“The Dormouse” – Recollections of a lightweight rower with overtraining syndrome

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Word count – 1086

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THE INTENSIVE DEMANDS OF ROWING

To be a successful high-performance lightweight rower, I required exceptional physical attributes such as fitness and strength, together with high levels of dedication and resilience. However, when faced with frustrating setbacks such as injury and illness, like many athletes the qualities that elevated me to the top of my sport became my own worst enemy.

It is well documented that vigorous specifically-targeted training followed by a sufficient period of recovery is essential for improving athletic performance. This is a difficult balance to strike in many sports, but when you layer on the added constraints associated with a weight contingent sport like lightweight rowing, training becomes more complex. Lightweight rowing places an upper limit on the body weight of competitors – 57kg for women and 70k for men. Making weight was a real challenge for me at 5'7", so I maximised every opportunity to burn calories, and that often meant choosing an active recovery session over a rest day in my already challenging training schedule.

CONSEQUENCES OF OVERTRAINING AND WEIGHT LOSS

The extreme and ridiculous weight loss strategies I employed in the days leading up to the National Championships in 2000 seem incomprehensible now. I was not at race weight the night before the finals, so I severely restricted my food and drink intake, to the point of dehydration. I remember the blissful sensation of sucking the moisture out of my toothbrush, I savoured that moment when the cool, minty water slid down my throat. Despite turning the heating up and sleeping under blankets, I was still 500g over race weight the morning of the finals. In a last ditch attempt to be able to compete, I fashioned a t-shirt out of a bin liner, layered all my cold weather kit on top and ran a few laps round the housing estate. I remember darting behind a dustbin when I saw my coach drive past. I did not want him to know the shameful extent of my weight loss strategies. But to me it was normal, it was just part of being a lightweight rower - we all did it.

These strategies proved effective as I won a bronze medal at the Nationals, and later a coveted place on the England lightweight women's rowing squad for the 2002 Commonwealth Games. Everything was going to plan, when one morning at 5.30am as I reached over to turn my alarm off, I felt my head begin to spin, my heart was pounding, and I felt violently sick. I threw up to ease the nausea, sipped some water, put on my kit and drove to the rowing club. I managed to complete the training session, but my legs felt like lead and my heart was racing. This was the start of a progressive decline in performance.

One of the most debilitating symptoms I experienced was the need to sleep. I became affectionally known as "The Dormouse" because I slept over 10 hours a night and during the day. When I stood up my heart rate would go through the roof and my blood pressure would drop, I felt constantly dizzy and sick. I caught cold after cold and I felt like I had a pair of golf balls permanently lodged in my throat. Despite these debilitating physiological symptoms, I was more motivated than ever to represent my country.

THE STRUGGLE FOR A DIAGNOSIS

At this time in my career, I was not a lottery funded athlete and I didn't have access to the sport science team at British Rowing. I therefore had to rely on my General Practitioner (GP)

for support. All tests came back negative: no glandular fever, anaemia, normal thyroid function. There was no other explanation, so I was diagnosed with depression and prescribed antidepressants. In hindsight, I wasn't depressed, I was in a state of helplessness and hopelessness because I couldn't find an answer to my problem. I was underperforming at an unprecedented level and I did not know why.

As time went on my symptoms didn't improve. I was struggling to hold down my part-time job, I had withdrawn from my rowing friends, I felt utterly alone. As I reached my lowest point, my coach found the details of a doctor who specialised in sports medicine and I paid for a private consultation. I dragged myself to London for a consultation. I confirmed I was experiencing persistent fatigue, elevated resting heart rate, recurrent infections and mood disturbances and he diagnosed me with overtraining syndrome[1]. I was advised to continue resting and when my heart rate had returned to a normal resting rate, I could begin a phased return to training[2]. This however, was like a form of torture to me.

RECOVERY AND BURN OUT

It took me two years until I was well enough to do a full training session on the water with the rest of the squad. I had various relapses along the way, but none as severe as the first one. By the time I was fit enough to trial for the national team again I was completely burnt out. The sport that I loved more than anything else in the world, was now something I absolutely despised. I vividly remember the moment when I decided to quit; it was a beautiful still misty morning on the River Thames, the swans were skimming the water as they landed in front of me, the sun hung low and red in the sky, it was serene. I dug my blades hard into the water and braced myself, my boat stopped immediately. That was it, in that instance I knew my rowing career was over. I rowed back to the landing stage with tears stinging my cold cheeks. I got my boat out of the water, I washed it and sold it, I never rowed again.

IMPLICATIONS FOR CLINICIANS

1. An early diagnosis of overtraining syndrome and a suitable treatment plan is fundamental to the athlete's health and recovery.
2. General medical practitioners working with athletes should have sufficient contextual knowledge of the demands and nuances of the individual's sport in order to provide a competent service.
3. General medical practitioners treating athletes should recognise the limitations of their knowledge and refer them expediently to a sports medicine specialist if required.

REFERENCES

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