

Guidance on Therapeutic Use Exemption Applications | Acute Asthma Exacerbation

Introduction

This guidance document outlines the medical evidence required to support Therapeutic Use Exemption (TUE) applications to treat an acute asthma exacerbation. A pre-application checklist is also provided for medical practitioners to consider when determining whether to prescribe a prohibited substance as in many cases a TUE application will be submitted retroactively (that is, after treatment has commenced when severe or life-threatening symptoms are present).

A. Anti-doping status of medications commonly prescribed to treat an acute asthma exacerbation

Prednisolone

Prednisolone is a glucocorticoid which is prohibited in-competition when administered orally. In accordance with UK Anti-Doping's [Glucocorticoid TUE Policy](#), a [National TUE Pool](#) athlete is advised to obtain a TUE in advance of treatment (unless urgent treatment is required) if they are due to compete within seven (7) days of their last dose.

Salbutamol

Salbutamol is a beta-2 agonist that is permitted in sport when up to a maximum of 600 micrograms is inhaled over any 8-hour period (and total use does not exceed 1600 micrograms over 24 hours). It is prohibited at all times when inhaled i. in excess of the above permitted dosing limit; or ii. in any dose administered by a nebuliser. In either instance, a [National TUE Pool](#) athlete should apply for a retroactive TUE as soon as practicable after commencing/receiving treatment.

Terbutaline

Terbutaline is a beta-2 agonist which is prohibited at all times irrespective of the dose administered. An athlete with an existing TUE for inhaled terbutaline (to treat asthma) will also need to obtain a retroactive TUE for i. any inhaled doses in addition to the dosage already covered by their existing TUE; and ii. any doses administered by a nebuliser. In either instance, a [National TUE Pool](#) athlete should apply for a retroactive TUE as soon as practicable after commencing/receiving treatment.

B. Medical file required to support a TUE application for an acute asthma exacerbation

1. Details of clinical examination findings including symptoms, heart rate, and respiratory rate.
2. Permitted medications tried before and leading up to prescribing a prohibited substance, including names, doses and frequency of use of each medication, and in the case of prednisolone, whether inhaler dosages were increased before considering its use.

NB. Applications for moderate exacerbations of asthma will not be considered unless this point is evidenced within the application. The use of nebulised salbutamol or terbutaline in a medical emergency is however justified without the prior trial of permitted alternatives.

3. The athlete's 'normal' peak expiratory flow rate and the measurement at the time of clinical examination.
4. A copy of the athlete's most recent asthma review letter.

NB. If a recent asthma review has not taken place, then first-time applications will still be considered. However, second-time applications will not be considered without evidence of a recent asthma review.

5. Relevant past medical history (that is, an outline of the original diagnostic criteria used to determine the diagnosis of asthma, and details of any previous exacerbations requiring hospitalisation and/or use of oral prednisolone or nebulised salbutamol/terbutaline).

NB. Athletes diagnosed with asthma in childhood are required to have their formal diagnosis reconfirmed in adulthood via the performance of objective tests demonstrating reversible airflow obstruction.

6. The date the course of treatment with a prohibited substance began (for retroactive applications).

In many cases, it is essential that the athlete begins treatment as a matter of urgency when experiencing an acute asthma exacerbation. In such instances, it is important that the above medical evidence is captured at the time of diagnosis to avoid a retroactive TUE application from being rejected.

NB. In exceptional circumstances, UK Anti-Doping will consider applications without supporting evidence points #1 and #3 above when these measurements were not possible. However, an application must be supported in such cases by the following additional information collected during a follow-up consultation:

- Details of clinical examination findings including any improvement of symptoms
- Measure of peak expiratory flow rate.

C. Pre-application checklist

The below checklist has been created for medical practitioners to consider when determining whether to prescribe a prohibited substance to treat an acute asthma exacerbation in the event that the athlete is required to obtain a retroactive TUE.

- i. I have documented my clinical examination findings (e.g. severe breathlessness, difficulty talking, cough, chest tightness, increased respiratory rate and heart rate) that have led to my decision to proceed with prescribing a prohibited substance. I can also outline the consequences to the athlete if treatment was withheld any longer.
- ii. I can demonstrate evidence of airway obstruction with a diminished expiratory flow.
- iii. I can provide either (a) a summary of the permitted medications (such as increased inhaler therapy) that have been trialled before considering the use of a prohibited substance (including names, doses, dates, duration, and the effect of each treatment trialled); or (b) clinical justification explaining why permitted alternatives have not been trialled.
- iv. I have assessed the athlete in accordance with the relevant national guidelines on acute asthma exacerbation and have arranged for the athlete to undergo a follow-up consultation with a respiratory specialist to reduce the risk of future exacerbations.

Contact Us

For further information, please contact the UKAD Science and Medicine Team at tue@ukad.org.uk.

Athletes and support personnel are also guided to the [Medicine and TUE Hub](#) on UKAD's website for more information on managing asthma and anti-doping responsibilities.