

Rowing Australia Sleep & Sedative Use Protocol

All Rowing Australia Team athletes and officials should be educated on good sleep practices and non-pharmacological techniques for improving the management of sleep reliability and quality:

- Appropriate sleep environment (cool, dark, quiet)
- Reduced level of stimulation prior to bed-time (avoid large meals, heavy exercise, computer and computer games / TV)
- Knowledge and management of dietary stimulants
- Establishing a sleep routine
- Relaxation techniques (warm bath, meditation, 'offline' reading)

Those athletes who are experiencing sleep difficulties should be assessed by the Team Doctor to identify any potentially modifiable underlying issue(s):

- Eliminate or reduce dietary stimulants (caffeine)
- Manage anxiety and stress (consider Psychological review)

Prior to prescription of sleeping tablets the following should be established and recorded:

- What is the medication intended to address? Sleep, anxiety or to counteract other medication use etc.
- What is the athlete's usual sleep routine? Can that routine be improved?
- Review the athlete's sleep environment –are there any barriers to good sleep?
- Review current medications, supplements and ergogenic aid use.

In the first instance, the use of medication should be limited to a short duration of 1 – 3 nights, followed by a further review by the Team Doctor if sleep difficulties persist.

First line treatment:

- Melatonin (particularly for circadian rhythm sleep disturbance e.g. jet lag).
- Benzodiazepines (Temazepam, Diazepam).

Longer-term use:

- Melatonin.
- Valdoxan (Agomelatine) – a new generation antidepressant which is effective when there is a component of anxiety, is non sedating and does not have a withdrawal effect.
- Endep (Amitriptyline) – a well-known antidepressant historically used for neuropathic pain, but has significant sedation properties. Can have subsequent day sedation but no withdrawal effect.

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Additional notes:

While on tour, a record should be kept of all sleeping tablets provided by RA medical staff to athletes.

Those athletes seeking ongoing or multiple treatments should be referred to the Team or Lead RA Psychologist for more detailed discussion of sleep barriers.

Athletes identified with a history of poor sleep should have a sleep program developed by the Team Doctor in consultation with the athlete and Team or Lead RA Psychologist to ensure that the potentially adverse effects of jet lag are minimized and that they have access to a good sleep environment, including consideration of a single room on tour if necessary and feasible. These athletes should also have their use of ergogenic aids, in particular caffeine, reviewed in conjunction with the Team or Lead Nutritionist and Physiologist.

Prior to the London 2012 Olympics the Australian Olympic Committee banned the use of Stilnox. This ban will remain for the 2016 Olympics. In light of this AOC policy, **Rowing Australia athletes cannot and should not use Stilnox or other Z class sleeping medications** to ensure that the treatment modalities employed by RA athletes can be used through to and during the 2016 Rio Olympic Games. **This is particularly important for the establishment by athletes of a reliable sleep routine that can be used across all training and race environments.** No Stilnox or other Z class drugs will be available in the Team environment.

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