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# Maximal oxygen consumption in national elite triathletes that train in high altitude

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## ABSTRACT

González-Parra G, Mora R, Hoeger, B. Maximal oxygen consumption in national elite triathletes that train in high altitude. *J. Hum. Sport Exerc.* Vol.8, No. 2, pp. 342-349, 2013. Triathlon is considered an endurance sport composed by the individual disciplines of swimming, cycling and running which are generally completed in this sequential order. It has been suggested that triathlon performance can be predicted by maximal oxygen uptake (VO<sub>2</sub>max). However, it has also been suggested that some variables such age, gender, fitness, training and ventilator muscles may affect VO<sub>2</sub>max. It is the aim of this research to measure and analyze the VO<sub>2</sub>max of 6 national elite triathletes and one national juvenile triathlete, with long experience, training in a high altitude city (1650m). We compare VO<sub>2</sub>max for female and male groups. We found differences at the VO<sub>2</sub>max values for these groups. Additionally, we also found high values of VO<sub>2</sub>max for these young elite triathletes despite their relative short age, but long sport age. **Key words:** VO<sub>2</sub>MAX, TRIATHLON, LACTATE, GAS ANALYZER, GENDER.



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## INTRODUCTION

Maximal oxygen uptake (VO<sub>2</sub>max) is currently the most used measure of aerobic capacity. Thus, measuring VO<sub>2</sub>max is important to predict triathlon performance (Cejuela, 2007). In fact, elite triathletes have significantly higher VO<sub>2</sub>max values than sub-elite triathletes and high VO<sub>2</sub>max levels are required for success in triathlons. However, some authors assert that VO<sub>2</sub>max is a relatively poor predictor of performance in runners due to variations in running and fatigue resistance during prolonged exercise (Noakes, 2003).

There are several methods to measure VO<sub>2</sub>max including indirect and direct methods. Indirect methods generally are more economical and rely on the use of equations or formulas (Chatterjee, 2010; Niels et al, 2004). One commonly used indirect method is the Bruce protocol which is a maximal exercise test where the athlete works to complete exhaustion as the treadmill speed and incline is increased. The length of time on the treadmill is the test score and can be used to estimate the VO<sub>2</sub>max value. However, the reliability of indirect methods results are less than the ones offered by direct methods. Nevertheless, the direct measurement of cardiorespiratory endurance (VO<sub>2</sub>max) itself is difficult, exhausting and often hazardous to perform. The direct method is based on measures regarding expiratory gases from the athlete during exercise.

It is important to remark that VO<sub>2</sub>max values can improve with training but independently decrease with age. However, the degree of trainability affects VO<sub>2</sub>max widely; for example, conditioning may double VO<sub>2</sub>max in some individuals, and will never improve it at all in others (Bouchard, 1999). Also it has been shown that respiratory muscle training does not improve VO<sub>2</sub>max of triathletes and marathon runners (Amonette & Dupler 2002).

Earlier reviews, conducted in the 1980s, concluded that triathletes possessed lower VO<sub>2</sub>max values than other endurance athletes (Suriano, 2010). However, some authors state that triathletes are able to obtain similar physiological values as single-sport athletes despite dividing their training time among three disciplines (Suriano, 2010). For instance, VO<sub>2</sub>max values in elite triathletes have been reported in the range of 70–90 ml/kg/min (Schneider & Pollack, 1991; Basset & Boulay, 2000; Hue et al., 2000). However, VO<sub>2</sub>max has not been taken as a good predictor of triathlon performance in elite triathletes (O'Toole et al., 1987; Schuylenbergh et al., 2004). Nevertheless, some authors have proposed that VO<sub>2</sub>max plateau duration has more correlation to triathlon performance than VO<sub>2</sub>max value (Jianjun, 2009).

Authors also speculate that triathlon training results in general adaptations which enhance maximal oxygen uptake values, whereas anaerobic threshold adaptations occur primarily in the specific muscle groups utilized in training (Schneider, 1991). Additionally, it has been suggested that the exercise testing mode affects the VO<sub>2</sub>max (Roels, 2005). For instance, it was reported that swimmers exhibited a significantly higher VO<sub>2</sub>max in swimming than in cycling (58.4 v 51.3 ml/kg/min), whereas the opposite was found for triathletes (53.0 v 68.2 ml/kg/min) (Roels, 2005).

The main aim of this research is to measure and analyze the VO<sub>2</sub>max of six (6) national elite triathletes and one national juvenile triathlete from the Venezuelan city of Merida. Six of these triathletes have been racing at international triathlons under the regulations of the International Triathlon Union (ITU). The city of Merida was chosen because the majority of the members of the national team train in this high altitude city (1650m). Furthermore, four international elite Olympics triathletes which two of them were former top ten in the ITU world rankings have done their training in this city because its mountain topography and high

altitude. We are also interested in comparing VO<sub>2</sub>max for female and male groups in order to verify the accepted hypothesis that absolute values of VO<sub>2</sub>max are typically 40-60% higher in men than in women (Hyde & Gengenbach, 2007). Additionally, the relationship between VO<sub>2</sub>max values with triathlon experience and sport age is studied.

## METHODS

### *Subjects*

Seven triathletes (four male elite, two female elite and one female junior) age  $22 \pm 4.08$  years; body mass  $61.18 \pm 8.44$  kg, height  $1.67 \pm 0.05$  m and body mass index  $21.66 \pm 2.72$  kg/m<sup>2</sup>) volunteered for this study after being informed about the nature and risks involved in participating in the experiments. Five of the triathletes had been consistently involved in triathlon training for at least 5 years and have competed in elite international level prior to participating in this study. They were  $21.8 (\pm 0.3)$  (range: 20.3–22.9) years old and their body weight and height were  $179 (\pm 2)$  cm, and  $67.5 (\pm 2.5)$  kg, respectively.

### *Experimental Design*

We used a treadmill to measure VO<sub>2</sub>max since in triathletes there is generally no difference in VO<sub>2</sub>max measured in cycle ergometry and treadmill running (Medelli, 1993). However, data concerning the anaerobic threshold in cycling and running in triathletes is conflicting (Medelli, 1993). This is likely due to a combination of actual training load and prior training history in each discipline.

In order to measure VO<sub>2</sub>max we performed the Bruce protocol and used expiratory gas analyzer Oxycon Pro of Jaeger (Viasys). Today, the Bruce Protocol is also a common method for estimating VO<sub>2</sub>max in athletes. The Bruce Protocol was used such that the workload was increased by altering both the incline percent and velocity of the treadmill. The tests were done according to Bruce Protocol, starting at speed 2.74km/hr and grade of 10% and it progressively increased at every 3 minutes until exhaustion (Bruce et al., 1949). During the test the participant breathed via a 2-way valve system. Air came in from the room, however expired through sensors that measure both oxygen concentration and volume. Additionally, the triathlete's heart rates were measured by Polar Vantage NV heart rate monitors (Polar Electro Oy, Kempele, Finland). Forty eight (48) hours prior to the measurements the athletes were asked not to participate in any vigorous training to avoid any possible side effects. The test finished when the VO<sub>2</sub>max values produced a plateau despite a load increase or the theoretical cardiac frequency was exceeded and the athlete indicated that he was exhausted.

In order to give more reliability to the tests we measured the blood lactate at the start of the Bruce protocol and every three minutes at the end of each stage previous to the workload increase. Finger puncture samples of blood were taken in order to measure lactate every 3 minutes. However, in other researches authors use blood test from the earlobe since it is less pain-sensitive, its skin is thinner and it is easier to dilate ear capillaries as compared to the finger. Most often only a single puncture in the ear is enough to take blood samples for half a day.

Body weight was taken with the triathletes dressed only underpants with sensitive electronic balance. To estimate percent body fat composition, a seven site skinfold thickness technique was used. The anatomical sites used were: chest, abdominal, thigh, triceps, suprailium, subscapular and armpit.

Body Mass Index (BMI) was calculated as the ratio of body weight in kilograms to the square of the standing body height in meters (kg/m<sup>2</sup>). In order to perform statistical analysis we rely on the statistical program for social sciences version 16.0 (SPSS 10.0).

## RESULTS

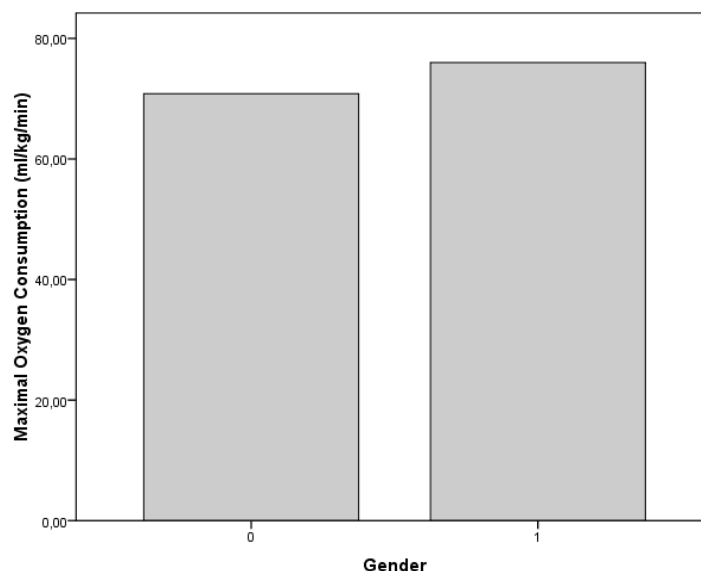
Seven triathletes (four elite males, two elite females and one junior female) volunteered for this study after being informed about the nature and risks involved in participating in the experiments. The descriptive characteristics of the triathletes under investigation are shown in Table 1. As it can be seen the mean age of female and male groups are under the mean age of international elite triathletes competing in world cups and Olympics.

**Table 1.** Descriptive characteristics and physiological variables for male and female triathletes during treadmill running

Gender	Age Years	Weight (kg)	BMI kg/m <sup>2</sup>	Body Fat%	Lactate mmol/l	VO <sub>2</sub> max ml/kg/min	Sport Age Years
Female	26	52.1	19.85	16.08	10.1	73.9	18
Female	20	56.8	18.54	17.05	9.6	74.1	12
Female	15	52.5	18.6	19.77	15.4	64.5	3
Male	25	59.3	22.04	7.2	7.6	79.0	10
Male	25	66.0	24.53	8.44	15.5	81.6	15
Male	24	75.2	25.12	7.77	14.1	66.0	14
Male	19	66.4	22.97	7.69	*	77.4	10

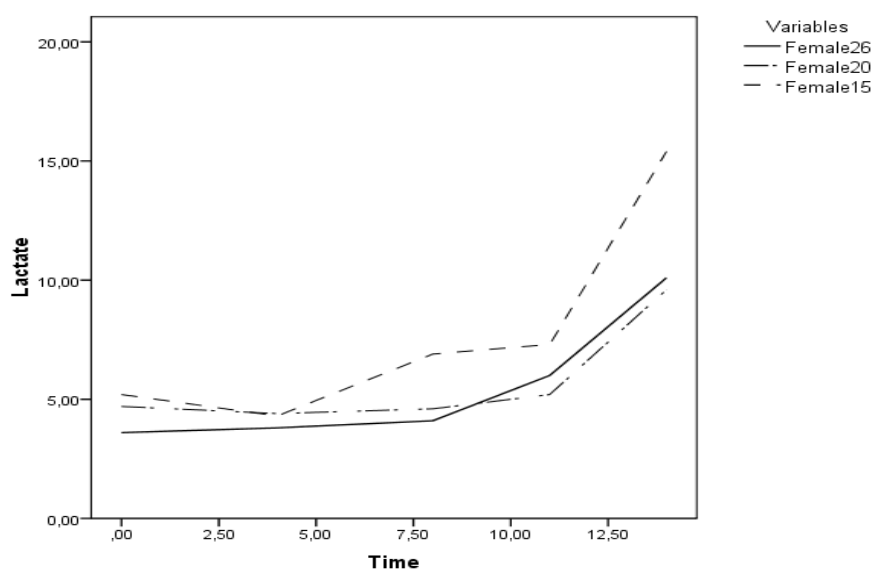
In order to obtain VO<sub>2</sub>max and blood lactate the Bruce treadmill protocol was implemented. This protocol tended to produce plateau in oxygen consumption during the early stages (Northridge, 1990).

The results regarding maximal oxygen consumption VO<sub>2</sub>max showed that the female triathlete group had lower values (70.83±5.48 ml/kg/min) than the male group (76.0±6.88 ml/kg/min). These values are in well accordance with values of other elite triathletes around the world and higher than ironman triathletes (Dengel, 1989; Laurenson, 1993; O'Toole et al. 1987; O'Toole 1995; Schabort, 2000; Schneider, 1990). For instance it has been reported group of male triathletes with VO<sub>2</sub>max mean values of 75.4 ml/kg/min measured on the treadmill and VO<sub>2</sub>max mean values of 70.3 ml/kg/min during cycle ergometry (Schneider, 1990). Additionally, we checked the hypothesis that absolute values of VO<sub>2</sub>max are typically higher in men than in women. However, the difference is not in the proposed range of 40%-60% (Hyde & Gengenbach, 2007). In Figure 1 it can be observed the VO<sub>2</sub>max mean values of the female (lower) and male (higher) triathlete groups.

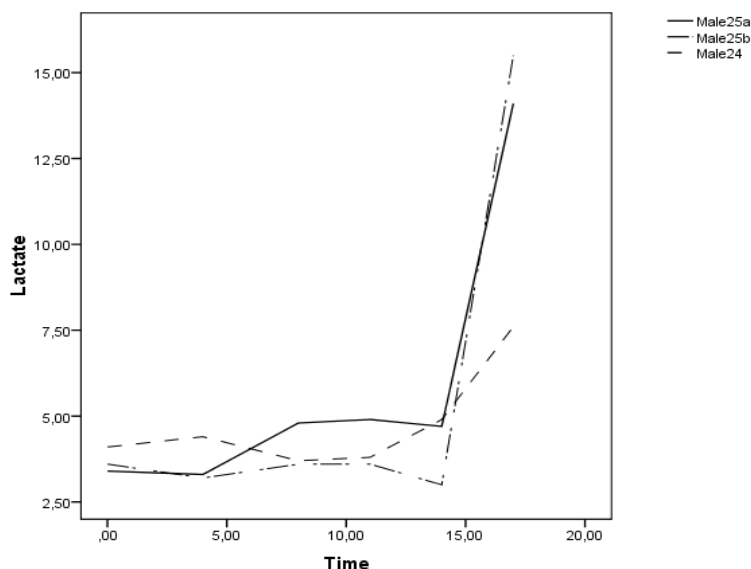


**Figure 1.** Maximal oxygen consumption for female (Gender=0) and male (Gender=1) triathletes obtained during the test. As was expected the female group has less maximal oxygen consumption values than the male group

In regard to the highest blood lactate achieved in the test for each group, female triathlete group has lower values ( $11.7 \pm 3.21$  mmol/l) than the male group ( $12.4 \pm 4.21$  mmol/l). These values are in the normal range for elite triathletes (Hauswirth, 1999). It is important to mention that the blood lactate of one male triathlete could not be taken. In Figure 2 it can be seen the dynamic behavior of blood lactate for the female triathletes during the test. Notice the steep increase at 11 minutes and the less experienced triathlete obtaining faster and higher blood lactate levels. Additionally, in Figure 3 it can be observed the dynamic behavior of blood lactate for the male triathletes during the test. Notice the steep increase at 14 minutes.



**Figure 2.** Dynamic behavior of blood lactate for the female triathletes during the test. Notice the step increase at 11 minutes and the less experienced triathlete obtaining faster and higher blood lactate.



**Figure 3.** Dynamic behavior of blood lactate for the male triathletes during the test. Notice the step increase at 14 minutes.

In order to check possible correlations between VO<sub>2</sub>max, blood lactate and other physical characteristics of the triathletes we performed Pearson's product moment correlations. For all statistics, a significance level of  $P < 0.05$  was present. A correlation coefficient of  $r = 0.73$  was calculated as being significant. The results didn't show any correlation.

## DISCUSSION AND CONCLUSIONS

In this research we measured and analysed the VO<sub>2</sub>max of 6 national elite triathletes and one national juvenile triathlete training in a high altitude city (1650m). We compare VO<sub>2</sub>max for female and male groups. The results regarding maximal oxygen consumption VO<sub>2</sub>max showed that female triathlete group had lower values ( $70.83 \pm 5.48$  ml/kg/min) than the male group ( $76.0 \pm 6.88$  ml/kg/min). Additionally, we found high values of VO<sub>2</sub>max for these elite triathletes despite their short age, but long sport age. In regard to the highest blood lactate achieved in the test for each group we found that the female triathlete group had lower values ( $11.7 \pm 3.21$  mmol/l) than the male group ( $12.4 \pm 4.21$  mmol/l).

Finally, it is important to remark that maximum workload achieved depends on many physical (activities the day before) and psychological (ability to agonize oneself, interest in the study) factors. Additionally, the sample size used in this work is not the optimum. However, it is important to mention that several elite triathletes and their coaches have some concerns about this type of test and elite triathletes training in high altitude on regular basis are few. Thus, we are aware that results need to be taken carefully.

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