

Letter to the editor

Exercise-induced asthma, respiratory and allergic disorders in elite athletes

This paper (1) is interesting when considered from an occupational health point of view. Elite athletes are professionals, and so asthma induced by their work comes within the compass of occupational asthma. Guidance for the management of occupational asthma emphasizes removal from exposure as the best means of improving prognosis, rather than giving drugs and allowing more exposure (2). The review has little information on the long-term effects of exercise-induced asthma, when the exercise is the cause of the asthma and not a nonspecific provoker of pre-existing asthma. Does the asthma disappear when the athlete stops exercising? Is there accelerated

loss of FEV₁ with continuing high-level exercise as has been demonstrated in occupational asthmatics who continue exposure to the causative agent (3)? Are the structural changes in the airways reversible as suggested in one study of competitive swimmers who are likely to have additional exposure to chloramines, a possible cause of conventional occupational asthma (4, 5)?

If the prognosis is better than most occupational asthma, are there others with more conventional occupational asthma, who have a better prognosis and if so how can they be identified? Occupational asthma spans a spectrum from those with clear

IgE-mediated hypersensitivity, such as laboratory animal allergy, through agents which are at least irritant in high concentrations, such as colophony, to regular low-level exposure to agents which are generally regarded as irritants such as formaldehyde. Limited data suggest that the prognosis in all these groups is not very good (6).

I hope these issues will be addressed by the expert group and the occupational health advisers to elite athletes.

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