

Healthy Running Running with Fatigue

Feeling tired when running lately? The summer's heat and humidity certainly has that effect on many of us. Of course, many other circumstances can make you feel like you're struggling through a run. Maybe you're not eating enough to support your weekly mileage, or not getting enough sleep. Maybe not hydrating during runs, or just needing 1 or 2 days off. Most of the time, the bad runs are isolated instances, we make some corrections in self-care or training, and move on to running with more energy. Sometimes, though, this feeling continues for run after run with no end in sight. That's when it's worth considering if there is an underlying medical cause. In this article, I'll discuss the more common causes of struggling with running and how to address these.

Before I go further, it's important to keep in mind that, as runners, we tend to have overall better health status than the general population. There are, then, many common, less serious, but equally important reasons for feeling like runs are harder than they should be. You're already familiar with these, and here is the partial list: Inadequate nutrition and hydration, including inadequate fluids during running, insufficient recovery meals, or inadequate calorie intake in general; insufficient sleep (bad sleep habits); overtraining, inadequate rest days and insufficient recovery; training errors along the "too much, too hard, too soon" theme. There are the environmental considerations of not enough time to adjust to seasonal changes, such as heat and humidity, or changes in altitude or terrain. Psychological and personal factors include dealing with personal stressors, work demands, family difficulties, or sometimes just the anxiety and unclear expectations of what training will feel like. This seems like a long list, but we often take running for granted and fail to recognize how these common behaviors and factors affect our runs and may make us feel "stale".

What, then, should you do when the effort of running is out of proportion to the distance or intensity of the run, or when there is a sudden or distinct change in how running feels? When discussing this with your doctor/health care provider, describe as best as you can how you feel when running. Are you feeling out of energy, feeling tired, feeling like your legs are weak? Are you getting dizzy or lightheaded? Are you struggling to breathe comfortably and feeling like you can't get enough "wind"? Or does running just feel "blah" and no longer enjoyable? Describe your training, your running schedule, your current race goals, how you care for yourself, and how you feel your current running experience is more difficult than past training. In every instance, what information you provide determines what the next steps will be in your evaluation and care.

So let's review the common medical reasons for difficulty running.

Iron deficiency anemia is the most common nutritional anemia in the United States. In one research study, endurance athletes were at particular risk, with 82% of female endurance athletes affected. When there is insufficient iron available in the body, the blood count can in turn be low, and the result is feeling tired or weak, getting out of breath when running, and at times feeling lightheaded. Skin and mucous membranes may appear pale, depending on the severity of the anemia. The complete blood count (CBC) and ferritin level can be low. There is a debate in the medical literature as to whether low ferritin levels with a normal blood count is associated with the symptoms of iron deficiency anemia. Diet should be corrected to include iron-containing foods, or an iron supplement may be prescribed for as long as three to six months. This will commonly be the situation in healthy women whose intake of dietary iron is not keeping up with menstrual losses. However, in women after menopause or in any men, causes for loss of iron need to be considered and identified (most commonly from the GI tract).

Exercise induced asthma will often produce chest tightness, wheezing or difficulty breathing that occur only with physical exertion. These symptoms generally begin within 5 to 20 minutes after the start of exercise or 5 to 10 minutes after brief exercise has stopped. Exercise induced asthma is a variation of asthma and is not produced by allergy or infection. It is believed that the increased

breathing with exertion results in taking in air that has not been warmed by the nasal passages, triggering inflammation and spasm in the bronchial passages. In between episodes of physical activity, the person has no asthma symptoms. Testing can include a measure of forceful breathing called spirometry performed before and after exercise. In the majority of cases, inhaled medication in the “beta agonist” category (e.g., albuterol) taken 15 to 30 minutes prior to exercise prevent the development of symptoms. Be aware that albuterol requires a waiver if competing in NCAA/USAFT sanctioned events. If wheezing occurs in between bouts of exercises, this is more than just exercise induced asthma and requires further evaluation.

Hypothyroidism is a state of underactivity of the thyroid gland. This bow-tie shaped gland in the front of the neck produces thyroid hormones T3 and T4. If the thyroid gland is failing to produce thyroid hormone, the pituitary gland in the head releases higher levels of thyroid stimulating hormone (TSH) to generate more thyroid hormone production. Thus, the typical lab findings are a low free-T4 level and elevated TSH level. Symptoms of hypothyroidism can include fatigue, low energy, weight gain, swelling of the limbs, and constipation, though these are very variable. Hypothyroidism is treated by replacing thyroid hormone with either an animal-derived extract or a synthetic form of the hormone. (The issue of whether one can be hypothyroid and have normal blood levels is beyond the purpose of this article.)

Infections in the body can result in a sudden change of one’s energy level and endurance. The obvious instances, of course, are colds and bronchitis. A full article devoted to these will appear in the late fall, but for now, let it suffice to say that you should take a break from running and give yourself the time to recover if you are having any symptoms “below the throat”, such as cough, wheezing, or sputum. Gastroenteritis, or stomach virus, gives the double blow of feeling ill from the infection and being dehydrated. Wound infections of the skin can extend beyond a localized area and produce weakness, fatigue, poor energy, or fever. The best known instance of this is infection with the staph strain MRSA. (There will also be a future article on skin conditions in runners.) Of course, in younger runners, mononucleosis is a cause of very pronounced fatigue.

In the age groups over 35, coronary artery disease must be kept in mind when a runner is struggling. True, runners by nature of their lifestyle have a lower risk of coronary disease than the general population. However, any runner who is feeling labored breathing, any uncomfortable feeling in the chest (it doesn’t have to be “pain”!), or pronounced fatigue that is new and not typical for them should seek medical evaluation. Keep in mind that an EKG will often be done but is commonly normal, and further cardiac testing is necessary. The important point here is this: if a runner is accustomed to running comfortably and newly starts to have the above symptoms, get checked out!

Cardiac conditions in younger patients often do not have symptoms that allow for early detection (and thus the tragedy of collapse during racing). However, a young runner feeling uneven or skipped heartbeat, with or without feeling tired, dizzy, weak, or short of breath, should be evaluated for an irregular heartbeat or cardiac arrhythmia (of which there are many types). Older runners with irregular heart beat should be evaluated for the condition called atrial fibrillation.

We often don’t think of depression as a medical condition, but it is. Depression is defined as “Depressed mood or a loss of interest or pleasure in daily activities for more than two weeks” and accompanied nearly every day by depressed mood or irritability, decreased pleasure or interest, change in appetite or a greater than 5% change in body weight, change in sleep, change in activity, fatigue or loss of energy, guilt or worthlessness, difficulty in concentration, and (tragically) suicide. Depression can be treated with counseling, with medication, or both. People who are depressed may not recognize it. If you observe these symptoms in a fellow runner, assist and support them in getting the proper help.

With respect to type 2 diabetes, the most common form, if you have a family history of diabetes or have risk factors such as overweight, obesity, hypertension, and elevated blood lipids (cholesterol, triglycerides), a fasting blood sugar is an important test. A fasting blood sugar greater than 126 on two or more occasions is diagnostic of diabetes. Any 2 random blood sugars over 200 are also diagnostic of

diabetes. At times, a physician may order a hemoglobin A1c (or simply A1c), and a value over 6.2% also diagnoses diabetes. Uncontrolled diabetes may produce a feeling of fatigue or low energy. Symptoms of fatigue, thirst or frequent urination may not be present if blood sugars are not persistently over 185-200, and nearly 50% of people with diabetes unfortunately don't know they have it.

A brief word about sleep disorders. As noted above, inadequate sleep leads to inadequate recovery and poor running. However, some people are affected not by their own poor sleep habits but by a disorder of sleep. Worthy of mention is obstructive sleep apnea. Common symptoms are daytime drowsiness and difficulty staying awake, loud disruptive snoring, and the occurrence of apnea, or a stop in breathing. This is most often observed by the person's bed-partner and the person themselves is not aware.

The woman with female athlete triad may seek evaluation for feeling tired. This important medical condition is due to an absolute deficiency in energy availability (calories) and is characterized by disordered eating, loss of menses (amenorrhea) and low bone mineral density. This is a challenging and serious problem that requires comprehensive and compassionate evaluation and care.

Finally, medications can produce fatigue, weakness, or lightheadedness as side effects. These can include medications to treat hypertension (beta blockers or if treatment is producing unintended low blood pressure), diabetes (if producing unintended hypoglycemia), depression, migraine (beta blockers), allergy and cough/cold medication (Benadryl and other antihistamines), and medication for neuropathy (gabapentin), among many others. Never stop medication on your own. Always discuss such symptoms with the doctor who prescribed the medication. Always!

This is, of course, a quick summary of a very extensive topic. My goal was to cover the most common medical reasons for feeling fatigue or struggling with running and to provide basic information so you can seek evaluation and care accordingly. Healthy running!

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