

# 'The Dormouse': my story as a lightweight rower with overtraining syndrome

Lindsay Woodford 

## INTENSIVE DEMANDS OF ROWING

To be a successful high-performance lightweight rower, I required exceptional physical attributes such as fitness and strength, together with high levels of dedication and resilience. However, when faced with frustrating setbacks such as injury and illness, like many athletes, the qualities that made me a champion became my own worst enemy.

Vigorous specifically targeted training followed by sufficient recovery is essential to improve athletic performance. It is difficult to balance training and recovery and when you layer on the added constraint of a weight-limited sport like lightweight rowing, training becomes more complex. In my sport, lightweight rowing, women compete under 57 kg and men under 70 kg. Making weight was a real challenge for me at 5'7", so I maximised every opportunity to burn calories. That often meant choosing an active recovery session over a rest day, in my already challenging training schedule.

## CONSEQUENCES OF OVERTRAINING AND WEIGHT LOSS

The extreme weight loss strategies I employed in the days leading up to the National Championships in 2000 seem ridiculous and incomprehensible now. I was not at race weight the night before the finals, so I severely restricted my food and drink intake, to the point of dehydration. I remember the blissful sensation of sucking the moisture out of my toothbrush, I savoured that moment when the cool, minty water slid down my throat. Despite turning the heating up and sleeping under blankets, I was still 500 g over race weight the morning of the finals. In a last-ditch attempt to be able to compete, I fashioned a T-shirt out of a bin liner, layered all my cold weather kit on top and ran a few laps

Psychology, University of the West of England  
Department of Health and Social Sciences, Bristol, UK

**Correspondence to** Lindsay Woodford, Psychology, University of the West of England Department of Health and Social Sciences, Bristol BS16 1QY, UK; [lindsay.woodford@uwe.ac.uk](mailto:lindsay.woodford@uwe.ac.uk)



**Figure 1** Lindsay Woodford racing at the Scullers Head of the River Race, London.

round the housing estate. I remember darting behind a dustbin when I saw my coach drive past. I was ashamed of my weight loss strategies while at the same time it was normal—life as a lightweight rower—we all did it.

These strategies proved effective as I won a bronze medal at the Nationals, and later a coveted place on the England lightweight women's rowing squad for the 2002 Commonwealth Games. Everything was going to plan, when one morning at 05:30 as I reached over to turn my alarm off, I felt my head begin to spin, my heart was pounding, and I felt violently sick. I threw up to ease the nausea, sipped some water, put on my kit and drove to the rowing club. I managed to complete the training session, but my legs felt like lead and my heart was racing. This marked the start of a progressive decline in performance.

One of the most debilitating symptoms I experienced was an overwhelming need to sleep. I became affectionately known as 'The Dormouse'<sup>1</sup> because I slept over 10 hours a night and during the day. When I stood up my heart rate would go through the roof and my blood pressure would drop, I felt constantly dizzy and sick. I caught cold after cold and I felt like I had a pair of golf balls permanently lodged in my throat. Despite these debilitating physiological symptoms, I was more motivated than ever to represent my country.

## STRUGGLE FOR A DIAGNOSIS

At this time in my career, I was not a lottery (government) funded athlete and I didn't have access to the sport science team at British Rowing. I had to rely on my general practitioner for support. All the tests came back negative—no glandular fever or anaemia and normal thyroid function. There was no other explanation, so I was diagnosed with depression and prescribed antidepressants. In hindsight, I wasn't depressed, I was in a state of helplessness and hopelessness because I couldn't find an answer to my problem. I was underperforming at an unprecedented level and I did not know why.

As time went on my symptoms didn't improve. I was struggling to hold down my part-time job, I had withdrawn from my rowing friends, I felt utterly alone. As I reached my lowest point, my coach tracked down a doctor who specialised in sports medicine and I paid for a private consultation. I dragged myself to London for a consultation. I reported my persistent fatigue, elevated resting heart rate, recurrent infections and mood disturbances and he diagnosed me with overtraining syndrome.<sup>2</sup> He advised me to continue resting until my heart rate returned to normal and then begin a phased return to training. This seemed like a form of torture to me.

## RECOVERY AND BURN OUT

Two years later I was well enough to do a full training session on the water with the rest of the squad. I had various relapses along the way, but none as severe as the first one. By the time I was fit enough to trial for the national team again I was completely burnt out. The sport that I loved more than anything else in the world, was now something I absolutely despised. I had dedicated my life to rowing—I had sacrificed my health, my relationships with family and friends and my career. I had pushed my body to its absolute limit and I felt angry and upset that it had let me down. I had nothing left to give.

I vividly remember the moment when I decided to quit—a beautiful still misty morning on the River Thames, swans skimming the water as they landed in front of me, the sun low and red in the sky, it was serene. I dug my blades hard into the water and braced myself, my boat stopped immediately. That was the moment my rowing career ended. Tears stung my cold cheeks as I rowed back to the landing stage. I got my boat out of the water, washed it, sold it. I never rowed again.

**What I wish had happened...**

1. That I had been given an early diagnosis of overtraining syndrome<sup>3 4</sup> with a suitable treatment plan. I believe this would have had me back in good form much earlier and allowed me to have a longer, better, career.
2. That general medical practitioners (who I appreciate have a very difficult task) refer elite athletes expediently to sports medicine specialists (that includes sports physiotherapists of course) if there is even a small possibility that this will help the athlete. A low threshold for referral.
3. That I had been offered support from a sport psychologist during my 6-month rest period and through the rehabilitation process. I believe this would have

helped ameliorate some of the impact on my mental health.

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**ORCID iD**

Lindsay Woodford <http://orcid.org/0000-0002-4239-3290>

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