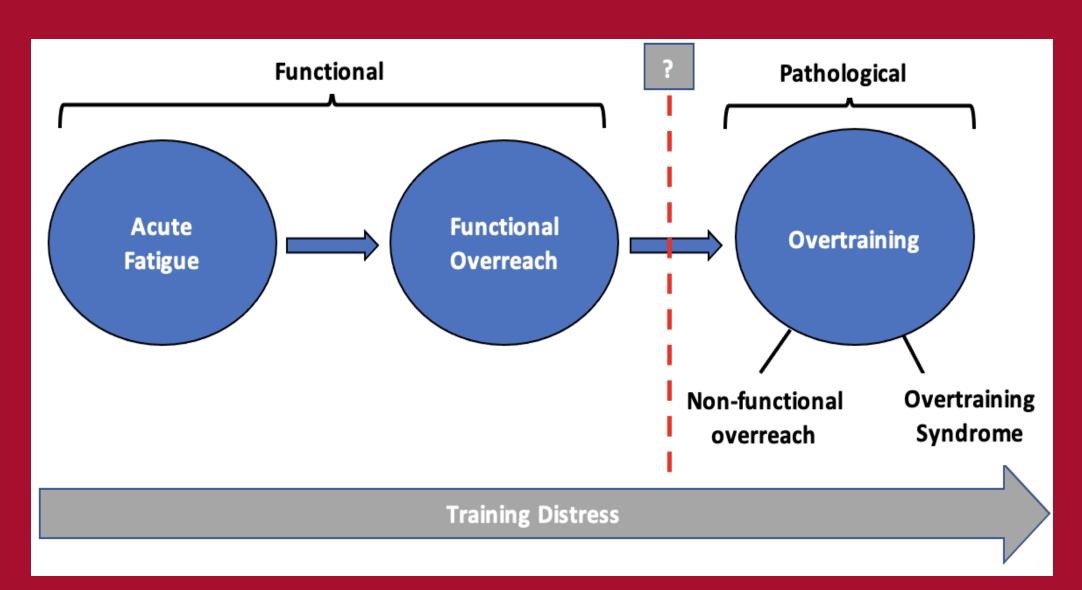
SLEEP PATTERNS OF RECREATIONALLY ACTIVE ADULTS THROUGHOUT A THREE-WEEK HIGH-INTENSITY **OVERREACHING TRAINING** PROTOCOL.

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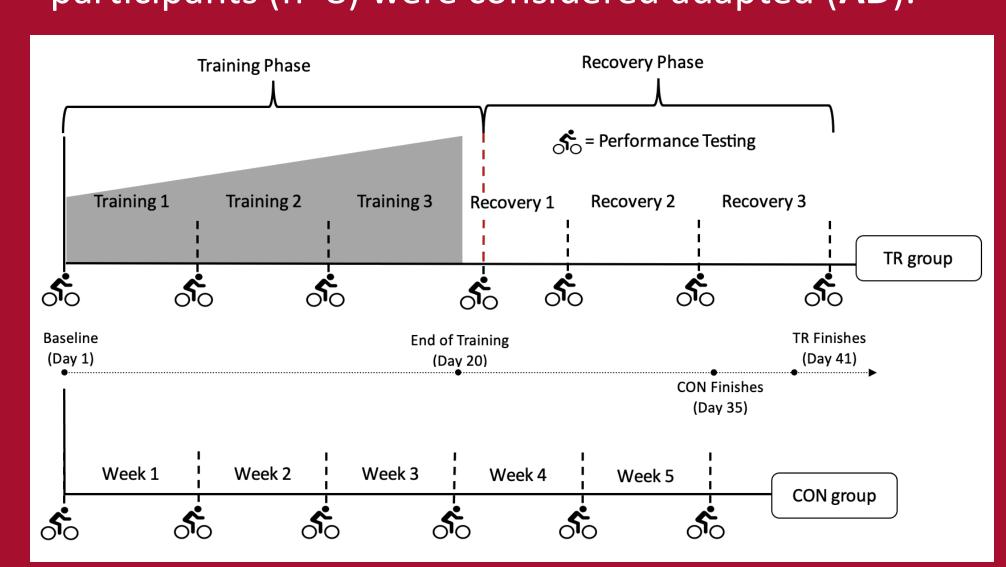
Background:

- Overtraining is a maladaptive training response caused by excessive training stress and/or inadequate recovery.
- The hallmark symptom of overtraining is an unexplained reduction in performance. Secondary symptoms can include worsened mood states, higher incidence of illness, and neuroendocrine dysfunction.
- Sleep, athletic performance, and immune system function share bi-directional relationships with one another.
- Overtrained individuals often report sleep disturbances; however, it is unclear whether poor sleep contributes to overtraining progression or are merely a symptom.



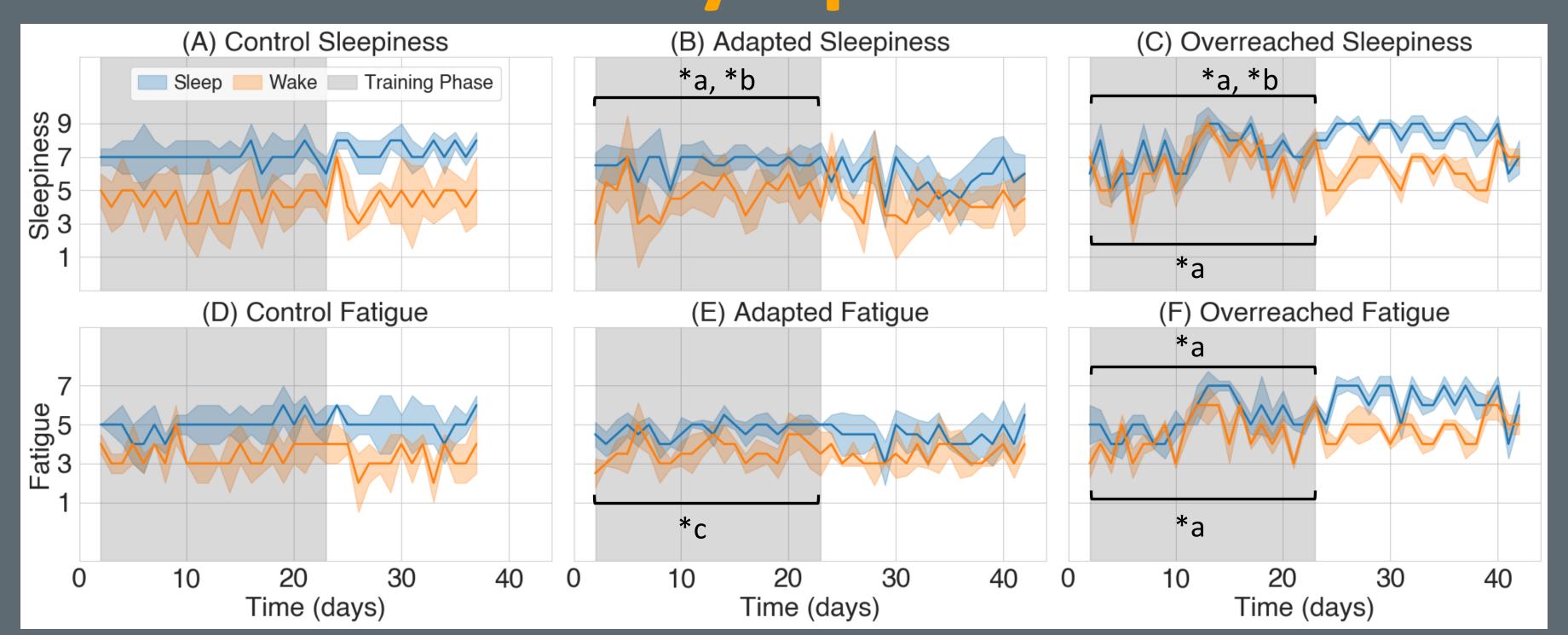
Methods:

- Study participants were randomized into a training group (TR, n=11) or control group (CON, n=9). TR group underwent a three-week high-intensity training protocol, followed by three weeks of recovery.
- Sleep was measured using actigraphy and paired sleep surveys. Illness symptoms were assessed using the Wisconsin Upper Respiratory Illness Symptoms Score (WURSS-11).
- After training, three TR participants were considered overreached (OR), evidenced by a decrease in performance (-10.38 ± 5.55% from baseline); other TR participants (n=8) were considered adapted (AD).



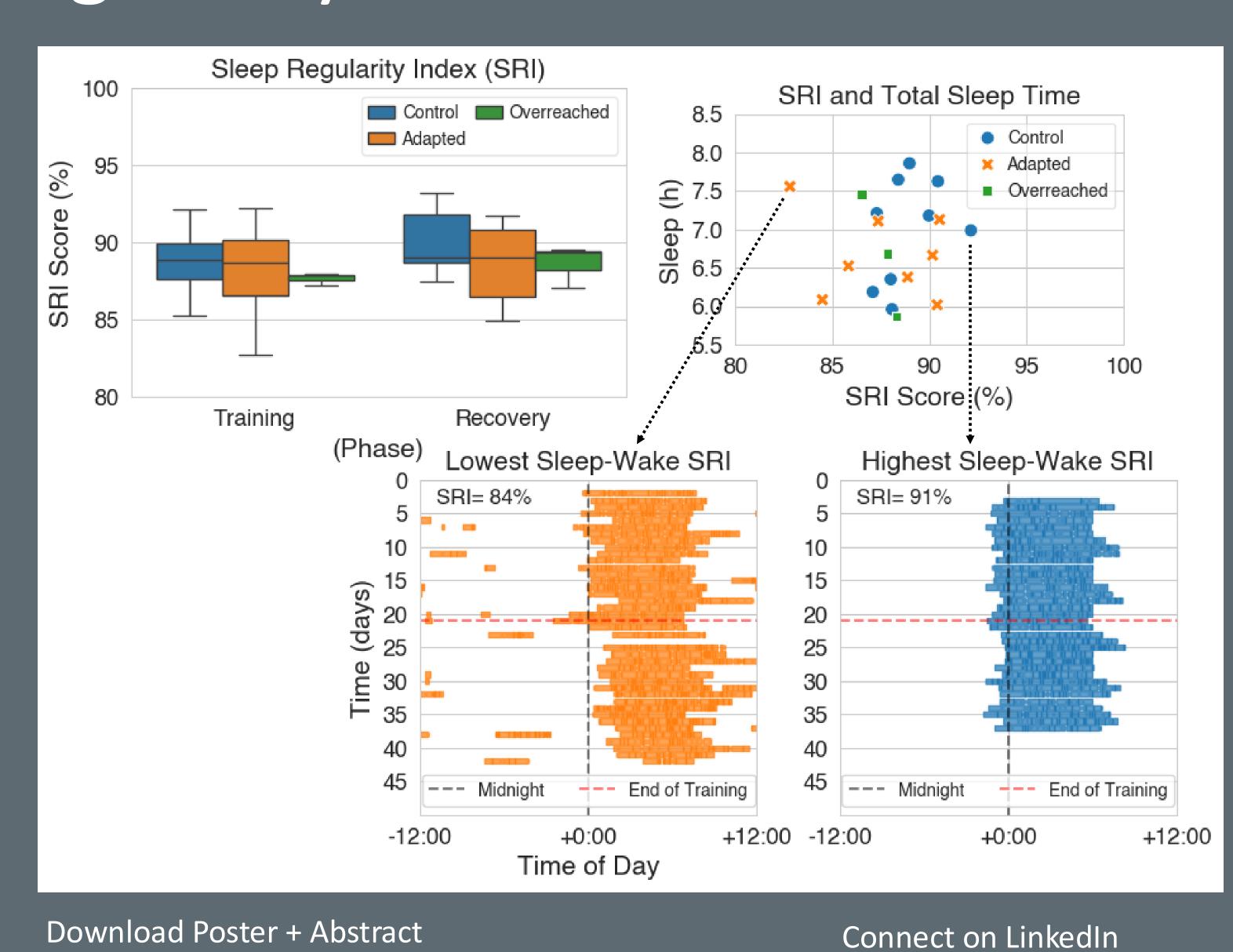
After intensified training, overtrained individuals experience:

- Excessive fatigue and sleepiness—both at bedtime and upon waking.
- increased illness symptoms.



Group differences over time were assessed using linear mixed-effects models. *a indicates group time interaction with CON group during same phase. *b indicates group time interaction with AD group during the same phase. *c indicates within-group main effect of time during the specific phase. Upper brackets indicate group differences at bedtime; lower brackets indicate group differences upon waking. Data reported as median + interquartile ranges.

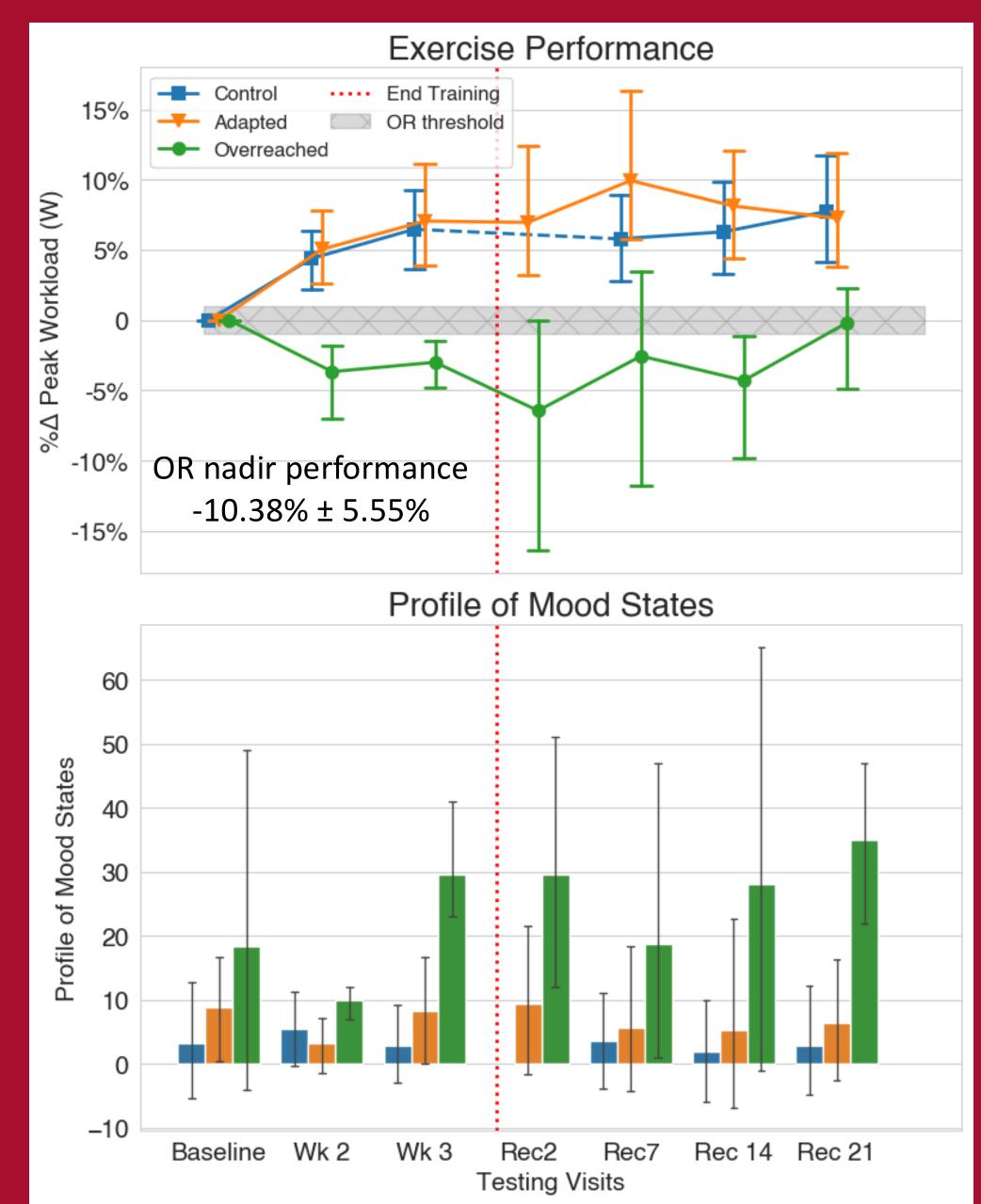
Intensified training does not appear to affect sleep regularity.

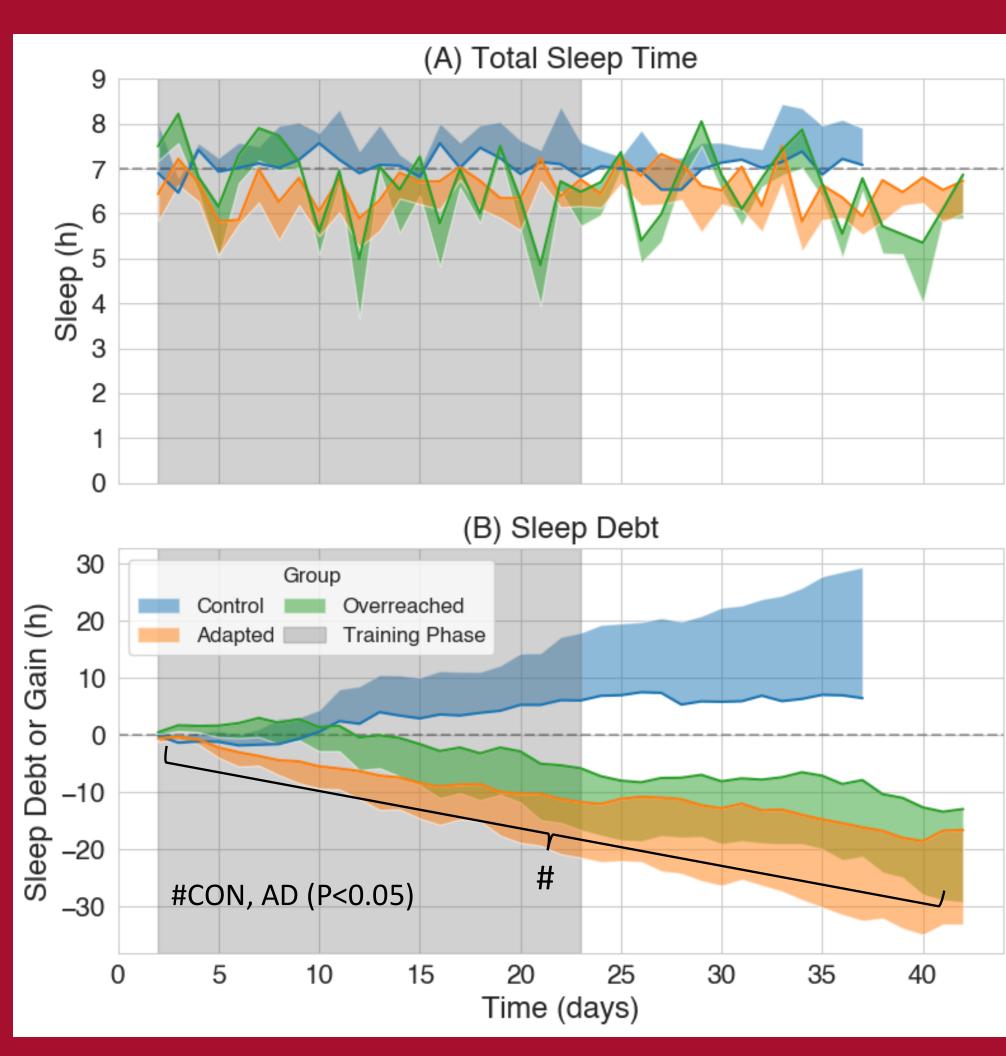


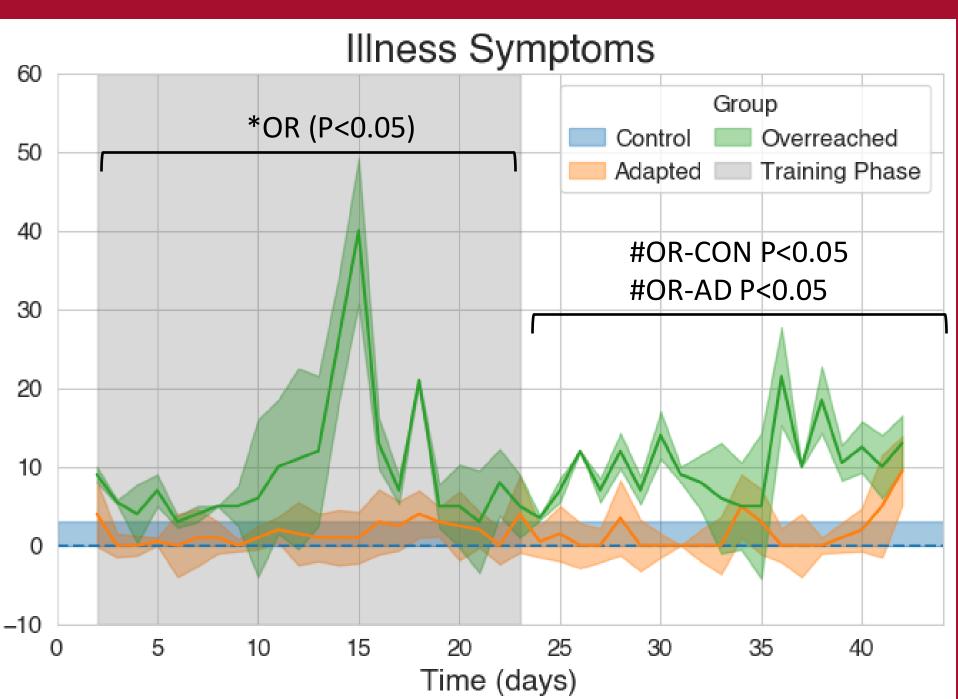
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Full Abstract

Introduction: The purpose of this study was to investigate how chronic, high-intensity exercise affects sleep characteristics—including sleep regularity—in healthy, moderately active adults.

Methods: Twenty healthy, recreationally-active adults were randomized into training (TR, n=11) or control (CON, n=9) groups. TR participants underwent a three-week training protocol designed to induce short-term overtraining (overreach, OR) under laboratory conditions, followed by a three-week recovery phase. Sleep was measured daily using actigraphy and paired sleep surveys. Exercise performance was measured weekly (graded exercise test, cycle ergometer). Illness symptoms were assessed using the Wisconsin Upper Respiratory Illness questionnaire.

Results: After training, three TR participants were classified as OR (-10.38% \pm 5.55% decrease in performance) and increases in profile of mood state scores. Across all visits, median TST was similar among the three groups (CON: 7.18 [6.44–7.46]) h·night⁻¹; AD: 6.49 [6.29–7.05] h·night⁻¹; OR: 6.72 (6.36–7.03) h·night⁻¹, respectively, P>0.05). However, compared to the CON group (β =0.023 h·night⁻¹, P=0.517), both the AD group and the OR group accumulated sleep debt throughout both the training and recovery phases (β =-0.306 h·night⁻¹, P<0.001; β =-0.355 h·night⁻¹, P<0.001, respectively). The OR group exhibited progressive, concomitant increases to fatigue and sleepiness, both at bedtime and upon waking, compared to CON and AD groups (P<0.05), and increased illness symptoms during both the training and recovery phases (P<0.05). There were no group differences detected in any sleep regularity measures (P>0.05).

Conclusions: Chronic high-intensity exercise may impact an individual's ability to achieve sufficient sleep resulting in the accumulation of sleep debt. However, high-intensity does not appear to affect sleep regularity. Overtrained individuals may experience persistent increases in sleepiness and fatigue. Significant increases in illness symptoms in OR participants in the absence of sleep differences between AD and OR groups suggests that immune system function plays a key role in the progression of overtraining.