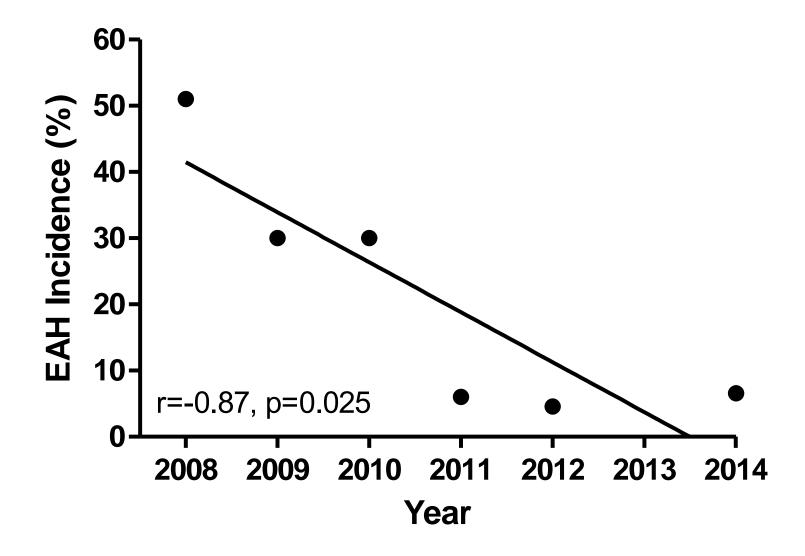
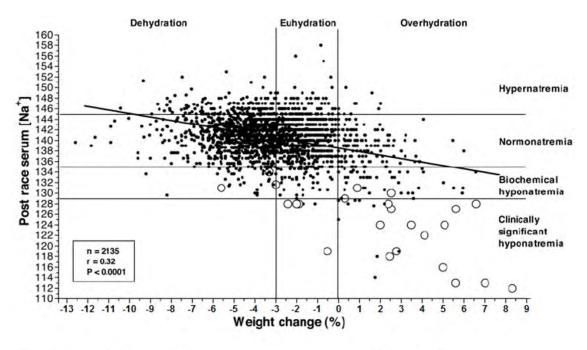
New Knowledge from WSER Research Fact and Fiction about Sodium and Hydration

Martin D. Hoffman, MD, FACSM, FAWM

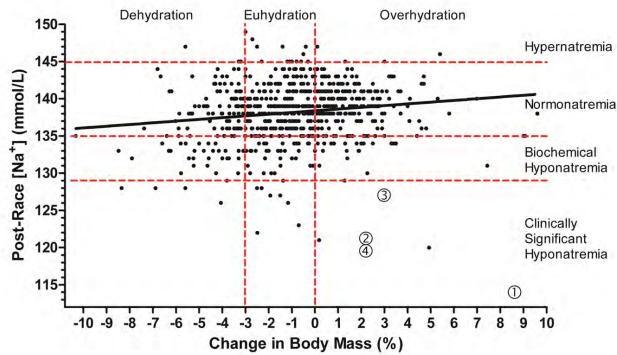
Professor of PM&R, University of California Davis
Chief of PM&R, VA Northern California Health Care System
Director of Research, Western States Endurance Run
Chief Medical Officer, Ultra Medical Team

Disclosure: The contents presented herewith do not represent the views of the Department of Veterans Affairs or the United States Government.





Noakes et al. PNAS. 2005

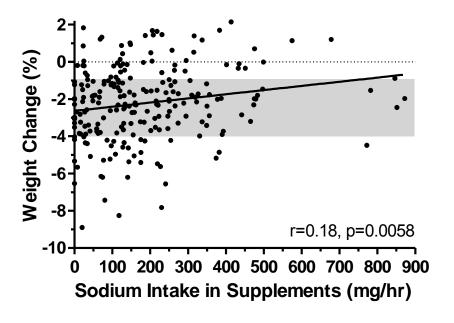


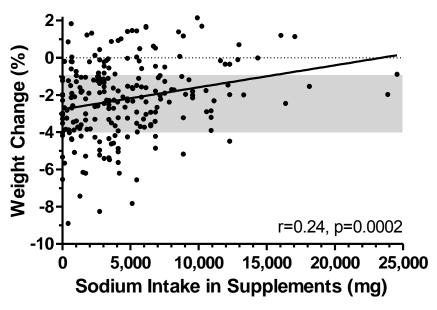
Hoffman et al. Med Sci Sports Exerc. 2013 Hoffman et al. Clin Nephrol. 2014

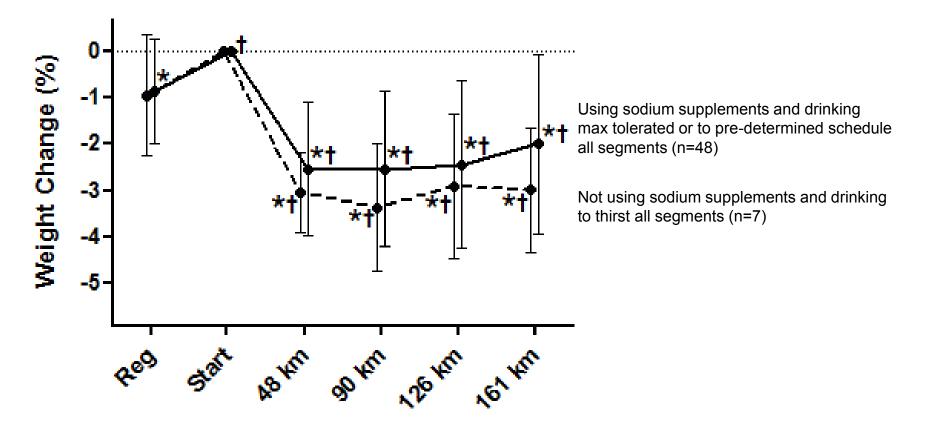


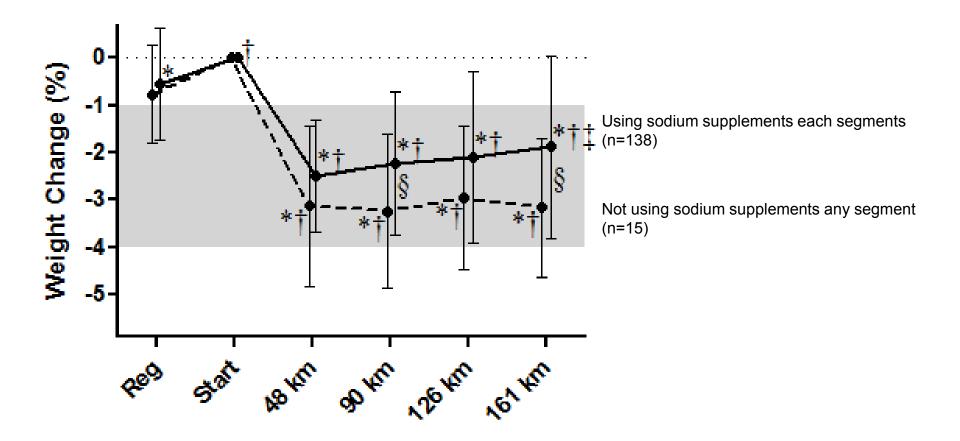
As advertised.....

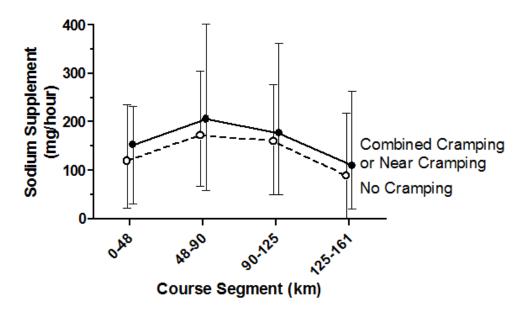
- Alleviation of cramping
- Buffers to help stabilize the stomach
- Protection against potentially fatal hyponatremia

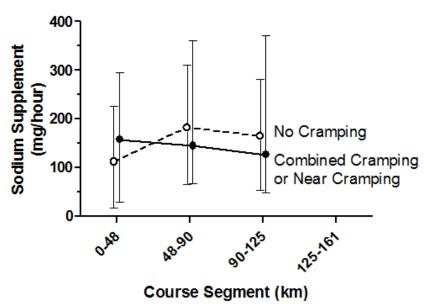






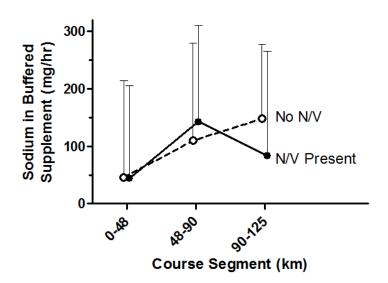




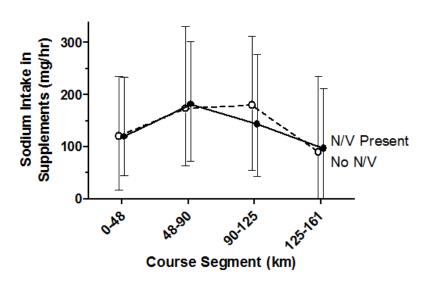


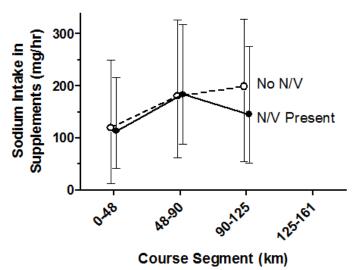
Sodium in Buffered Supplements

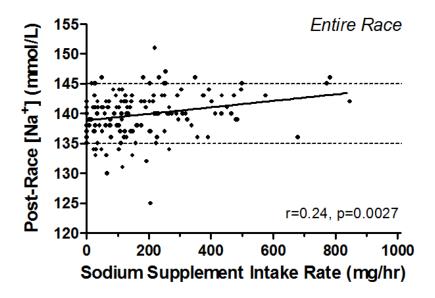
Sodium in Buffered 100 No N/V N/V Present Course Segment (km)

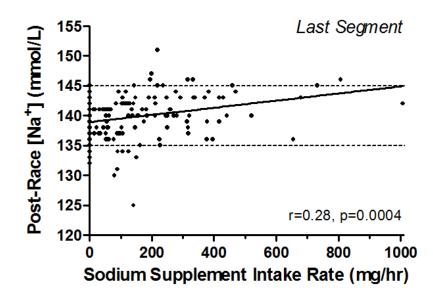


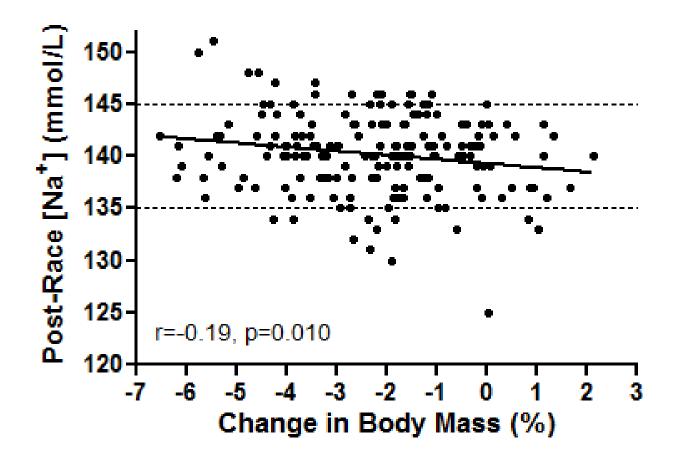
Sodium in All Supplements











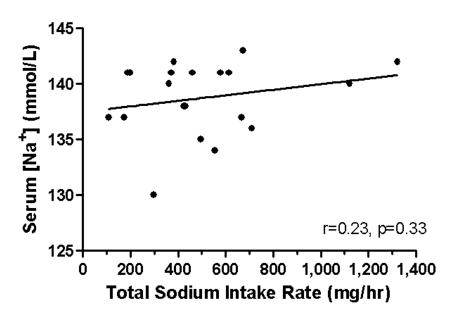
Sodium Supplementation in Ultramarathon Running

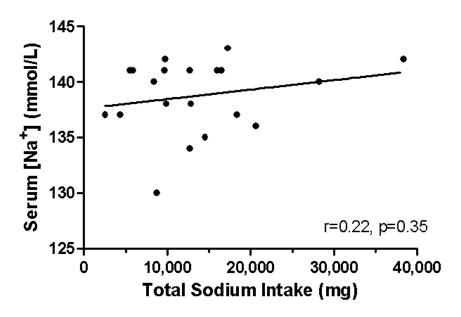
- Not a cause for EAH
- Enhance body weight maintenancebut beyond what is appropriate
- Not related to muscle cramping
- Not related to nausea or vomiting

What about total sodium intake?

- 2014 WSER
- 30 runners provided full dietary data 20 finished
- Total sodium intake = 13,651 ± 8,444 mg (range 2,541-38,338 mg)
- Sodium in food and drink accounted for 66.3% of total sodium (range 34.2-100%)

2014 WSER

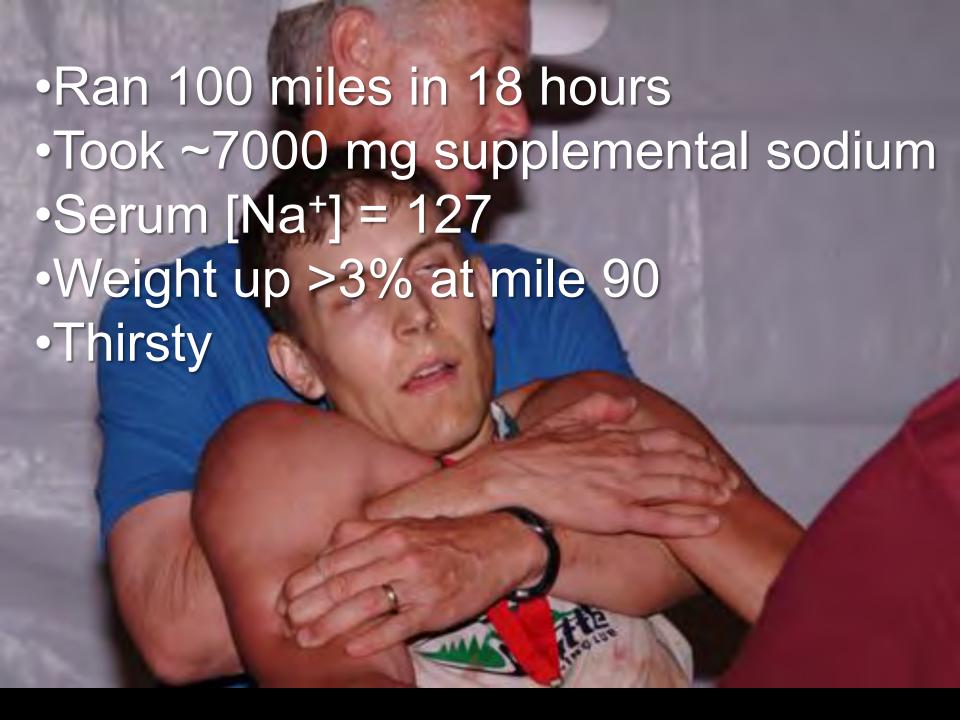


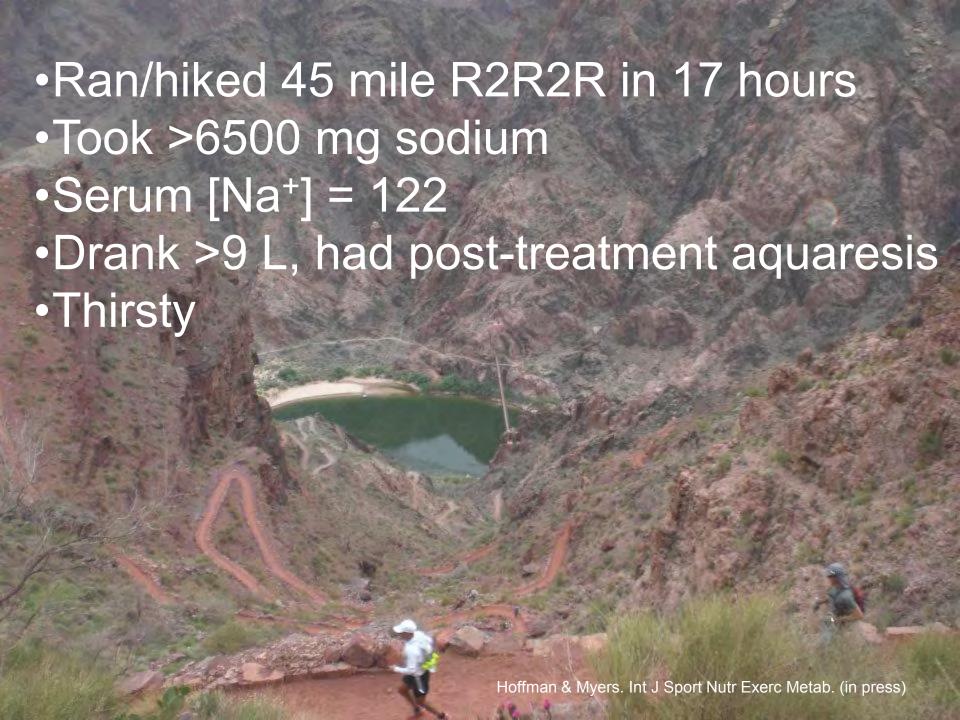


Total Sodium Intake in Ultramarathon Running

- Not a cause for EAH
- Enhance body weight maintenancebut beyond what is appropriate
- Not related to muscle cramping
- Not related to nausea or vomiting

Can too much sodium be a problem?







- Dropped at 90 miles after 27.6 hours
- Took >8500 mg
 supplemental sodium
- Serum [Na⁺] = 122
- Weight up >2% at mile 90
- Thirsty

Clinical Nephrology, DOI 10.5414/CN108233



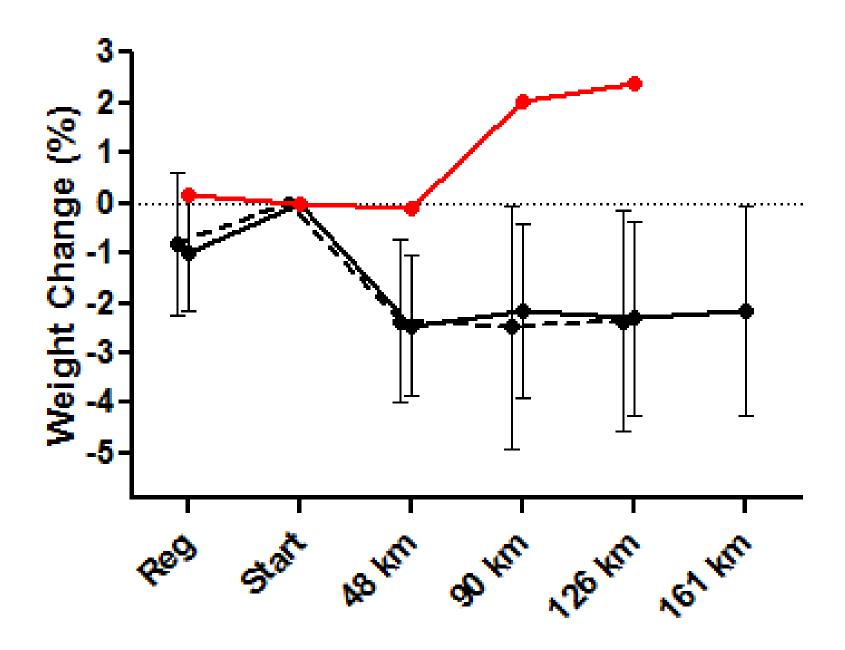
©2014 Dustri-Verlag Dr. K. Feistle ISSN 0301-0430

> DOI 10.5414/CN108233 e-pub: June 16, 2014

Exercise-associated hyponatremia with exertional rhabdomyolysis: importance of proper treatment

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Prevention Recommendations

(Bennett et al. Wilderness Environ Med. 2014)

- Avoid overhydration Drink to thirst!
- Avoid excessive sodium supplementation

Thank You!

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