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2009

	ί	.3		
Abstract	ί	.5		
1.0	ί	.7		
1.1	:		ί	.7
1.2	ί	.9		
1.3			ί	.11
1.4	∅			
	ό TUEs	ί	.13	
1.5			ί	.15
2.0			ί	.16
2.1			ί	.16
2.2			ί	.19
2.3			ί	.25
3.0	ί	.34		
4.0	ί	.37		
5.0	ί	.47		
6.0	ί	.53		
7.0	ί	.55		

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2004 (APG).

doping

Doping (DCOR),

ø

(TUE).

: 64.2%

doping

81.3%

4

ó

(42.1%),

(NSAIDs)

(9.8 5.6%,

).

-2-

APG (4.8%)

(AOG).



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zolpidem,

AOG.

2004,

Food Supplements by Athletes during the Athens 2004 Paralympic Games

Abstract

Objective: To gather data and examine the use by elite Paralympic athletes of food supplements and pharmaceutical preparations.

Design: Survey study.

Setting: Athens 2004 Paralympic Games (APG).

Participants: Data from 2 sources were collected: athletes' declaration of medications/supplements intake recorded on the Doping Control Official Record (DCOR) during sample collection for doping control, and athletes' application forms for granting of a therapeutic use exemption (TUE).

Main Outcome Measurements: Classification of declared food supplements according to the active ingredient and medications according to therapeutic actions and active compounds.

Results: 64.2% of the athletes tested for doping control declared use of medications or food supplements and 81.3% declared intake of less than 4 preparations. Non-invasive routes of administration dominated. Food supplements (42.1%) remained popular and medications used to treat several pathological conditions were recorded. Non-steroidal anti-inflammatory agents (NSAIDs) and analgesics were also commonly used by athletes (9.8 and 5.6%, respectively). The prevalence of inhaled beta-2-agonist use at the APG (4.8%) was higher than anticipated and exceeded that at the Athens Olympic Games (AOG). The declared use of benzodiazepines, zopiclone and zolpidem, as they are banned Narcotics under the 3459/06 Hellenic Law, along with injected haemoderivatives, warrants comment.

Conclusions: This review, the first to deal with elite Paralympic athletes, demonstrates a more rational approach to the use of medication and food supplements and a similar



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Nevertheless, since there are rather few studies, the nutritional needs of Paralympic athletes are not yet clear. The need to counsel athletes with disabilities on their nutritional needs is confirmed and close monitoring by health care professionals is required.

Key Words: Paralympic Games Athens 2004, therapeutic use exemptions, food supplements, medications

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1948, Sir Ludwig Guttmann

Stoke Mandeville ().

1960,

(). 1976 ,

("IPC Brochure").

400

23

1960 3.951

146

2008 ("History of Sport for Persons with

a Disability").

().

1988

Albertville 1992

19 2001,

(IOC)

(IPC)

2012 ,



()

2012 Sochi
Disability"; "Paralympic Games").

2014 ("History of Sport for Persons with a

IPC,

-Doping (WADA)

-Doping (WADC)

[(ó IST,

ó ,

ó ISL, ø

ó TUEs) ("World Anti-Doping

Agency, International Standard for Laboratories, 2004"; "World Anti-Doping Agency,

International Standard for Therapeutic Use Exemptions 3.0, 2003"; "World Anti-Doping

Agency, International Standard List of Prohibited Substances and Methods"; "World Anti-

Doping Agency. International Standard for Testing 3.0. Montreal: World Anti-Doping

Agency; 2003"). IPC WADC,

-Doping IPC ("IPC Anti-Doping Code,"),

doping , ø

WADC:

✓

doping ,



doping.

1.2.

:

- i.
- ii.
- iii. 6
- iv.
- v. *Les autres:*

Classification () ("IPC Classification Code,").

(Classifiers).

IPC 27

, 20 , 5

2 -

1

("Sports,").

1.

("2004 Annual Report,"; "Paralympic Games,"; "Sports,").

1

, les autres

2

6
()

3

(Boccia)

(CPISTRA)

4

5

6

(5x5)

(IBSA)

7

(7x7)

(CPISTRA)

9	(IBSA),			
10			,	, <i>les autres</i>
11	(IFDS)		,	,
12			<i>les autres</i>	,
13			,	,
14	(ITTF)		<i>les autres</i>	,
15	()	(WOVD)		,
16				,
17	(IWAS)			,
18	(IWAS)		()	
19				
20	(FISA)		2005,	

13.

2004 3.806 136 ,





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-
- *les autres*

("2004 Post Games Report").

2

2. (Nyland, Snouse, Anderson, Kelly, & Sterling, 2000)



10%

«

».

(<20/200).



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«les autres»

(*osteogenesis imperfecta*),

137

20 (3, 13

, 4), 9

, 58

4 8.

1.4. ø

6 TUEs)

WADC,

doping.

(TUE),

(aTUE),



(GCSs)

∅ .

doping

TUEs aTUEs

doping ("World Anti-Doping Agency, International Standard for Therapeutic Use Exemptions 3.0, 2003").

6 -doping IPC ("IPC Anti-Doping Code")

WADA. IPC,

IPC

IPC

(, , , , , ,) TUE .

IPC (Boccia,

, 5x5, 7x7, , Goalball, ,

, , Rugby)

TUEs (TUEC) IPC



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(patterns) /

(Corrigan & Kazlauskas, 2003a; Huang, Johnson, &

Pipe, 2006a; Tsitsimpikou et al., 2009).

1960.

∅

DCOR

doping,

TUE

2004.

()

(Ferrara & Peterson, 2000; Reynolds, Stirk, Thomas, & Geary, 1994).

426

(NWAA),

(USABA)

(USCPAA).

3.

/

1996 (Nyland et al., 2000).

3.

/

(Ferrara et al.,

1992; Klenck & Gebke, 2007)

	(%)
(NWAA)	(57%)
(USABA)	(53%)
(USCPAA)	(21%),

4

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(Dec, Sparrow, & et al., 1992; Klenck & Gebke, 2007; Nyland et al., 2000; Quignan, 2004)

	/	/
✓		✓
✓		
✓		✓
✓	()	✓
✓		✓
✓		/
	(,)	✓
		✓
	(,)	✓ / /
		✓ ()
		-
		,
		,
/		(),
	()	✓
		✓
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	, /	
	,	✓
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- ✓
- ✓
- ✓

- ✓ NSAIDS(*)
- ✓ GCSs
- ✓
- ✓
- ✓
- ✓ NSAID
- ✓
- ✓
- ✓
- ()

(stretching)

,

(diazepam, lorazepam)

,

(... ,)

()

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- ✓
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- ✓

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(

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,

(*):NSAIDs

(*on-Steroidal Anti-Inflammatory Drug*)

2.2.

,

∅

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("European Parliament-Directive 2002/46/EC of the 10th June 2002 on the approximation of the laws of the Member States relating to food supplements").

()
(2000/13/EC/20-03-00) ("European Parliament-Directive 2000/13/EC of the European Parliament and Council of 20th March 2000 on the approximation of the laws of the Member States relating to the labeling, presentation and advertising of foodstuffs").

(Geyer et al., 2004; Green, Catlin, & Starcevic, 2001)

, ø « » . ø
51 10.274
15 ,
46%.

ó .
(Sobal & Marquart, 1994a).



(Huang, Johnson, & Pipe, 2006b).

(Corrigan & Kazlauskas, 2003b),

.

,

()

(Corrigan & Kazlauskas, 2003a; Tsitsimpikou et al., 2009).

,

.

(Sobal & Marquart, 1994b).

(Phillips, 2004),

(BCAA)

(Kreider, 1999), 35%

/

doping

(Tsitsimpikou et al., 2009).

(Corrigan & Kazlauskas, 2003b; Sobal & Marquart, 1994a;

Tsitsimpikou et al., 2009),



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("Joint Position Statement: nutrition and athletic performance. American College of Sports Medicine, American Dietetic Association, and Dietitians of Canada," 2000).

(Kreider, 2003; Mesa, Ruiz, Gonz alez-Gross, Guti errez S ainz, & Castillo Garz on, 2002; Terjung et al., 2000). (Alaranta, Alaranta, Heli ovaara, Airaksinen, & Helenius, 2006; Corrigan & Kazlauskas, 2003a; Huang et al., 2006a; Tsitsimpikou et al., 2009)

(Volek & Rawson, 2004).

("Joint Position Statement: nutrition and athletic performance. American College of Sports Medicine, American Dietetic Association, and Dietitians of Canada," 2000).

(<2.5%) (Corrigan & Kazlauskas, 2003a; Tsitsimpikou et al., 2009),

 



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(Forgac, 1980; Haff,

(Grunewald & Bailey, 1993; Schwenk & Costley, 2002).

1.

2.



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4.

1%,

5.



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(Schwenk & Costley, 2002).

2.3.

doping

TUE,

, NSAIDs,



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(Thuyne & Delbeke, 2008a).

2002
 34,5%
 7
 24,9%
 (. . NSAIDs, . . .)

(Alaranta et al., 2006).

NSAIDs
 NSAIDs

(Almekinders, 1999; Rahusen, Weinhold, & Almekinders, 2004).

(De Meersman, 1988; Roi et al., 1994).

NSAIDs () (Corrigan & Kazlauskas, 2003a),

25%

doping,

(Corrigan & Kazlauskas, 2003a; Huang et al., 2006a;

Tsitsimpikou et al., 2009),

(Skouroliakou, Kani,



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05).

NSAIDs

(Alaranta et al., 2006; Huang

et al., 2006a),

/

Softball,

NSAIDs

45%

pitchers

(Meyers, Brown, & Bloom, 2001a).

18.645

NSAIDs

18% (Thuyne &

Delbeke, 2008a).

2001

(W Van Thuyne & Delbeke, 2002).

NSAIDs

(Corrigan & Kazlauskas, 2003a; Tannenbaum et al., 1996).

NSAIDs (Alaranta et al., 2006; Baldwin Lanier, 2003)

NSAIDs

(Corrigan

& Kazlauskas, 2003a; Tsitsimpikou et al., 2009).

NSAIDs

(Szczeklik, 1987).

(Thuyne & Delbeke, 2008a; Tsitsimpikou et al.,

2009).

(UCI) (Thuynes & Delbeke, 2008a).

doping,

1 g/ml.

("World Anti-Doping Agency, International Standard List of Prohibited Substances and Methods").

Carl Koller

(Altman, Albert, & Fournier,

1985),

doping ("World Anti-Doping Agency, International Standard List of Prohibited Substances and Methods").

(Estorch et al., 2004; Stahl & Grady, 2003).

dopexine

(Krommydas et al., 2005).

WADA

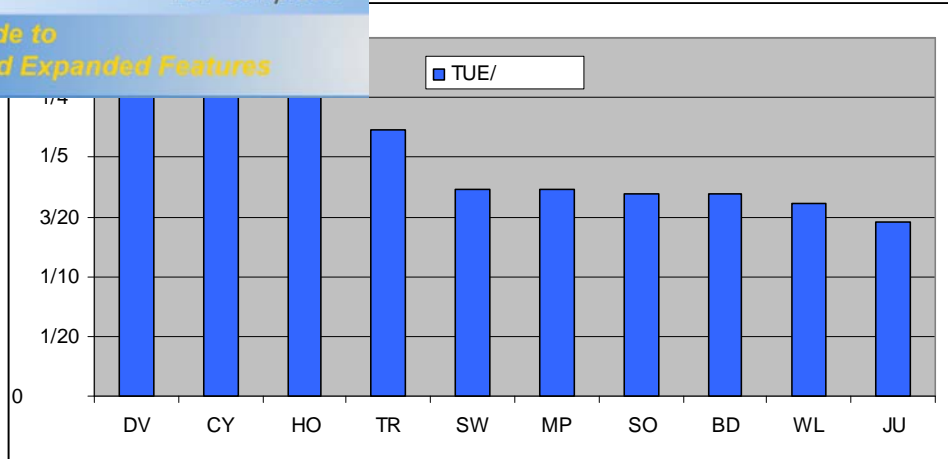
doping.



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GCSs
 ()
 .
 , GCSs
 . ,
 GCSs : 197561984
 , 2002
 (,) (Ken Fitch & Kinsella, 2004).
 , (, , ,)
 , ,), , TUE ("World Anti-Doping Agency, International Standard for Therapeutic Use Exemptions 3.0, 2003"; "World Anti-Doping Agency, International Standard List of Prohibited Substances and Methods").
 H GCSs 2,5 ó 3,0% (Corrigan & Kazlauskas, 2003a; Thuyne & Delbeke, 2008a; Tsitsimpikou et al., 2009)
 (Ken Fitch & Kinsella, 2004; Thuyne & Delbeke, 2008b). **1** GCSs
 TUEs.

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1: GCSs (Ken Fitch & Kinsella, 2004)
 : SW: , CY: , HO: Hockey, TR: , DV: , WL:
 , JU: , MP: , SO: softball, D: badminton

,
 (Lemanske,
 2000; Nystad, 2000),
 (Vacek, 1999),

10 ó 15% (Fitch et al., 2008; Storms,
 1999). 2 ó ,
 (5)

,
 ,
 ,
 , Kujala
 (2003),

NSAIDs

na, & Kaprio, 2003).

5. 2 ó (1984 2004) (Tsitsimpikou et al., 2009)

	UEs		%
1984, Los Angeles	119	6802	1.7
1996, Atlanta	383	10677	3.6
1998, Nagano	128	2296	5.6
2000, Sydney	607	11087	5.5
2004,	517	10563	4.9

:¹ Seoul, 1988 , 1992
TUE.
2 45

2 ó

. (Caruso et al., 1995; Martineau, Horan, Rothwell, & Little, 1992). , 2 ó

2 ó

TUE,

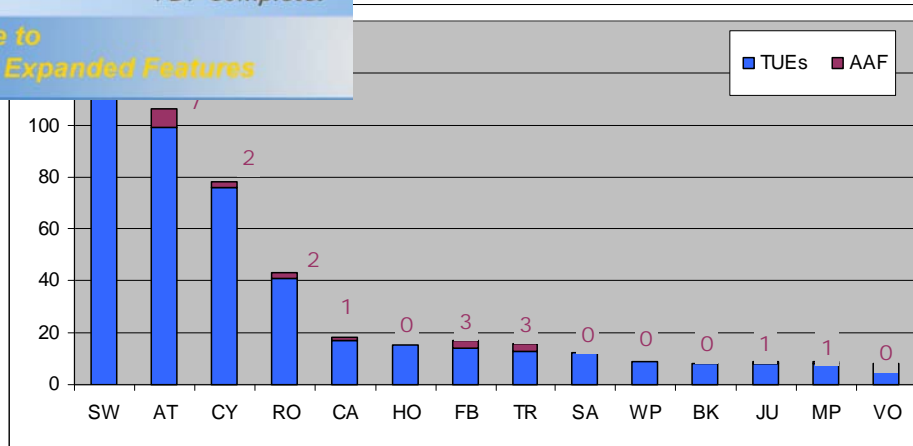
("World Anti-Doping Agency,

International Standard List of Prohibited Substances and Methods"). 2

2 ó

doping (Tsitsimpikou et al., 2009).

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2. 2 ó doping (AAF)

: SW: Hockey, AT: , CY: , RO: , CA: Canoe-Kayak, HO: , FB: , TR: , SA: , WP: , BK: , JU: , MP: , VO:

20-40
67%
(Komarow & Postolache, 2005). Helbling 2.961
68 16,8%
59%
(Helbling, Jenoure, & Mèuller, 1990). (Katelaris, Carrozzi, Burke, & Byth, 2006).

(Nieman, 2000),



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DCORs

TUEs.

, DCOR

/

(1).

81,9%

UEs

("World Anti-Doping Agency, International Standard List of Prohibited Substances and Methods,")

TUEC IPC,

IPC,

IPC

a UEs,

UEs.

DCORs 680

(34,3±7,8 , : 18 ó 61) 492

UEs.

Martindale 32nd edition (PhP) (*Martindale: The Complete Drug Reference,*

April 1999).

(K, Na, Ca, Mg, Fe, Zn, I) ó

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Contrôle du Dopage / Επίσημη Αναφορά Ελέγχου Dopage

Reference No.

Athlete Information/Information Concernant le Sportif/Προσωπικά Στοιχεία Αθλητή	
Event/Επεινή/Διοργάνωση	Sport/Sport/Aθλημα
Venue/Στάθ/Τόπος	
Surname/Όνομ/Επίθετο	First Name/Όνομ/Όνομα
Date of birth/Date de naissance/ Ημερομηνία Γέννησης	
Gender/Σέξο/Φύλο	Country/Πατρις/Χώρα
Accreditation No No d'accreditation Αριθμός άδειας άσκησης	

Partial Sample/Echantillon partiel/Επιμέρους δείγμα	
Sample Collection Time Heure de prélèvement de l'échantillon Ώρα συλλογής δείγματος	Date Date Ημερ/Νία
Volume Volume Όγκος	Sample Code No No de code de l'échantillon Κωδικός δείγματος
Athlete's Signature Signature du Sportif Υπογραφή Αθλητή	Name & Signature DCO Nom & Signature F.ACD Όνομα & Υπογραφή Υπευθύνου Ελέγχου Dopage

Partial Sample/Echantillon partiel/Επιμέρους δείγμα	
Sample Collection Time Heure de prélèvement d'échantillon Ώρα συλλογής δείγματος	Date Date Ημερ/Νία
Volume Volume Όγκος	Sample Code No No de code de l'échantillon Κωδικός δείγματος
Athlete's Signature Signature du Sportif Υπογραφή Αθλητή	Name & Signature DCO Nom & Signature F.ACD Όνομα & Υπογραφή Υπευθύνου Ελέγχου Dopage

Final Sample / Echantillon Final / Τελικό δείγμα	
Sample Collection Time Heure de prélèvement d'échantillon Ώρα συλλογής δείγματος	Date Date Ημερ/Νία
Volume Volume Όγκος	Sample Code No No de code de l'échantillon Κωδικός δείγματος
Athlete's Signature Signature du Sportif Υπογραφή Αθλητή	Name & Signature DCO Nom & Signature F.ACD Όνομα & Υπογραφή Υπευθύνου Ελέγχου Dopage

Additional Sample / Echantillon Additionnelle / Συμπληρωματικό δείγμα	
Sample Collection Time Heure de prélèvement de l'échantillon Ώρα συλλογής δείγματος	Date Date Ημερ/Νία
Volume Volume Όγκος	Sample Code No No de code de l'échantillon Κωδικός δείγματος
Athlete's Signature Signature du Sportif Υπογραφή Αθλητή	Name & Signature DCO Nom & Signature F.ACD Όνομα & Υπογραφή Υπευθύνου Ελέγχου Dopage

Name and comments Όνομα και σχόλια	Date last taken Date de la dernière prise d'un médicament Τελευταία Ημερομηνία λήψης	Dosage Doseologie Δοσολογία	Name and comments Όνομα και σχόλια	Date last taken Date de la dernière prise d'un médicament Τελευταία Ημερομηνία λήψης	Dosage Doseologie Δοσολογία

Comments / Commentaires / Παρατηρήσεις

All samples will be sent to a WADA accredited laboratory / Tous les échantillons seront remis au laboratoire accrédité par l'AMA / Όλα τα δείγματα θα αποσταλούν σε διαπιστευμένο εργαστήριο από τον WADA.

Minor irregularities which cannot reasonably be considered to have affected the results of otherwise valid tests shall have no effect on the results. / Les irrégularités n'ayant pas eu raisonnablement des conséquences sur les résultats de contrôles valides ne seront pas prises en compte. / Οι ελαφρώς αλλοιώσεις οι οποίες δεν αλλοιώνουν τα αποτελέσματα είναι αποδεκτές. / Je certifie que les informations fournies ci-dessus sont complètes et exactes. / Ο υπογράφων αθλητής/η τρέφει ότι όλες οι πληροφορίες που αναφέρονται παραπάνω είναι πλήρεις και ακριβείς.

Signature of Athlete/Signature du Sportif/ Υπογραφή Αθλητή

Name & Signature of DCO/Nom & Signature de l'ACD/Όνομα & Υπογραφή Υπευθύνου Ελέγχου Dopage

Name & Signature of IOC/MC/IPC Representative/Nom & Signature du Représentant de la CMO/IPC
Όνομα & Υπογραφή Εκπροσώπου ΔΟΑ/ΑΠΕ
White card IOC/MC/IPC / Carte blanche CH COI / Άσπρη κάρτα άδειας έπαιξης Εταιρείας ADF
Pink card WADA / Carte rose WADA / Ροζ κάρτα Άδεια Έπαιξης Οργανισμού Αντιδότη
Green card AITHOC / Carte verte AITHOC / Πράσινη κάρτα Άδεια Έπαιξης Αθλητικού Οργανισμού
Yellow card Athlete / Carte jaune Sportif / Κίτρινη κάρτα αθλητή Αθλητή
Blue card Laboratory / Carte bleue Labo / Μπλε κάρτα εργαστήριο Εργαστήριο

STATEMENT OF CONSENT
I agree with my sample to be used anonymously for antidoping research purposes by any WADA accredited lab when all analysis have been completed and my sample would otherwise will be discarded.
Refusal of consent will bear no consequences for the athlete.
The Helsinki Accords and any applicable national standards as they relate to the involvement of human subjects in research will be followed.
 YES NO

DECLARATION DE CONSENTEMENT
J'accepte que mon échantillon soit utilisé pour des raisons de recherche antidopage par tous les laboratoires accrédités par l'AMA, une fois que toutes les analyses seront terminées et autrement mon échantillon serait jeté.
En cas de refus, cela n'entraîne aucune conséquence pour le sportif.
Les accords d'Helsinki et les normes nationales applicables en matière de recherche sur des sujets humains seront respectés.
 OUI NON

ΑΠΑΡΧΗ ΑΠΟΔΕΙΞΗΣ
Αποδέχομαι να χρησιμοποιηθεί το δείγμα μου για ερευνητικούς σκοπούς από οποιοδήποτε εργαστήριο πιστοποιημένο από τον WADA, όταν ολοκληρωθούν όλες οι αναλύσεις διεξαγωγής και το δείγμα σε όλες περιπτώσεις θα απορριφθεί.
Αρνηση αποδείξης δεν επιφέρει συνέπεια στον αθλητή.
Οι συμφωνίες του Ηέλσινκι και οι εθνικές κανόνες εφαρμοστέοι σε θέματα έρευνας με τη συμμετοχή ανθρώπων σε δοκιμές για ερευνητικούς σκοπούς.
 ΝΑΙ ΟΧΙ

1. Doping (DCOR)



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TUE

doping.

(SG)

doping IST ("World Anti-Doping Agency. International Standard for Testing 3.0. Montreal: World Anti-Doping Agency; 2003"),

(SPSS v. 12.0; SPSS, Inc.,

Chicago, IL)

(product-moment)

Pearson

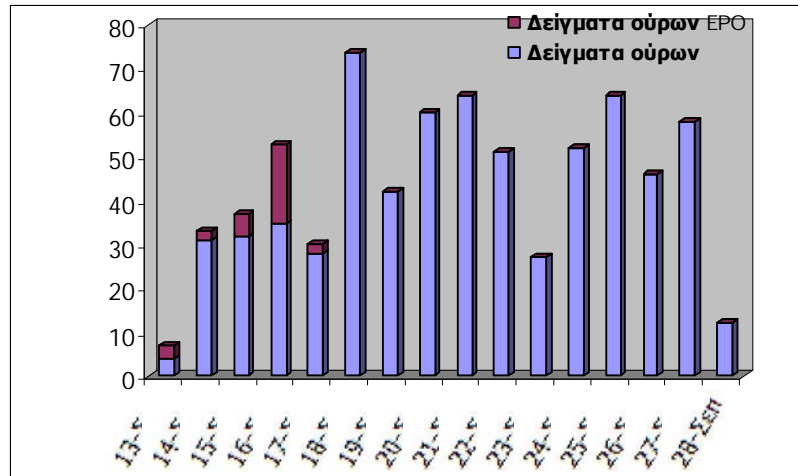
χ^2

t-test

(one-way ANOVA)

doping

(APG).



3.

APG, 64,2%

doping

3

80%

4

(4).

2,0±2,3

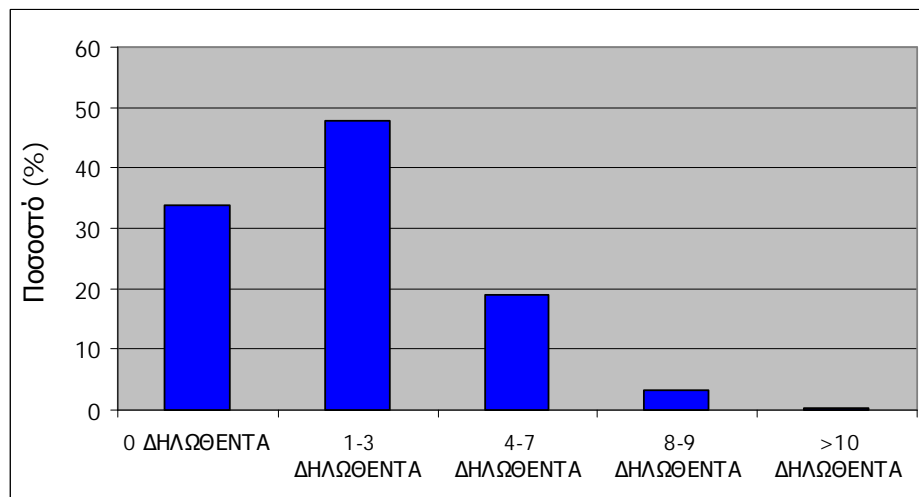
(: 2

= 11

, 147

= 1

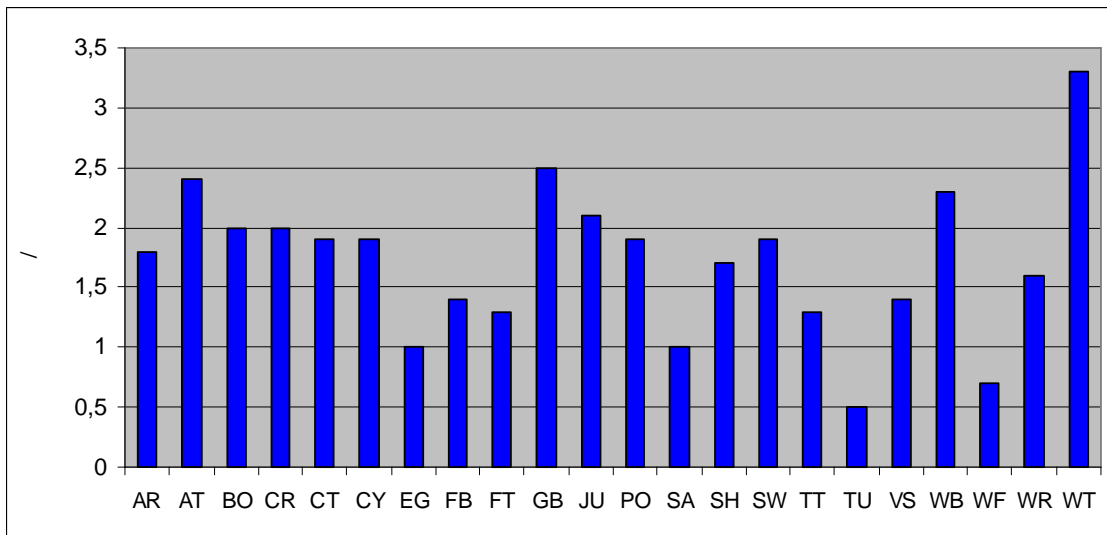
).



4:

APG

(5),
 166 doping (OOC)
 , 24,4%
 , 304 (21,7%)
 32,0% ,
 (IC),



5: /
 APG
 : AR: , AT: , BO: boccia, CR, CT, CY: , EQ: , FB:
 , GB: goalball, JU: , PO: , SA: , SH:
 , SW: , TT: , VS: , WB:
 , WF: , WR: rugby , WT:
 tennis

IC OOC ($\chi^2=14.0$, $df=1$, $p<0.001$).

IC OOC,

70%

OOC,



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($\chi^2=83,7$, $df=17$, $p<0.001$). NSAIDs

IC (85,4% 80,0%,),

DCORs

(88,7%), (1,9%)

(1,7%). 6,7%

: (n=34), NSAIDs (n=17)

(n=13).

45% 29%, B,

(ATP, 25%).

($\chi^2=2385$, $df=102$, $p<0.001$).

, 4,8%

NSAIDs,

11,6% NSAIDs

($\chi^2=65,2$, $df=6$, $p<0.001$).

95,6% 87,6%

APG 3

NSAIDs 1,3 1,1

4

6

10

($\chi^2=1834$, $df=132$,

$p<0.001$), 86%

/ (SG).

2,2% SG

($r = 0,15$; $p<0.001$).

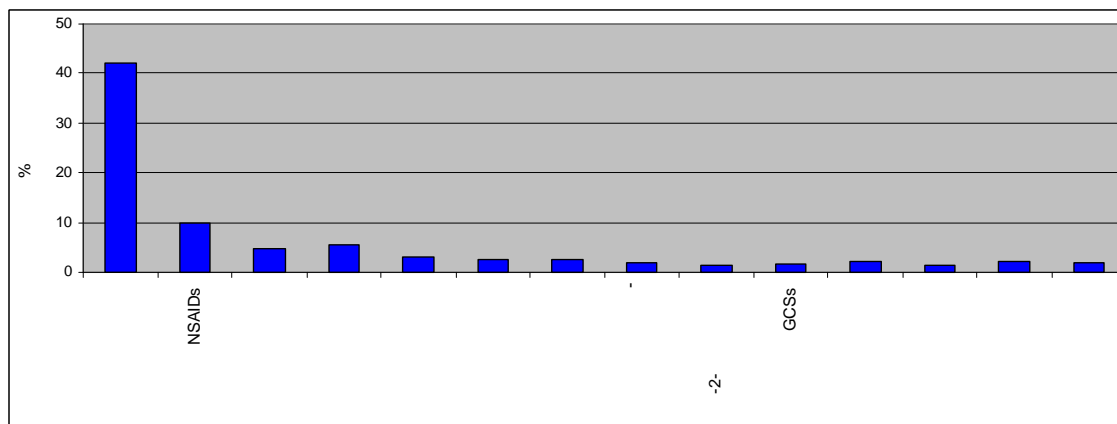
($t_{(711)}=2,399$; $p<0,05$),

SG

80%

>135

ml SG<1,015.



6:

DCORs

6.



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(2,9%),

(1,4%).

: (n=11), (n=3),

(n=2), (n=1), -

(n=3), , 17

,

mildronate, . mildronate, ,

,

(Dambrova, Liepinsh, &

Kalvinsh, 2002; Sjakste, Gutcaits, & Kalvinsh, 2005).

, 20%

, 19% 19%

/

($x^2=96.7$, $df=51$, $p<0.001$),

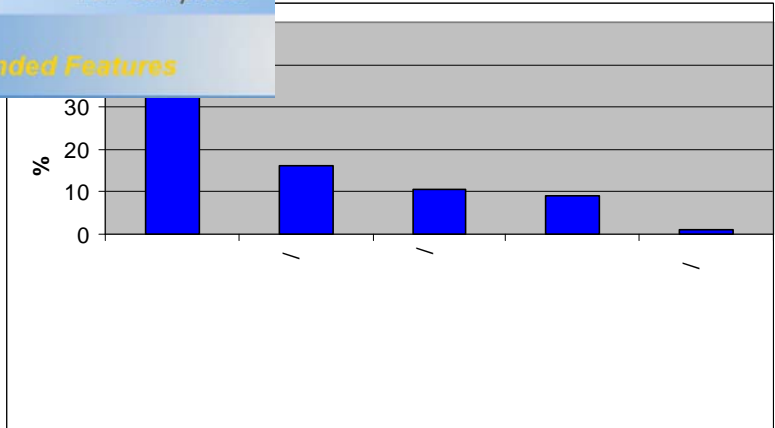
($x^2=650.9$, $df=357$, $p<0.001$).

30-40 ,

NSAIDs , ,

.

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7:

42,1%, (43,5%), /

(16,1%) / (10,5%)

(7).

, / 7 22

, 62,3%

1% doping APG

(9,1% 1,3%,)

NSAIDs APG (9,8%

5,6%,). 40% 6

NSAIDs DCORs (59%, Goalball 50%,

45,8%, 43%, 40%

44,4%). APG, 5,1%

NSAID ,

. NSAID acetaminophen

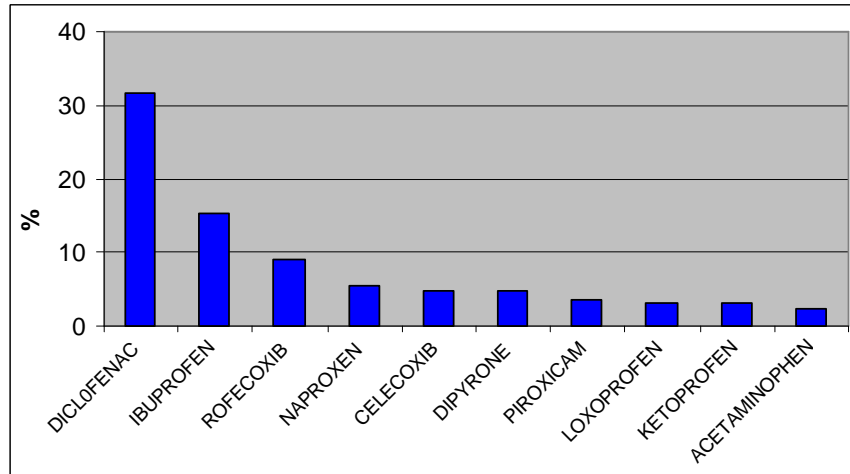
, oxycodone,

006.

NSAIDs

4,5%

NSAIDs.



8:

NSAIDs

NSAIDs

diclofenac (31,7%) ibuprofen (15,2%),

22

NSAIDs

15 NSAIDs

COX-2 (COXIB)

4,9%

APG.

492 UEs

UEC

IPC.

184

-2-

, 279 GCSs, 11

, 11

8

UEs

6

-

GCS.

1. UE ("World

Observers Report, Paralympic Summer Games 2004").

O ,

IPC

/

-2 . , 184 (4,8%) 15

UEs 2- , salbutamol terbutaline

() formoterol salmeterol (

). salbutamol (78,9% UEs)

DCORs (54,2%). (12,2%), (11,6%) (9,8%)

2- (6).

DCORs 18 doping

2- UEs 2-

Doping,

2- 2- DCORs,

GCSs.

6. TUEs -2- APG

	TUE	-2-	%
AR	96	6	6,3
AT	1070	41	3,8
BO	86	6	7,0
CY	148	18	12,2
EQ	69	8	11,6
FB	153	4	2,6
GB	160	4	2,5
JU	118	6	5,1
PO	230	3	1,3
SA	72	-	0,0
SH	139	2	1,4
VS	157	6	3,8

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	55	9,8
	4	1,7
	16	6,7
WF	91	0,0
WR	88	5,7
WT	112	0,0
	3827	184
		4,8

: AR: , AT: , BO: boccia, CR, CT, CY: , EQ: , FB: , GB: goalball, JU: , PO: , SA: , SH: , SW: , TT: , VS: , WB: , WF: , WR: rugby , WT: tennis

Doping, 1,6%

GCSs.

280

GCSs

UEs

155

(55,6%), 93

(33,0%), 15

(5,4%)

17

(6,1%)

GCS

prednisolone,

UEs

budesonide

betamethasone

Adverse Analytical

Findings (AAF)

(2 prednisolone, 1 budesonide)

UE.

6

gabapentin,

(diazepam, alprazolam, lorazepam), zopiclone

zolpidem

APG



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(3459/06).

16
 11 (68,8%) actovegin. , 44%

(Tsitsimpikou et al., 2009). H actovegin

2000,

US Postal Service

APG, ø

actovegin

doping

2000

doping

-Doping (ASADA)

APG

11

680

10 (2 8),

("2004 Post Games Report").

, 1155

893 (215 678) menu

. 3 -

doping,

81% APG

/ ,

63% ($x^2=41.7$, $df=1$, $p<0.001$). ,

doping , .

,

2004

($x^2=18.5$, $df=1$, $p<0.001$) ,

($x^2=14.0$, $df=1$, $p<0.001$).

2004,

APG (9,1%) 5,1% (Tsitsimpikou

et al., 2009).

,

(Ferrara & Davis, 1990;

Nilsen, Nygaard, & Bjirholt, 1985),



NSAIDs

(11,1%),

(5.6%)

(3,7%) (Tsitsimpikou et al.,

2009).

COXIB

(Iezzi, Ferri, Mezzetti, &

Cipollone, 2007),

(Mukherjee, Nissen, & Topol, 2001).

4,9%

COXIB

16,5%

AOG.

1992; Webborn, Willick, & Reeser, 2006).

NSAIDs (Ferrara et al.,

AOG

NSAIDs

(Tsitsimpikou et al., 2009).

(Ferrara & Davis, 1990; Meyers, Brown, & Bloom, 2001b; Thuyne

& Delbeke, 2008b)

C6



(- SCI)

(Klenck & Gebke, 2007).

(1.6%)

APG

(6/3806) 1/634

G 1/1173

2006 (1/1256)

2008 (1/1081).

DCORs.

(Bauman et al., 1992), \emptyset

(Dearwater et al., 1986; Filho, Salvetti, de Mello, da Silva, & Filho, 2006;

Mojtahedi, Valentine, Arngrimsson, Wilund, & Evans, 2008; Wilt et al., 2008).

-2-

PG (4.8%)

G, 4,6%

UES 4,2%

G

(Anderson et al., 2006).

-2-

(Fitch et al., 2008).

(Fitch et al.,

2008).

	7	TUEs	G	G.	TUEs
G	G.				
	7.	TUEs	G	G.	
APG					
			AAFs		AAFs
-2-	490 (4.6%)		29	180 (4.8%)	0
GCSs	1311		61	279	3
	0		0	11	0
	9 (1 insulin)		0	11 (6 insulin)	0
AAS	1		1	1	0
-	1		0	5	0
				13	
	7		0	(0
				oxycodone)	

(Bhambhani, 2002).



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6).

(Rastmanesh, Taleban, Kimiagar,

Mehrabi, & Salehi, 2007).

APG,

(Tsitsimpikou et al., 2009).

placebo

(Perret, Mueller, & Knecht, 2006),

(9,1%)

(5,1%).

APG.

80%

Doping.

« » (õboostingõ).

(Schmid et al., 2001),

PG.



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APG

G.

(Yekutiel, Brooks, Ohry,

Yarom, & Carel, 1989)

(Nelson et al., 1974; Pescatello et al., 2004).



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PG

doping

OG.

« »

PG,

doping.

-2-

ø

ø



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