accredited laboratory at ~ 4weeks. It would be ideal if all sports used the same laboratory but this may not be practical. British Athletics currently perform their screening bloods on a Loughborough analyser and their clinical bloods at the accredited laboratory: TDL. The full CQC accreditation of the Loughborough analyser for clinical bloods is awaited.

If the TSH is persistently elevated and the SHARQ questionnaire + Antibody test is 'positive' then treatment can be considered.

ACTION POINT 7: Determine what constitutes a positive SHARQ score ( ) with or without positive antibodies.

It was recognised that patients with positive antibodies have a greater risk of progression of disease and therefore the SHARQ threshold is likely to be lower if antibodies are present.

## **Treatment Decisions**

It was agreed that Thyroxine 50mcg was an appropriate starting dose for treatment. (considering the athlete's weight and clinical presentation)

A repeat TSH should be performed in 8 weeks and the target TSH is <4.8.

Athletes must have had a CRY screen before starting Thyroxine.

There should be monitoring for symptoms of developing thyrotoxicosis. These include weight loss, tachycardia, heat intolerance, tremor and anxiety.

There is no place for the prescription of T3 or T3/T4 combination therapy.

For borderline cases a second opinion of a colleague and probably a Consultant Endocrinologist should be obtained. [REDACTED].

### **Communication Strategy**

It was recognised that this is a topic with significant media and athlete/coach interest. It was agreed that communication regarding Thyroid dysfunction should be open with particular respect to informing the IOC, WADA and UKAD.

**ACTION POINT 8:** After agreement regarding the guidelines on SHARQ and treatment decisions EIS Communications team will liaise with IOC, WADA and UKAD to inform. ([REDACTED])

**ACTION POINT 9:** There is a medical- British Athletics coach meeting this month. [REDACTED] to inform coaches regarding the general points made in this document. The guidelines, once confirmed, will be communicated to British Athletics coaches ([REDACTED])

### **Academic Considerations**

It was agreed that there was academic and PR merit in the academic publication of elements of the guidelines for the treatment of subclinical hypothyroidism in elite athletes. As with any treatment interventions from an elite sports medicine team this must be balanced with the importance of controlling knowledge regarding potential performance gains through good medical or science management.

**ACTION POINT 10:** Consider publication of the normal athlete data or questionnaire for peer review after a period of use, which may be after the Rio Olympics ([REDACTED])