

OVERTRAINING IN TEAM SPORTS

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Successful training must involve overload but also must avoid the combination of excessive overload plus inadequate recovery. Athletes can experience short term performance decrement, without severe psychological, or lasting other negative symptoms.

This Functional Overreaching (FOR) will eventually lead to an improvement in performance after recovery. When athletes do not sufficiently respect the balance between training and recovery, Non-Functional Overreaching (NFOR) can occur.

The distinction between NFOR and the Overtraining Syndrome (OTS) is very difficult and will depend on the clinical outcome and exclusion diagnosis.

The athlete will often show the same clinical, hormonal and other signs and symptoms. A keyword in the recognition of OTS might be 'prolonged maladaptation' not only of the athlete, but also of several biological, neurochemical, and hormonal regulation mechanisms.

It is generally thought that symptoms of OTS, such as fatigue, performance decline, and mood disturbances, are more severe than those of NFOR. However, there is no scientific evidence to either confirm or refute this suggestion.

One approach to understanding the aetiology of OTS involves the exclusion of organic diseases or infections and factors such as dietary caloric restriction (negative energy balance) and insufficient carbohydrate and/or protein intake, iron deficiency, magnesium deficiency, allergies, etc. together with identification of initiating events or triggers.

In team sports, sometimes a training distress is difficult to differentiate from underperformance.

Currently several markers (hormones, performance tests, psychological tests, biochemical and immune markers) are used for the detection of OTS, but none of them meets all criteria to make its use generally accepted.

A "check list" might help the physicians and sport scientists to decide on the diagnosis of OTS and to exclude other possible causes of underperformance.