

ROWING AUSTRALIA GUIDELINES FOR SEDATIVE AND SLEEP MEDICATION USE

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, suitable mattress/pillow for comfort)
- Reduced level of stimulation prior to bedtime (avoid large meals, heavy exercise, bright lights, computer and computer games / TV)
- Knowledge and management of dietary stimulants
- Establishing a sleep routine (regular bed time and wake time)
- Avoid oversleeping on days off.
- Relaxation techniques (warm bath, meditation, 'offline' reading)

Those athletes who are experiencing sleep difficulties should be assessed by their team, NTC or SIS/SAS 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, NTC or SIS/SAS 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 (Amytriptilline) – a well-known antidepressant historically used for neuropathic pain, but has significant sedation properties. Can have subsequent day sedation but no withdrawal effect.

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 a 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, NTC or SIS/SAS doctor in consultation with the athlete and their 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.

Z class sleeping medications:

Prior to the London 2012 Olympics the Australian Olympic Committee banned the use of Stilnox.

This ban has remained in place. In light of this AOC policy, **prescription of Z class drugs to Rowing Australia athletes is strongly discouraged at all times.** This is to ensure that the treatment modalities employed by RA athletes can be used through to and during their peak event, the Olympic Games.

Stilnox or other Z class sleeping medications must not be used during Olympic events. Any RA athletes prescribed Z class drugs should have this AOC Policy clearly explained and the discussion documented in their notes.

Prescription of Z class drugs should only be considered in specific circumstances where benzodiazepines and melatonin are not an appropriate choice. **This is particularly important for the establishment by athletes of a reliable sleep routine that can be used across all training and race environments.**