



Following is important information referred by Dr. Pamela Carrington, Medical Director of the Half Moon Bay International Marathon.

Medical Problems

Please see your personal doctor if you may have a problem that could make it a risk to run in a running event. Do not ignore new symptoms at any point leading up to the race day!

If you have a stable medical condition that may lead to you having a blackout (such as seizures or insulin dependent diabetes), put a cross on the front of your number and write the details, especially your medication, on the reverse of the number. You could also check in with the medical director at the Start/Finish Medical tent before the race begins.

Cardiac Events & Screening

Runners may very well be unaware when they have a heart problem. Their condition would have been detected if medical advice had been sought and relevant tests carried out. A 'fitness test' is not sufficient to detect these problems. If you have a family history of heart disease or sudden death, or you have symptoms of heart disease i.e. chest pain or discomfort on exertion, sudden shortness of breath or rapid palpitations, see your doctor so they can arrange for you to have a proper cardiac assessment. Such an assessment may not be instantly available, but continuing to run with these symptoms may shorten your running career catastrophically!

Training

Muscular aches and pains occur most commonly after an increase in training. Training should be increased gradually so that you do not suffer prolonged exhaustion and intersperse days of heavy mileage with one or two days of lighter training, so that your body can replace muscle glycogen. Rest days are also important.

If you have flu, a feverish cold or an intestinal bug, do not train until you have **fully** recovered. Then start gently and build up gradually. Do not attempt to catch up on lost mileage after illness or injury – this may cause further damage or illness. To reduce injury risk, train on soft surfaces when you can, especially on easy training days. Vary routes, do not always use the same shoes and run on differing cambers, hills, etc.

PLEASE NOTE: If you cannot run 15 miles comfortably one month before the marathon, then you should probably not run the full marathon.

Fluids

Thirst is a poor guide to how much you need. Drink enough to keep your urine copious and a pale straw color. Drink plenty of liquids after training, especially long runs, and drink during races, especially in the first half of a marathon. Drink plenty of fluids and reduce alcohol intake in the two days before the race.

Diet

Eat what suits you! Large doses of supplementary vitamins and minerals (such as iron) are not essential and produce no benefit if you are on a good mixed diet. Training helps you to sustain a high level of muscle glycogen if you eat a lot of carbohydrate. If you can, try to eat within two hours after each of your long runs and on race day, especially with a high percentage of protein. This helps replace the muscle glycogen quickly and speeds recovery.

Carbohydrate Loading

Do not change your normal diet drastically in the last week before the race, but decrease your intake of protein and fats to increase your intake of carbohydrate (pasta, bread, potatoes, cereals, rice and sweet things), especially for the last three days when you should also be markedly reducing your training. This loads the muscles with glycogen.

On Race Day

Do not run if you feel unwell or have just been unwell. Most medical emergencies occur in people who have been unwell but do not wish to miss their event. If you feel feverish, have been vomiting, have had diarrhea or any chest pains, or otherwise feel unwell, it is unfair to you, your family, and the race support staff to risk serious illness and become a medical emergency. You are unlikely to do yourself justice.

Start the race well hydrated (urine looks pale) and drink whenever you can, especially in the first half of the race when you may not feel thirsty, as you lose a lot of fluid insensibly (through breathing). This will help you feel better later in the race and may prevent cramping. Cramping is most common in runners who have not trained sufficiently or are dehydrated. Do not gulp large volumes of liquid during or after the race. It is possible to become ill from drinking too much, too quickly. If you feel nauseous, report to an aid station and drink a [lightly sweetened electrolyte solution](#) or a soda such as 7-Up.

At The Finish

After you finish, do not stand about getting cold. Keep walking, especially if you feel dizzy, and drink [electrolyte solution](#) to replace lost liquid. Use your [Heatsheet blankets](#) or quickly change into warm, dry clothing. We will also have hot tea available at the finish line.

Keep on drinking and have something to eat. Some runners feel faint more than half-an-hour after finishing the race, often because they have taken insufficient fluid at the finish and/or not eaten anything.

And Finally...

If you feel you need to be evaluated there will be 8 first aid stations along the marathon route and medical personnel at each. Please listen to your body and respond sensibly. Everyone at the HMBIM has been preparing for months and want you to have a fantastic experience!

PCT 2012 Adapted from www.dubaimarathon.org/DOWNLOADS/medAdvice.pdf