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It was supposed to be the culmination of a training dream. As a seasoned sprint triathlete, I knew I was taking things to the next level with the half distance — 1.9-km swim, 90-km bike and 21.1-km run. I followed a 12-week training plan, worked with a personal trainer, posted photos from my weekly swims and bike-a-thons to Instagram, and found winter runs more tolerable with creative photography in the ice, snow and sleet. When race day arrived on Feb. 20, 2016, I felt I had prepared accordingly.

But, instead of crossing the finish line with a huge smile across my face, I lay unconscious as I was shuttled between hospitals across my face, I lay unconscious in the ice, snow and sleet. When the doctors asked me to walk, I had to grab chairs to keep from falling. When they asked me to sit in their car, I immediately passed out. I was rushed to the nearest hospital. I have no memory of the next 17 hours.

**Hyponatremia**

What I was experiencing was an extreme case of hyponatremia — also known as water intoxication. This is when the body takes on more water than it can release, causing blood sodium levels to drop to dangerous levels.

The headache and grogginess was a result of hyponatremia,“ says Rachel Hannah, an elite runner and registered dietitian at the Medcan Executive Health and Wellness Clinic. “Most of those cases are generally asymptomatic. Mild symptoms such as loss of energy, nausea or headache are easily brushed aside as a consequence of endurance activity.”

My sodium levels dipped to 123 mEq/L (normal levels are around 135 to 164 mEq/L). I was later told that hyponatremia is life threatening if the plasma sodium dips below 120 mEq/L.

Hyponatremia is common among marathon runners, triathletes and other types of athletes. In 2014, a 17-year-old football player died from overhydration during football practice.

London marathoners may be familiar to the 22-year-old man who died of hyponatremia after running in 2002. In 2005, a study showed that 13 per cent of Boston Marathon runners studied had hyponatremia, with 0.6 per cent having a critical case.

New Zealand ICU

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New Zealand ICU

The headache and grogginess was a result of my brain swelling. At the small hospital where the race team took me, I was unable to distinguish a clock from a pen. When my mother arrived at my bedside, I wasn’t able to identify her. I had gone blind. My case was severe. I’m lucky the New Zealand ICU team responded effectively by first draining me of the water.

The doctors recognized the severity of my case, and decided to transfer me via air ambulance to the South Island’s largest hospital, a 45-minute flight away. I have no memory of this surely remarkable helicopter flight over the Crown Range mountains illuminated by a bright moon. In the Dunedin emergency ward, I was given incremental amounts of sodium and my condition stabilized.

Upon regaining consciousness the next morning, I was told though my sodium levels were back to normal, there was a risk that the extreme fluctuation in my sodium levels may have permanently damaged my brain cells.

“The seriousness was in the rapidity of the change,” explained Dr. James Maskalyk, a friend and an emergency room physician at St. Michael’s Hospital, in Toronto. “Because the body has no time to equilibrate by using other positively charged solutes/cations, it affects cellular function, including nerve conduction.”

**Physical recovery vs emotional impact**

Back in Canada, three weeks later, I had trouble acclimatizing to life after a near-death experience. Over the next few months, I had trouble focusing at work. Sleep wasn’t easy. I was emotional and I constantly referenced my near death experience in casual conversation. I was scared to run or swim again in case it triggered a seizure. While the physical symptoms — headaches, nausea and fatigue — eventually subsided, my anxiety escalated. A visit to a neurologist confirmed that I showed no signs of permanent brain damage. He told me, “The only thing this incident did was give you the heebie-jeebies.”

Fear and doubt crippled me. The neurologist helped me realize I required a different...
VULNERABLE IN ORDER TO HEAL

After the hyponatremia and hospitalization, people need to feel vulnerable in order to heal. Such a profound experience was surely going to affect my psyche. I learned that the struggle I was having was a common response to trauma. “I think the patients who bounce back the most from trauma are those who can grow tremendously from the traumatic experience and learn a valuable lesson beneath what happened,” said Markus Besemann, a physiatrist and head of the Rehabilitation Medicine with the Department of National Defence. Besemann is a rehabilitation doctor who treats injuries or illnesses that affect how you treat yourself (she won the bronze medal in the her races).

Therapy comes in many forms

A leadership course reinforced what was in control and helped me let go of past experiences, which were no longer serving me. I chose to socialize with positive people. I avoided the complainers and gossips. I spent more time walking in nature.

Understanding hydration and racing

I spoke to Hannah, an elite distance runner herself (she won the bronze medal in the marathon at the Pan Am Games), about what I did wrong from a hydration point of view. She shared with me how she prepares with prehydration and replaces sodium loss during her races.

“The goal of prehydrating is to ensure you start the run well hydrated and with normal plasma electrolyte levels,” says Hannah, who drinks about one litre of fluids before a morning session and eats foods containing sodium to help retain these fluids. Hannah says that, when she is well hydrated to start, she drinks according to thirst and aims for 0.6 to 0.8 L/hour.

“I prefer to use an endurance formula for my fluids since this provides me with carbohydrates needed for energy and sodium and potassium to help replace sweat electrolyte losses,” says Hannah. “I also try to take one to two energy gels for my runs lasting longer than two hours. In extreme temperatures (over 30 C) I will also take in additional water based on my thirst. I aim to consume the maximal amount of fluids during my runs that do not interfere with my pace or effort and do not cause gastrointestinal discomfort.”

She also says that urine is a good indicator. Its frequency and colour is a tell-tale sign of your hydration health.

What I would do differently

If I were ever to train for another 70.3 (something I am reluctant to even consider), I would most certainly work with a coach, registered dietitian and also take a sweat test.

“Drinking habits need to be individualized to reduce the risk of exercise-induced hyponatremia,” says Hannah. “Since people vary in body mass, running speed, heat production and the weather is also variable. It is essential to practice fluid strategies during practice before competition.”

A gradual return to racing

Soon my sleep improved, and I was able to balance work and relationships with more grace and ease. I returned to yoga, specifically restorative practices. The slower pace and deep breathing mitigates the stress response that was encompassing my days.

I also returned to running. I committed to a company team 10K in May and eased into building up my strength and endurance again. On race day, anxiety symptoms re-emerged. I was the last of my group to complete the run as I experienced a severe stress reaction during the race.

I had severe perspiration, dry mouth and cool, pale skin. My body recognized the race environment as a threat, and adrenaline released into my bloodstream. While the 10K was hardly enjoyable, it was a necessary step to return to fitness.

“I see that all the time with motor vehicle accidents – when people who have had an accident don’t want to get back into the car. But the longer you go out, the harder it is to get back into the car. You must confront your demons. The best thing you can do is ease into a return to that activity,” says Besemann. “Gradual desensitization to that stimulus with the help of your family, friends, or, if needed, professional help.”

Biking and running was a tough transition

In July, I entered a mini triathlon in Gravenhurst, Ont. I wanted triathlon closure, and a try-a-tri seemed like the appropriate...
distance. While training for the swim, I would experience tight chest. The day before the race, I went to drop off my bike. When I saw the orange pylons, bike racks and signage, I started to cry. This reaction was weird because I was feeling emotionally neutral. A doctor later told me that my reaction was a flashback.

“That’s your fight-or-flight response. The adrenaline rush when you are confronted with something that could be threatening again. Your mind may rationalize that it’s a one-off, and it won’t happen again, but physiologically, when you step into a race setting or sit on your bike, the memory is still there and this is still a threatening situation or piece of equipment, that could have killed you,” says Dr. Besemann. “But most repeat scares are not life threatening. The longer you resist – whether it’s getting back on the bike, driving a car or returning to fitness, the harder it becomes.”

Despite the cry, I competed the next morning. Once I had completed the run I experienced a wonderful sense of relief and accomplishment.

Five months after my hospitalization, I had finally crossed a triathlon finish line. A few weeks later I did another triathlon – this time a team race – on Toronto Island. I experienced no flashbacks or physical stress symptoms. I felt back to my old self.

My training was physical and psychological. Besemann encourages all those injured to ease back into activity and to welcome the obstacles that arise as a part of your comprehensive recovery.

“For those who have difficulty re-engaging when they are physically ready, they may be blocked by unresolved trauma that this incident has re-awakened in you,” says Besemann.

Post-traumatic growth can happen
My traumatic experience awakened the need for more balance and self-care in my life. It contributed to personal growth and a greater appreciation of life.

I learned that moving forward (however gradual it may be) defines resilience – a common characteristic among triathletes. And, with the right approach, we need not be limited by the profound challenges we endure.

Tania Haas is the in-house writer at Medcan. She also teaches post-traumatic growth yoga at the Toronto Military Family Resource Centre.