# Nutrition planning and hydration control during a six-stage Pirineos FIT Endurance trail-running race. A case report 

Eraci Drehmer ${ }^{1}$, $M^{a}$ Ángeles Navarro¹, Sandra Carrera², Roberto Herrera ${ }^{1}$, Carlos Sanchis ${ }^{1}$, Mari Luz Moreno ${ }^{1}$<br>${ }^{1}$ Universidad Católica de Valencia "San Vicente Mártir", Faculty of Physical Activity and Sport Sciences Email: eraci.drehmer@ucv.es; ${ }^{2}$ Universidad Católica de Valencia "San Vicente Mártir" - Faculty of Medicine \& Odontology


#### Abstract

Summary. Ultra-endurance competitions are highly demanding sport events for athletes and require a carefully controlled nutrition, hydration and supplementation before, during and after the physical effort. Scientific research has shown a positive relationship between dietetic (caloric and macronutrient ingestion) recommendations and sport performance. This study describes the nutritional and hydration planning applied to an athlete competing at the Pirineos FIT (a semi-self-sufficient trail-running multi-stage event). Diary caloric ingestion was around $4000 \mathrm{Kcal}, 550 \mathrm{Kcal}$ were consumed during the race. In general, the athlete maintained the minimal recommendable levels of hydration ( $2.5 \%$ Body Weight Loss) and Borg's Scale of Exertion (RPE) was used to report subjective perception of fatigue after each stage. Hematological and biochemical parameters showed a normal response to endurance physical exercise. Therefore, the nutrition and hydration planning were successfully applied.


Key words: trail-running, hydration, nutrition planning, Spanish Pyrenees

## Introduction

"Pirineos Fit" is an international event in Jaca (Spain), a 234 km and 15.075 m elevation gain sixday stage trail-running race. In this competition, participants have to complete the stages ( $34-41 \mathrm{~km}$ ) in semi-self-sufficient conditions (athletes carry food and equipment, only providing two points of liquid provisioning during each stage). Participation in long lasting single and multi-stage endurance events has been growing over the last decades (1-3) despite their high physiological (4), nutritional (5) and psychological (6) demands. Although athlete physiological and hydric response has been recently described in singlestage ultra-endurance trail running races ( 4,7 ), little is known about its biochemical response and nutrition control during trail-running multi-stage races, with
only a few studies assessing hydration status and heart rate in short (three days) races $(8,9)$.

Macronutrient and fluid intake during endurance events should be a major concern for athletes, coaches and nutritionists to ensure both performance and health during competition. Correct nutrition reduces energy depletion, physiological stress and gastrointestinal problems, increases performance and accelerates recovery $(10,11)$; while adequate hydration avoids hyponatremia, hyperthermia and central nervous system dysfunction $(12,13)$ that leads to low performance and health damage.

The aim of this study is to describe a successful case of nutritional and hydration planning of a sixstage trail-running race in the Spanish Pyrenees.

## Interventions and methods

## Athlete

Our participant was a highly trained (65.3 $\left.\mathrm{ml} \cdot \mathrm{kg} \cdot \mathrm{min} \mathrm{VO}_{2} \max \right)$ and fit $($ Weight $=66.15 \mathrm{~kg} ;$ BMI $=22.49 \mathrm{~kg} / \mathrm{m}^{2}$; Fat Mass $=11.05 \%$; Free Fat Mass $=$ 42.28 \%; $\sum 8$ Skinfolds $^{1}=55.4 \mathrm{~mm}$; Basal metabolism ${ }^{2}$ $=1664 \mathrm{Kcal}) 29$-years-old male with significant training and racing history in trail-running: 14 years specific training, more than 300 endurance flat running events, various podiums in short trail races ( $2^{\text {nd }}$ place at "Liga Serranía" 2017, Spain), and participations in ultra-trail events of $200-330 \mathrm{~km}$ in semi-self-sufficient conditions. Informed consent approved by Universidad Católica de Valencia "San Vicente Mártir" was obtained.

## Race

"Pirineos FIT" is a six-day stage race, from Panticosa to Jaca where the athletes ( $>18 \mathrm{y} / \mathrm{o}$ ) compete covering the distance of each stage. Officially ${ }^{3}$, stages range from 34 to 41 km with $1460-3565 \mathrm{~m}$ of positive accumulated ascension ( $\mathrm{m}+$ ). Organization ensures correct marking of the stages but is the athlete the responsible for localization and orientation. Event requires athletes carry all food and equipment, only providing two points of liquid provisioning during each stage.

## Training

Training preparation for "Pirineos Fit" started August'16 and implied 295 training sessions, 405 h of running, $105625 \mathrm{~m}+$ and 3429.1 km . During this period, maximum training volume ranged between 15 h 29' and $21 \mathrm{~h} 10^{\prime}$ (including a 110 km ultra-endurance event in September'16); while minimum training volume was established in April with 5h 47' of training. Last training was programmed for the last four months before the race, with two months of general preparation (March-April) and two months of specific ultra-endurance training (May-June). The best perfor-

[^0]mance results accomplished by the athlete during the preparation process where at "Maratón de Alcublas" ( $21.9 \mathrm{~km} ; 1 \mathrm{~h} 48$ '; $705 \mathrm{~m}+$; $2^{\text {nd }}$ overall), "Tail VielhaMolieres" ( $40 \mathrm{~km} ; 4000 \mathrm{~m}+$; 7h 17'; $14^{\text {th }}$ overall) and "UTES" (106 km; $6200 \mathrm{~m}+$; 14h 58'; 1st overall).

Using Skinner \& McLellan's triphasic model (14), during preparation process, $27.9 \%$ of the time was spent in Phase I, $54.2 \%$ in Phase II and $18.4 \%$ in Phase III.

## Nutrition planning and record

Key recommendations for the competition were given to the athlete, aiming to reduce dehydration, hyponatremia and to minimize body weight loss (BWL) to $1-3 \%$, considered a minimal level of dehydration (15). Main recommendations were to control hydric and electrolytic reposition ingesting $400-600 \mathrm{~mL} / \mathrm{h}$ of fluid, $460-1150 \mathrm{mg} / \mathrm{L}$ of $\mathrm{Na}^{+}$and ensure periodic ingestion of carbohydrates ( $30-60 \mathrm{~g} / \mathrm{h}$ ) (15-17). During "Pirineos FIT", the method used for dietary assessment prior (breakfast), during (intra-competition) and after (post-race, lunch, afternoon, snacks and dinner) each stage was registered based on Food Record as described on Larson-Meyer et al. (18). This record includes food, supplement and fluid intake. Nutrients register was calibrated with the software "Programa Alimentación y Salud" v. 2 (Granada University, Spain). Additionally, subjective effort perception and feeling, along with the heart rate (HR) were reported by the athlete.

24 hours before competition the athlete ingested $4032 \mathrm{kcal} / 16854 \mathrm{~kJ}, 598 \mathrm{~g}$ of carbohydrates ( $9 \mathrm{~g} / \mathrm{kg}$ ), 167 g of proteins $(2.52 \mathrm{~g} / \mathrm{kg})$ and 124 g of lipids. BWL was registered by the athlete, measuring body weight immediately before and after each stage using a portable scale (Model 876 Seca, United Kingdom).

Blood samples were taken before and after the event. 28 biochemical markers were assessed by Megalab S.A. (Madrid, Spain): total, HDL and LDL cholesterol, triglycerides, transaminases (GOT-AST, GPT-ALT), iron, ferritin, urea, ureic nitrogen (BUN), creatin kinase, isoenzyme $\mathrm{MB}, \mathrm{Na}^{+}, \mathrm{K}^{+}, \mathrm{Cl}^{-}, \mathrm{Ca}^{++}$, thyroxine, thyroid stimulating hormone, testosterone, cortisol, glucose, vitamin B12, reactive protein C, erythrocytes, hemoglobin, hematocrit, mean corpuscular hemoglobin and lymphocytes.

## Statistical analysis

Measurement data are presented as mean $\pm$ SD. The software used to analyze the data was Microsoft Excel.

## Observations and outcomes

## Race-day intakes

Athlete's nutrients and supplements intake, together with its nutritional value, during the six stages are shown in Table 1. Breakfast (three hours before competition) was always the same (Table 2). Immediately before each stage (within the last $20-30 \mathrm{~min}$ ) one antioxidant capsule and two mineral capsules were ingested, providing 50 mg of coenzyme Q 40 mg of vitamin C, 20 mg of phosphatidylserine and 5 mg of NADH in order to improve physical performance and reduce oxidative stress associated to exercise $(19,20)$ and 128 mg of $\mathrm{Na}^{+}, 180 \mathrm{mg} \mathrm{K}{ }^{+}$and $151 \mathrm{Mg}^{++}$in order to rebalance the acidified medium and keep cellular homeostasis respectively. During the first two stages, a 100 kcal repo-
sition beverage (protein: 6 g ; carbohydrates: 21 g ; $\mathrm{Na}^{+}$: 240 mg ) diluted in 500 mL of water was added.

Table 2 shows nutrient and supplement intake during each day of competition (before, during and after each stage). Differences between stages in nutrient, supplements intake and fluid ingestion (water and reposition beverage) were due to specific characteristics of the stage (Table 3). Caffeine ingestion in the first stage was due to the ingestion of a sport gel containing 22.5 mg of anhydride caffeine and 31.5 g of carbohydrates. The reposition beverage provided a mix of different high glycemic index carbohydrates (glucose, maltodextrin, sucrose: $21 \mathrm{~g} / 30 \mathrm{~g}$ ), $\mathrm{Na}^{+}(240 \mathrm{mg} / 30 \mathrm{~g})$, $\mathrm{Mg}^{++}(151 \mathrm{mg} / 30 \mathrm{~g})$ and branched chain amino acids (BCAAs) ( $6 \mathrm{~g} / 30 \mathrm{~g}$ ). Complementarily, aiming to optimize sodium intake, salt capsules were used which provided 430 mg of $\mathrm{Na}^{+}, 5.04 \mathrm{mg}$ of $\mathrm{Ca}^{++}$and 10.09 mg Mg .

During stage four, nutrient and supplement intake was markedly lower than in the others due to an orientation mistake (see table 2) that focused the athlete on finding the correct path to the finish line.

Table 1. Athlete nutritional intake during each stage

| Stage | Intake | Energy <br> (kcal/kJ) | CH (g) | P (g) | F (g) | $\mathrm{Na}^{+}(\mathrm{mg})$ | Caf (mg) | Antioxidants (mg) |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| One | 45 g reposition beverage in 700 ml of water, 1 x sport bar, 150 g banana, 5 x salt capsule, 1 x sport gel, 1.5 L water, 1 x antioxidant capsule | 717/2996 | 165.98 | 12.90 | 1.07 | 1442 | 22.5 | 50mg Coenzyme Q 40 mg vitamin C, 200 mg phosphatidylserine, 5 mg NADH |
| Two | 30 g reposition beverage in 500 ml of water, 2 x sport bar, 4 x salt capsule, 1.5 L water, 1 x antioxidant capsule | 390/1630 | 87.83 | 7.15 | 0.27 | 1109 | - | 50 mg Coenzyme Q, 40 mg vitamin C, 200mg phosphatidylserine, 5 mg NADH |
| Three | 60 g reposition beverage in 1000 ml of water, 2 x sport bar, 150 g banana, 20 g raisins, 8 x salt capsule, 4 L water, 1 x antioxidant capsule | 689/2082 | 154.03 | 15.50 | 0.90 | 2216 | - | 50mg Coenzyme Q, 40 mg vitamin C, 200 mg phosphatidylserine, 5 mg NADH |
| Four | 60 g reposition beverage in 1000 ml of water, 75 g banana, 8 x salt capsule, <br> 4 L water, 1 x antioxidant capsule | 297/1240 | 60.23 | 13.02 | 0.51 | 2201 | - | 50 mg Coenzyme Q, 40mg vitamin C, 200mg phosphatidylserine, 5 mg NADH |
| Five | 60 g reposition beverage in 1000 ml of water, 2 x sport bar, 62.5 g sweet potato and honey, 8 x salt capsule, 3 L water, 1 x antioxidant capsule | 587/2452 | 106.41 | 19.28 | 7.92 | 2228 | - | 50 mg Coenzyme Q 40 mg vitamin C, 200 mg phosphatidylserine, 5 mg NADH |
| Six | 30 g reposition beverage in 500 ml of water, 2 x sport bar, 62.5 g sweet potato and honey, 8x salt capsule, 2 L water, 1 x antioxidant capsule | 613/2562 | 118 | 13.82 | 7.95 | 1993.6 | - | 50mg Coenzyme Q 40 mg vitamin C, 200 mg phosphatidylserine, 5 mg NADH |

Note. $C H=$ Carbohydrates; $F=$ Fat; $P=$ Proteins; Caf $=$ Caffeine .

Table 2. Athlete nutritional intake before, during and after competition

| Timing | Energy \& Macronutrient | Stage number |  |  |  |  |  | Mean $\pm$ SD |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  | One | Two | Three | Four | Five | Six |  |
| Breakfast | E (kcal/kJ) | 1078/4506 | 1078/4506 | 1078/4506 | 1078/4506 | 1078/4506 | 1078/4506 | $1078 \pm 0 / 4506 \pm 0$ |
|  | $\mathrm{CH}(\mathrm{g})$ | 164.5 | 164.5 | 164.5 | 164.5 | 164.5 | 164.5 | $164.5 \pm 0.0$ |
|  | P (g) | 50.3 | 50.3 | 50.3 | 50.3 | 50.3 | 50.3 | $50.3 \pm 0.0$ |
|  | F (g) | 25.2 | 25.2 | 25.2 | 25.2 | 25.2 | 25.2 | $25.2 \pm 0.0$ |
| During | E (kcal/kJ) | 717/2996 | 390/1630 | 690/2882 | 297/1241 | 587/2453 | 613/2562 | $549 \pm 169 / 2294 \pm 705$ |
|  | $\mathrm{CH}(\mathrm{g})$ | 166.0 | 87.8 | 154.0 | 60.2 | 106.4 | 118 | $115.4 \pm 39.9$ |
|  | P (g) | 12.9 | 7.2 | 15.5 | 13.0 | 19.3 | 13.8 | $13.6 \pm 3.9$ |
|  | F (g) | 1.1 | 0.3 | 0.9 | 0.5 | 7.9 | 8.0 | $3.1 \pm 3.8$ |
|  | $\mathrm{Na}^{+}$(mg) | 1442 | 1109 | 2216 | 2201 | 2228 | 1994 | $1865 \pm 460$ |
|  | Caffeine (mg) | 22.5 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | $3.8 \pm 9.2$ |
|  | CoenzQ (mg) | 50 | 50 | 50 | 50 | 50 | 50 | $50 \pm 0$ |
|  | Vitamine C (mg) | 40 | 40 | 40 | 40 | 40 | 40 | $40 \pm 0$ |
|  | PS (mg) | 200 | 200 | 200 | 200 | 200 | 200 | $200 \pm 0$ |
|  | NADH (mg) | 5 | 5 | 5 | 5 | 5 | 5 | $5 \pm 0$ |
| Post-Stage ${ }^{\text {a }}$ | E (kcal/kJ) | 213/966 | 671/2805 | 477/1994 | 213/890 | 282/1179 | 213/890 | $348 \pm 187 / 1454 \pm 783$ |
|  | $\mathrm{CH}(\mathrm{g})$ | 32.9 | 88.6 | 98.2 | 32.9 | 50.8 | 32.9 | $56.1 \pm 29.9$ |
|  | P (g) | 20.4 | 39.9 | 21.7 | 20.4 | 22.4 | 20.4 | $24.2 \pm 7.7$ |
|  | F (g) | 0.3 | 12.2 | 0.5 | 0.3 | 0.9 | 0.4 | $2.4 \pm 4.8$ |
| Lunch | E (kcal/kJ) | 1050/4389 | 760/3177 | 675/2822 | 1045/4368 | 1145/ 4786 | 908/3795 | $931 \pm 183 / 3890 \pm 767$ |
|  | $\mathrm{CH}(\mathrm{g})$ | 108.5 | 68.7 | 63.9 | 216.2 | 178.7 | 160.3 | $132.7 \pm 62.1$ |
|  | P (g) | 56.9 | 52.3 | 37.2 | 32.3 | 32.0 | 55.7 | $44.4 \pm 11.8$ |
|  | F (g) | 46.3 | 33.5 | 31.4 | 11.6 | 38.7 | 10.3 | $28.6 \pm 14.6$ |
| Snacks | E (kcal/kJ) | 720/3010 | 663/2771 | 623/2604 | 0 | 0 | 0 | $334 \pm 367 / 1398 \pm 1536$ |
|  | $\mathrm{CH}(\mathrm{g})$ | 77.7 | 99.4 | 68.1 | 0.0 | 0.0 | 0.0 | $40.9 \pm 45.9$ |
|  | P (g) | 18.4 | 14.9 | 35.5 | 0.0 | 0.0 | 0.0 | $11.5 \pm 14.4$ |
|  | F (g) | 36.3 | 23.6 | 25.1 | 0.0 | 0.0 | 0.0 | $14.2 \pm 16.1$ |
| Dinner | E (kcal/kJ) | 821/3432 | 578/2416 | 510/2132 | 822/3436 | 669/2796 | 1247/5212 | $775 \pm 264 / 3237 \pm 1102$ |
|  | $\mathrm{CH}(\mathrm{g})$ | 113.5 | 94.4 | 68.3 | 97.3 | 18.9 | 23.3 | $69.3 \pm 40.0$ |
|  | P (g) | 68.7 | 9.5 | 22.4 | 43.4 | 45.7 | 128.3 | $53.0 \pm 42.2$ |
|  | F (g) | 13.4 | 20.8 | 18.2 | 31.5 | 45.2 | 72.0 | $33.6 \pm 22.0$ |

Note. $P S=$ phosphatidylserine; $C H=$ carbohydrates; $E=$ energy; $F=$ fat; $P=$ proteins; Coenz $Q=$ coenzyme $Q$
${ }^{\text {a }}$ Energy intake immediately after each stage.

Immediately after crossing the finish line, the athlete ingested two salt capsules plus 15 g of glutamine and 10 g of BCAA's. This was completed with food and liquid provided by the race organization. Specific nutritional value of the post-race nutrient intake is described in Table 2 along with nutritional information of each day lunch (after finishing competition), after-
noon snacks (only completed in the first three stages) and dinner. Total daily nutritional intake by the athlete is summarized in Table 3 for each day of competition (breakfast, before-race, during-race, post-race, afternoon snacks and dinner). The greatest ingestion of proteins was the last day of competition, explained by the final celebration dinner.

Table 3. Total nutritional energy and macronutrients intake for each competition day

| Energy \& Macronutrient | Competition day |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | Day 1 | Day 2 | Day 3 | Day 4 | Day 5 | Day 6 |
| E (kcal) | 4617 | 4140 | 4053 | 3455 | 3761 | 4059 |
| E (kJ) | 19298 | 17305 | 16940 | 14441 | 15720 | 16966 |
| CH (g) | 663.1 | 603.4 | 617.0 | 571.0 | 519.3 | 499.0 |
| CH (g/kg/day) | 10.0 | 9.1 | 9.3 | 8.6 | 7.8 | 7.5 |
| P (g) | 227.6 | 147.1 | 182.6 | 159.4 | 169.7 | 268.5 |
| P (g/kg/day) | 3.4 | 2.6 | 2.8 | 2.4 | 2.6 | 4.1 |
| F (g) | 122.6 | 115.6 | 101.3 | 69.1 | 117.9 | 115.9 |
| Note. $C H=$ Carbohydrates; $E=$ Energy; $F=$ Fat; $P=$ Proteins; |  |  |  |  |  |  |

## Hydration and weight loss

The athlete began the competition with a body weight of 66.2 kg and finished it with 64.9 kg . After the conclusion of each stage, a reduction in body
weight was observed (Table 4). The BWL average during "Pirineos FIT" was 2.4\%.

Total fluid ingestion during the stages was 20005000 mL provided by the reposition beverage and water and was accompanied by a $\mathrm{Na}^{+}$intake of $1109-2228$ mg provided by the reposition beverage and the salt capsules (Table 4). Carbohydrate ingestion during the stages with food and supplements ranged between 1.20 and $7.74 \mathrm{~g} / 100 \mathrm{~mL}$ and $9.27-40.65 \mathrm{~g} / \mathrm{h}$, with the minimum ingestion in the fourth stage. Details of meteorological conditions, weight loss and evolution, fluid ingestion, $\mathrm{Na}^{+}$and carbohydrates are provided in Table 4.

## Effort perception and atblete's performance

Borg's Scale of Perceive Exertion (RPE) (21) was used to report the subjective effort perception of the athlete during each stage (Table 4). Mean heart rate

Table 4. Meteorological conditions, carbohydrate, fluid, sodium and weight control during the six competition stages

|  |  | Stage number |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  | One | Two | Three | Four | Five | Six |
| Meteorology | $\mathrm{T}_{\text {min }}\left({ }^{\circ} \mathrm{C}\right)$ | 6.0 | 12.0 | 10.0 | 16.7 | 16.1 | 14.9 |
|  | $\mathrm{T}_{\text {max }}\left({ }^{\circ} \mathrm{C}\right)$ | 24 | 28 | 22 | 30.5 | 33.2 | 28.7 |
|  | Humidity (\%) | 98 | 94 | 71 | 77 | 89 | 98 |
|  | $\mathrm{Wind}_{\text {max }}(\mathrm{km} / \mathrm{h})$ | 24 | 25 | 29 | 40 | 41 | 44 |
| Weight | Weight pre (kg) ${ }^{\text {a }}$ | 66.2 | 66.6 | 66.5 | 66.8 | 66.7 | 67.3 |
|  | Weight post (kg) ${ }^{\text {b }}$ | 64.5 | 65.6 | 64.5 | 65.0 | 66.0 | 64.9 |
|  | BWL (kg) | 1.7 | 1.0 | 2.0 | 1.8 | 0.7 | 2.4 |
|  | BWL (\%) | 2.6 | 1.5 | 3.0 | 2.7 | 1.0 | 3.6 |
| Nutrients intake | Fluid intake (mL) | 2200 | 2000 | 5000 | 5000 | 4000 | 2500 |
|  | Fluid/ hour (mL/h) | 538.8 | 732.6 | 819.7 | 769.2 | 808.1 | 536.8 |
|  | CH (g/100 mL) | 7.6 | 4.4 | 3.1 | 1.2 | 2.7 | 4.7 |
|  | CH intake (g/h) | 40.7 | 32.1 | 25.3 | 9.3 | 21.5 | 25.3 |
|  | $\mathrm{Na}^{+}(\mathrm{mg})$ | 1442 | 1109 | 2216 | 2201 | 2228 | 1994 |
| Performance | Stage result | 6th | 6th | 7th | 6th | 4th | 8th |
|  | Race time (h:min) | 4:05 | 2:44 | 6:06 | 6:30 | 4:57 | 4:40 |
|  | Distance (km) ${ }^{\text {c }}$ | 29.9 | 24.3 | 41 | 35 | 35 | 40 |
|  | m+ | 2000 | 1500 | 2600 | 2700 | 2874 | 1850 |
|  | RPE | 13 | 11 | 15 | 11 | 17 | 20 |
|  | Mean HR (bpm) | 150 | 148 | 141 | 131 | 142 | 138 |
|  | Max HR (bpm) | 170 | 175 | 180 | 172 | 182 | 183 |
|  | Time Phase I (\%) | 3 | 23 | 34 | 74 | 44 | 68 |
|  | Time Phase II (\%) | 94 | 75 | 66 | 24 | 56 | 30 |
|  | Time Phase II (\%) | 3 | 0 | 0 | 1 | 0 | 2 |

Note. $C H=$ Carbohydrates; $T=$ temperature; Wind $_{\text {max }}=$ maximum registered wind; $m+=$ accumulated positive ascension; $B W L=$ body weight loss;
 the stages. Differences with the official distance is due to day-to-day track changes by the race organization.
(HR), maximum HR, RPE and final stage position are also described in Table 4. In the last km of stage one, the athlete suffered from light cramps and RPE was 13 ("somewhat hard"). For Stage two and four RPE score was 11 ("moderate"). Stage three was perceived with a RPE of 15 ("hard") but he had great feelings, being able to maintain pace during the stage and complete nutrient intake. Stage five was reported as the day with the best feelings, finishing in a $4^{\text {th }}$ position despite a RPE of 17 ("very hard)". The athlete reported good feelings during the first km of the last stage, but the final RPE was 20 ("extenuating"), forcing him to slow down the pace.

## Biochemical, hematological and hormonal parameters

Comparing blood analysis before and after the competition showed an increase in GOT-AST (71.86 \%), GPT-ALT (117.86 \%), iron (56.30 \%), ferritin (55 $\%$ ), creatine kinase ( $83.57 \%$ ), total testosterone (40.49 $\%$ ) and reactive protein C (40 \%). A reduction was observed in urea concentration (12.79 \%) and BUN ( 12.39 \%). No modifications were observed in the rest of the parameters (total cholesterol, HDL, LDL, triglycerides, thyroid hormones, cortisol, glucose, white blood cells and red blood cells).

## Discussion

The aim of this study was to assess several nutrition and hydration strategies applied to an athlete that participated in an endurance trail-running race that finally led to a successfully implementation and a good competition performance.

Literature has shown a positive relationship between dietetic recommendations and sport performance (22). Adequate energetic intake improves endurance, strength and FFM (Fat-Free Mass); while uncontrolled caloric restriction depletes glycogen, critical for training and physical exercise (23). Many factors must be considered for an adequate nutritional and hydration plan: athlete's characteristics, equipment to be carried, race modality and details, environmental characteristics and the solid and liquid intake possibilities.
"Pirineos FIT" represents a nutritional and sport challenge. Therefore, it is crucial to minimize the to-
tal food carriage and provide the optimal energy and macronutrients intake in the competition. The athlete arrived to the competition well prepared, both from the nutritional and physical point of view, being completed an adequate diet and training program designed by professionals. The foods and supplements that were chosen to carry out the dietary-nutritional planning were those that the athlete usually takes and therefore is familiar to them, in order to avoid gastrointestinal problems. For the nutritional planning, energetic and nutritional recommendations were applied following specific evidence for endurance sports (24). It is worth mentioning that there were some differences between dietary carbohydrate prescription ( $30-60 \mathrm{~g} / \mathrm{h}$ ), based on literature recommendations (15-17), and the carbohydrate quantity ingested by the athlete during the race. Even the athlete accomplished the minimum carbohydrate recommended intake, he wasn't able to increase it due to the effort of self-management of food intake and race orienting. Despite that, the athlete's perceptions were always optimal and didn't prevent him of accomplish a good final position. Furthermore, no hunger or cramps were reported by the athlete, and the feelings were described as "better than in previous races".

Maybe, subjective perception of fatigue of the athlete was reduced by the ingestion of antioxidants due to the athlete's decision of avoiding caffeine intake after the first stage. As it's well documented, long duration and high intensity exercise increases the participation of oxidative metabolism, consequently increasing reactive oxidative species and oxidative stress (25). Regarding hydration, the athlete exceeded the recommendations ( $400-600 \mathrm{~mL} / \mathrm{h}$ ) in the race, avoiding dehydration with a minimal BWL except in the last stage $(26,27)$.

Blood analysis assessment before and after competition showed habitual physiological responses to high demanding endurance efforts. Increased transaminases, testosterone, iron, ferritin and protein C are normal physiological responses after exercise (28). In fact, trained subjects tend to have significantly higher concentrations of transaminases than sedentary people (29, 30). Moreover, a high level of testosterone is a marker for an adequate physical load and long-term adaptation to exercise (28), while the increase in protein C reactive indicated an increase of physical stress
during the race (31). Additionally, several studies have shown that after a moderate or intense exercise, an increase in serum iron and ferritin is observed (32). However, reduction in urea and BUN levels demonstrated that there wasn't FFM loss (33).

The good response in biochemical parameters, without no changes after the competition, the good final position of the athlete in the race (always within the first ten) and the good feelings of the athlete could be attributed (at least in part) to the appropriate dieteticnutritional planning carried out in this study, as well as to the good body composition of the athlete, an adequate training load and an optimal age. This study adds complementary information to the existing literature (34, 35) regarding the positive influence of adequate dietary, nutritional, supplementation and hydration planning in trail-running. In addition, the dietary-nutritional strategy applied in this study can serve as a guideline for other professionals preparing ultra-endurance athletes to achieve optimal performance.

## Conclusions

The application of nutrition and hydration strategies are crucial for successful performance at "Pirineos FIT", where it is necessary to reach a balance between the amount of food (weight) that the athlete has to carry and optimizing the intake of nutrients and drink. This study demonstrates the importance of an adequate dietary-nutritional planning to successfully compete in a race like "Pirineos FIT". This case study can be a useful tool for other dietitians-nutritionists who advise athletes disputing ultra-endurance trail-running events.

## Acknowledgments

We wish to thank the athlete described in this case study, who provided consent and all the data for this publication.

## References

1. Hoffman MD, Ong JC, Wang G. Historical Analysis of Participation in 161 km Ultramarathons in North America. Eur Sport Hist Rev. 2010;27(11):1877-1891. doi:10.1080/
09523367.2010.494385.
2. Knechtle B, Abou Shoak, Rüst, Lepers R, Rosemann T. European dominance in multistage ultramarathons: an analysis of finisher rate and performance trends from 1992 to 2010. Open Access J Sports Med. 2013;4:9-18. doi:10.2147/ OAJSM.S39619.
3. Knoth C, Knechtle B, Rüst CA, Rosemann T, Lepers R. Participation and performance trends in multistage ultra-marathons-the "Marathon des Sables" 2003-2012. extrem physiol med. 2012;1(1):13. doi:10.1186/2046-7648-1-13.
4. Ramos-Campo DJ, Ávila-Gandía V, Alacid F, et al. Muscle damage, physiological changes, and energy balance in ul-tra-endurance mountain-event athletes. Appl Physiol Nutr Metab. 2016;41(8):872-878.
5. Chlíbková D. Pre- and Post-Race Hydration Status in Hyponatremic and Non-Hyponatremic Ultra-Endurance Athletes. Chin J Physiol. 2016;59(3):173-183. doi:10.4077/ CJP.2016.BAE391.
6. Lane AM, Wilson M. Emotions and trait emotional intelligence among ultra-endurance runners. J Sci Med Sport. 2011;14(4):358-362. doi:10.1016/j.jsams.2011.03.001.
7. López-Gómez JA, Martínez-Sanz JM, Martínez-Rodríguez A, Ortiz-Moncada R. Planificación dietético-nutricional para llevar a cabo una Ultramaratón, la Transvulcania: Informe de caso. Rev Esp Nutr Hum Diet. 2016;20(2):120127. doi:10.14306/renhyd.20.2.205.
8. Singh NR, Peters EM. Markers of Hydration Status in a 3-Day Trail Running Event. Clin J Sport Med. 2013;23(5):354-364. doi:10.1097/jsm.0b013e318286c2c3.
9. Singh NR, Denissen EC, McKune AJ, Peters EM. Intestinal temperature, heart rate, and hydration status in multiday trail runners. Clin J Sport Med. 2012;22(4):311-318. doi:10.1097/JSM.0b013e318248e27f.
10. Pfeiffer B, Stellingwerff T, Hodgson AB, et al. Nutritional intake and gastrointestinal problems during competitive endurance events. Med Sci Sports Exerc. 2012;44(2):344-351. doi:10.1249/MSS.0b013e31822dc809.
11. Williamson E. Nutritional implications for ultra-endurance walking and running events. Extrem Physiol Med. 2016;5(1):200.
12. Jeukendrup AE. Nutrition for endurance sports: marathon, triathlon, and road cycling. J Sports Sci. 2011;29 Suppl 1(sup1):S91-S99. doi:10.1080/02640414.2011.610348.
13. Peters EM. Nutritional aspects in ultra-endurance exercise. Curr Opin Clin Nutr Metab Care. 2003;6(4):427-434. doi:10.1097/01.mco.0000078986.18774.90.
14. Skinner JS, Mclellan TH. The Transition from Aerobic to Anaerobic Metabolism. Res Q Exerc Sport. 1980;51(1):234248. doi:10.1080/02701367.1980.10609285.
15. Blasco R. Hydroelectrolic replacement in extreme thermal situations. Archivos de medicina del deporte: revista de la Federación Española de Medicina del Deporte y de la Confederación Iberoamericana de Medicina del Deporte. 2012;29(152):991-1003.
16. Burke LM, Hawley JA, Wong SHS, Jeukendrup AE. Carbohydrates for training and competition. J Sports Sci.

2011;29(sup1):S17-S27. doi:10.1080/02640414.2011.585 473.
17. Palacios N, Bonafonte L, Manonelles P, Manuz B, Villegas JA. Consensus on drinks for the sportsman. Composition and guidelines of replacement of liquids. Document of consensus of the Spanish Federation of .... 2008;25. doi:10.1093/jama/9780195176339.021.15.
18. Larson-Meyer DE, Woolf K, Burke L. Assessment of Nutrient Status in Athletes and the Need for Supplementation. Int J Sport Nutr Exerc Metab. 2018;28(2):139-158. doi:10.1123/ijsnem.2017-0338.
19. Pingitore A, Lima GPP, Mastorci F, Quinones A, Iervasi G, Vassalle C. Exercise and oxidative stress: potential effects of antioxidant dietary strategies in sports. Nutrition (Burbank, Los Angeles County, Calif). 2015;31(7-8):916-922. doi:10.1016/j.nut.2015.02.005.
20. Kawamura T, Muraoka I. Exercise-Induced Oxidative Stress and the Effects of Antioxidant Intake from a Physiological Viewpoint. Antioxidants. 2018;7(9):119. doi:10.3390/antiox7090119.
21. Borg G. Perceived exertion as an indicator of somatic stress. Scand J Rehabil Med. 1970;2(2):92-98.
22. Thomas DT, Erdman KA, Burke LM. Position of the Academy of Nutrition and Dietetics, Dietitians of Canada, and the American College of Sports Medicine: Nutrition and Athletic Performance. J Acad Nutr Diet. 2016;116(3):501528. doi:10.1016/j.jand.2015.12.006.
23. Kerksick CM, Kulovitz M. Requirements of Energy, Carbohydrates, Proteins and Fats for Athletes. In: Nutrition and Enhanced Sports Performance. Elsevier; 2013:355-366. doi:10.1016/B978-0-12-396454-0.00036-9.
24. Jeukendrup A. A step towards personalized sports nutrition: carbohydrate intake during exercise. Sports Med. 2014;44 Suppl 1(S1):25-33. doi:10.1007/s40279-014-0148-z.
25. Morillas-Ruiz JM, Villegas García JA, López FJ, VidalGuevara ML, Zafrilla P. Effects of polyphenolic antioxidants on exercise-induced oxidative stress. Clin Nutr (Edinburgh, Scotland). 2006;25(3):444-453. doi:10.1016/j. clnu.2005.11.007.
26. Goulet ED. Dehydration and endurance performance in competitive athletes. Nutr Rev. 2012;70:S132-S136. doi:10.1111/j.1753-4887.2012.00530.x.
27. Goulet EDB. Effect of exercise-induced dehydration on endurance performance: evaluating the impact of exercise protocols on outcomes using a meta-analytic procedure. Br J Sports Med. 2013;47(11):679-686. doi:10.1136/bjs-ports-2012-090958.
28. Urdampilleta A, López R, Martínez JM, Mielgo J. Basic biochemical, hematological and hormonal parameters for monitoring the health and nutritional status in athletes. Rev Esp Nutr Hum Diet. 2014;18(3):155-171.
29. Barranco T, Tvarijonaviciute A, Tecles F, Carrillo JM, Sánchez-Resalt C, Jimenez-Reyes P, Rubio M, GarcíaBalletbó M, Cerón JJ, Cugat R. Changes in CK, LDH and AST in saliva samples after an intense exercise: a pilot study. J Sports Med Phys Fitness. 2017
30. Romagnoli M, Alis R, Aloe R, Salvagno GL, Basterra J, Pareja-Galeano H, Sanchis-Gomar F, Lippi G. Influence of training and a maximal exercise test in analytical variability of muscular, hepatic, and cardiovascular biochemical variables. Scand J Clin Lab Invest. 2014 Apr;74(3):192-8.
31. Pournot H, Bieuzen F, Louis J, Mounier R, Fillard JR, Barbiche E, Hausswirth C.Time-course of changes in inflammatory response after whole-body cryotherapy multi exposures following severe exercise. PLoS One. 2011;6(7):e22748.
32. Sim M, Dawson B, Landers G, Swinkels DW, Tjalsma H, Trinder D, Peeling P. Iron regulation in athletes: exploring the menstrual cycle and effects of different exercise modalities on hepcidin production. Int J Sport Nutr Exerc Metab. 2014 Apr;24(2):177-87.
33. Kyung-A Shin, PhD, Ki Deok Park, MD, PhD, Jaeki Ahn, MD, PhD, Yongbum Park, MD, and Young-Joo Kim, PhD. Comparison of Changes in Biochemical Markers for Skeletal Muscles, Hepatic Metabolism, and Renal Function after Three Types of Long-distance Running. Observational Study. Medicine (Baltimore). 2016 May; 95(20): e3657.
34. Knechtle B. Relationship of anthropometric and training characteristics with race performance in endurance and ultra-endurance athletes. Asian journal of sports medicine. 2014;5(2):73-90.
35. Shirreffs SM, Sawka MN. Fluid and electrolyte needs for training, competition, and recovery. J Sports Sci. 2011;29(sup1):S39-S46. doi:10.1080/02640414.2011.614 269.

Correspondence:
Eraci Drehmer
Universidad Católica de Valencia "San Vicente Mártir"
Ramiro de Maetzu, 14
46900, Torrent (Valencia)

+ 963637412 (Extension 4251)
Email: eraci.drehmer@ucv.es


[^0]:    1 Skinfolds measured following International Society for the Advancement of Kinanthropometry (ISAK) methodology: tricipital, subscapular, chest, axillar, abdominal, thigh, suprailiac, rear thigh. 2 Basal metabolism was calculated based on Harris Benedict formula: $66.5+(13.75 \mathrm{x}$ weight $(\mathrm{kg}))+(5 \mathrm{x}$ height $(\mathrm{cm}))-(6.78 \mathrm{x}$ age (years old) $)$. 3 Distance and positive accumulated ascension were modified day-today by the race organization due to necessary track modifications.

