

World Masters Orienteering Championships Pays de Neuchâtel - Switzerland

31 July - 7 August 2010

INTERNATIONAL REPORT OF MASTERS ABILITY SURVEY

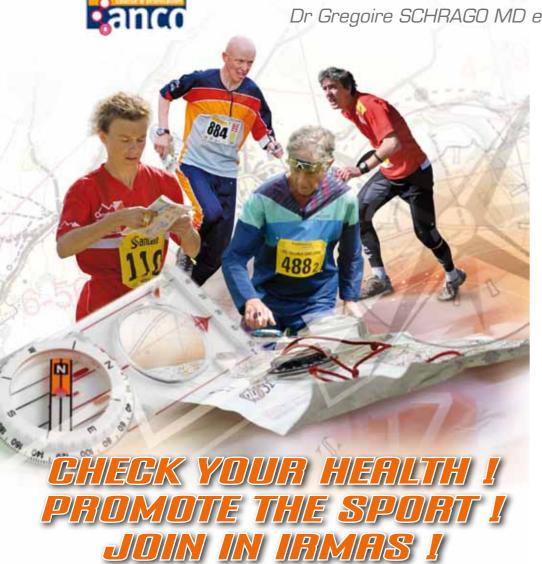
The experience of the World Masters Orienteering FFM FS Championships 2010 in Neuchatel (Switzerland)

SUROPEAN COLLEGE OF

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Purpose:

This medical study was performed during the World Masters Orienteering Championships in 2010 in Neuchatel (Switzerland), with the support of the International, National and Regional O-Federation. The objective was to make a good evaluation of the health of the international athletes according to the age, and therefore to test the efficiency of the new quick cardiovascular screening methods in current practice.

Methods:

The official medical informations were on the organization homepage: www.wmoc2010.org, and on this of the survey (Image 1): www.irmas.ch in 5 languages

(english, german, italian, french and russian).



Image 1: Homepage of the Study

In the clinical part, this parameters were controlled at the event center: heart rate, blood pressure, oxygen percentage in blood, intima media thickness (IMT). This material was used: for the heart rate and the blood pressure, an automatic system of the firm OMRON; to measure the oxygen, an ONYX pulsoxymeter; for the IMT, a portable ESAOTE My Lab 25 with a multi-frequency linear transducer (10-15 Mhz) (Image 2).



Image 2: Stand at the Event Center

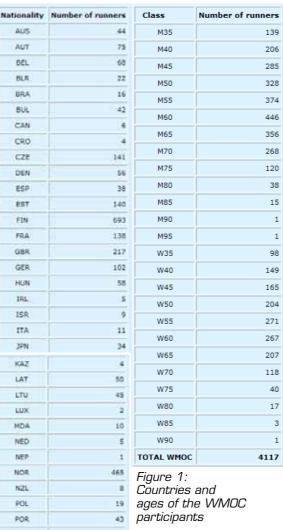
In the following monthes, 3 mailing (with a link to a questionnaire of 40 epidemiological questions on the IRMAS homepage) were sended to the 2200 mails addresses in the data-base of the event organization.

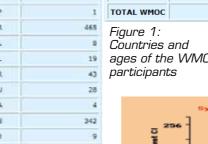
Results:

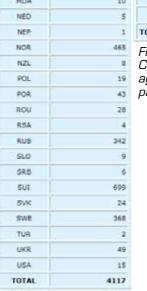
From the 4117 O-runners, we received 2'200 emails. Figure 1 shows the countries and respective ages of the WMOC participants.

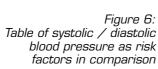
In the clinical part, 201 participants, 35 to 83 years old (mean age: 57), can be included: 83 women and 118 men. Mean heart rate at rest: 65 (+/- 12) pro minute (figure 2). Mean oxygen percentage: 97% (+/- 1,5) (figure 3). Mean systolic blood pressure (sitting): 147 mmHg (+/- 22) (figure 4). Mean diastolic blood pressure (sitting): 92 mmHg (+/- 14) (figure 5). This confirms data from previous international studies (figure 6). Mean IMT: 625 um (+/- 146) (image 3 and figure 7). 30 participants (15%) had atheromatosis in the supraaortic vessels: 26 (13%) < 25% stenosis, and 4 (2%) with 25 to 50% stenosis.

In the epidemiological part, we received 578 valid questionnaires = a participation rate of 26,3% (28,5% women and 71,5% men). Only 70 participants (12,1%) have no history of trauma, and 196 (34%) no illness history. 49 runners (8,5%) have a past history of cardiovascular disease, and 22 (3,8%) a cancer. Less than 1% were active smokers. The training level was good: one or more times sport a week for 94,8% of the participants. The stability of the electronic platform was 99.5%, a figure close to Microsoft software in commercial use!









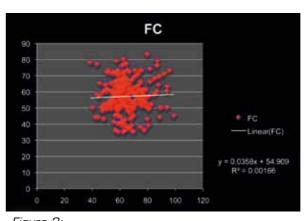


Figure 2: Table of heart rate of participants

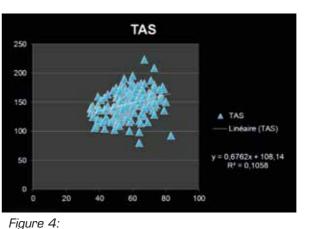
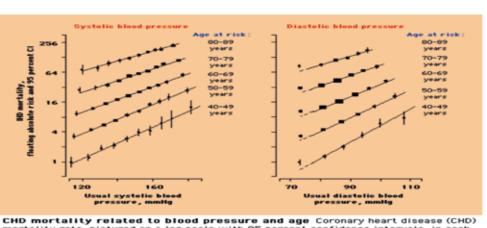


Table of systolic blood pressure participants



CHD mortality related to blood pressure and age Coronary heart disease (CHD) mortality rate, pictured on a log scale with 95 percent confidence intervals, in each decade of age in relation to the estimated usual systolic and diastolic blood pressure at the start of that decade. CHD mortality increases with both higher pressures and older ages. For diastolic pressure, each age-specific regression line ignores the left-hand point (ie, at slightly less than 75 mmHg), for which the risk lies significantly Figure 6: above the fitted regression line (as indicated by the broken line below 75 mmHg). (Data from Prospective Studies Collaboration, Lancet 2002; 360:1903.

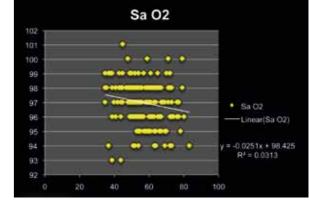


Table of the oxygen saturation by participants

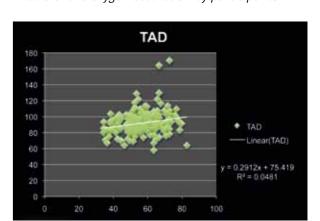


Figure 5: Table of diastolic blood pressure participants

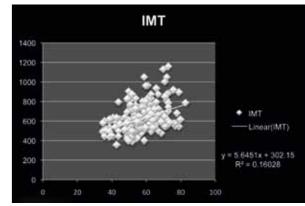
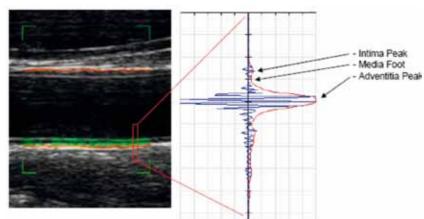
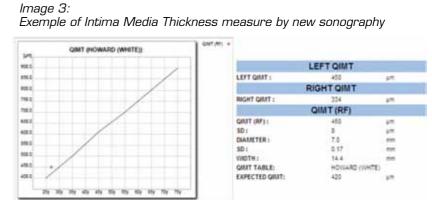


Figure 7: Table of Intima Media Thickness by paricipants





Conclusions:

the regression analyse of the clinical data are according to the past studies for the systolic and diastolic blood pressure values 1. With the new portable sonography and softwares like for the IMT measure 2, it's possible to make a good cardiovascular screening in a few minutes (mean time 10 minutes...), out of the hospital, with low costs. The participants were good trained, and more fit as a standard reference population. The electronic platform is efficient, stable and respectful of the current legislation on data protection; it allows clinical trials or large-scale epidemiological, longitudinal or transverse mode. If we want to join large collective in sport sciences, major international events involving veterans will be excellent sources of information in the future.

- 1) Data from prospective studies collaboration, Lancet 2002; 360: 1903.
- 2) Carotid Plaque Area and Intima-Media Thickness in Prediction of First-Ever Ischemic Stroke: A 10-Year Follow-up of 6584 Men and Women: The Tromso Study. Mahtiesen EB Johnsen SH Wilsgaard T et al. Stroke 2011 Feb 10.

Conflicts of Interest:

Esaote, Echoworld, Menarini, Mepha, Vifor, Novartis, Drossapharm