

TUE Position Statement | Tramadol

Introduction

The World Anti-Doping Agency (WADA) will prohibit tramadol in-competition from 01 January 2024. Tramadol is an opioid which can be used therapeutically to treat moderate to severe pain.

This position statement sets out guidance for how athletes and doctors should comply with the 2024 tramadol regulations. The document outlines i. the timeframe for when an athlete should request a Therapeutic Use Exemption (TUE); and ii. the points to consider before commencing use and applying for a TUE.

This statement only applies to athletes required to submit TUE applications to UK Anti-Doping.

A. Timeframe for when a TUE is required

Athletes in the [National TUE Pool](#) are recommended to obtain a TUE in advance of use (unless use is urgent) when the last dose of tramadol is to be administered within seven (7) days of competition.

A TUE is not required when use ceases more than seven (7) days before a competition.

In emergency or urgent situations (such as following surgery) a retroactive TUE application should be submitted to UK Anti-Doping as soon as possible if use has occurred within seven (7) days of competition.

NB. WADA has defined the washout period for tramadol to be 24 hours¹. A washout period refers to the time from the last administered dose to the time of the start of the in-competition period (which begins at 23:59 on the day before a competition, unless a different period has been approved by WADA for a given sport). The washout period guides athletes on the time that it will take for tramadol to be eliminated from the body to the extent that it will no longer be reported as an Adverse Analytical Finding (AAF).

Athletes are recommended to obtain a TUE from UK Anti-Doping for tramadol even if use is to occur outside of the washout period established by WADA for the following reasons: i. to offer athletes and doctors certainty by enabling them to receive a TUE decision when use of tramadol is being considered close to competition (that is, within seven days of competition); and ii. to maintain consistency with the seven day timeframe recommended by UK Anti-Doping for when a TUE is required for the use of other narcotics prohibited in-competition.

B. Points to consider before commencing use and applying for a TUE

Pain Management Guidelines

The principles outlined in the International Olympic Committee consensus statement on pain management in elite athletes² should be followed by prescribing clinicians.

¹ World Anti-Doping Agency. (2023). Summary of Major Modifications and Explanatory Notes, 2024 Prohibited List. Available at: https://www.wada-ama.org/sites/default/files/2023-11/2024list_explanatory_list_en_version_02_22_nov_2023.pdf [accessed on 27.11.23].

² Hainline, B., *et al.* (2017). International Olympic Committee consensus statement on pain management in elite athletes. *Br. J. Sports Med.*, **51**, 1245-1258. doi: 10.1136/bjsports-2017-097884.

Permitted Alternatives

There is an abundance of pharmacological and non-pharmacological treatment strategies available for the management of pain in elite athletes^{2,3}. In addition to the known risk of physical dependence and addiction, research has shown that tramadol may enhance performance in certain sports^{4,5}. For these reasons, it is important that a TUE request for the use of tramadol is supported by a strong rationale for its use over first-line permitted alternatives.

TUE applications should include a summary of the permitted medications and/or alternative non-pharmacological treatment modalities that have been trialled before considering the use of tramadol. The names, doses, dates, duration, and the effect of each treatment trialled should be documented within the application. If alternatives have not been trialled, clinical justification must be provided from the prescribing doctor that confirms that in their opinion there are no other reasonable permitted first-line alternatives that exist to treat the medical condition.

Chronic Pain

There may be cases, particularly amongst para-athletes, whereby the long-term use of tramadol has proven to be the drug of choice to alleviate chronic pain. In such circumstances, a TUE application would be considered without a failed trial of permitted alternatives. However, it should be noted that such an application would need to be supported by a comprehensive medical history that includes a description of symptoms (and severity), physical and neurological examination findings, and the results of any other relevant investigations. The opinion of an appropriate specialist (typically a pain specialist) will also be required in most cases.

Return to Play

The need for an athlete to 'return to play' is not sufficient justification for the use of tramadol in the management of acute pain². As a result, UK Anti-Doping will not consider prospective or retroactive TUE applications for the use of tramadol to facilitate an athlete's imminent return to competition when administered on, or shortly prior to, the day of competition.

Contact Us

For further information, please contact the UK Anti-Doping Science and Medicine team at tue@ukad.org.uk.

³ World Anti-Doping Agency. (2024). TUE Physician Guidelines: Pain Management in Sport (Version 3). Available at: https://www.wada-ama.org/sites/default/files/2023-12/tue_physician_guidelines_pain_management_-_version_3.0_january_2024_0.pdf [accessed on 12.12.23].

⁴ Holgado D., *et al.* (2018). Tramadol effects on physical performance and sustained attention during a 20-min indoor cycling time-trial: A randomised controlled trial. *J. Sci. Med. Sport.*, **21**(7), 654-660. doi: 10.1016/j.jsams.2017.10.032.

⁵ Mauger, A.R., Thomas, T., Smith, S.A., and Fennell, C.R.J. (2023). Tramadol is a performance-enhancing drug in highly trained cyclists: a randomized controlled trial. *J. Appl. Physiol.*, **135**(2), 467-474. doi: 10.1152/jappphysiol.00338.2023.