



# High-Intensity Intervalmittent Training (Hiit) x Continuous - Biomarkers in the Search for Optimal Training of Amateur Runners



Helvio de Oliveira Affonso<sup>1,2</sup> and Thiago M C Pereira<sup>2,3</sup>

<sup>1</sup>Appto Physiology, Laboratory of Exercise, Nutrition and Sports Training, Brazil

<sup>2</sup>Pharmaceutical Sciences Graduate Program, Vila Velha University (UVV), Brazil

<sup>3</sup>Federal Institute of Education, Science and Technology (IFES), Vila Velha, ES, BRAZIL

Submission: July 01, 2019; Published: July 15, 2019

\*Corresponding author: Helvio de Oliveira Affonso, Street Chafic Murad, Pharmaceutical Sciences Graduate Program, Vila Velha University, Bento Ferreira, Vitória, Brazil

## Abstract

HIIT - sprint training can help all runners? Can all runners do the same training for better pace? This study examined blood Concentrations of CK, Urea, Gama Glutamyl Trasferase, GLyemia and Lactato before and after jump test (Bosco et. al), included twenty amateur runners. Blood samples were collected from the fingertip for [La-] assessment before and 1min after jumps test using a portable analyser (Lactate Plus®, Waltham, MA 02454-9141, EUA) and Reflotron Plus® (Roche) for the measure the other parameters, before and after 10 minutes. Jump performance were evaluated using CEFISE® Optical platform and during one minute using counter movement jump (CMJ). The main results were acutely great heterogeneity for muscle damage (CK) before 30~472 after 64~476, power indicated by the [La-] (internal load) before 0.8~3.2 after 3.8~12.8, and power by the platform of jumps (external load) 968~1583 Watts. The elevated capacity to produce power by some runners and the inability of others also possible to observe and high [La-] values after test confirms the transition from energy sources (aerobic to lactic anaerobic). The study suggest that biomarkers, especially the lactate (confirmed by the jumping platform) allow to identify the runners that have the greatest capacity to produce power and then optimize their performance with HIIT (sprints training), however the runners that do not have this characteristic need other strategies, example, continuous training. In this way the training can be totally individualized, optimized the chances of success of the program and with great safety related to the health of the runners.

**Keywords:** Biomarkers; Optimal training; Internal loads; Runners

**Abbreviations:** HIIT: High-Intensity Intervalmittent Training; CK: Creatine Kinase; GGT: Gama Glutamyl Transferase; UR: Urea; [La-]: Blood Lactate Concentrations; CG: Capillary Glycemia; (mmol.l-1) – Millimole/liter, Min - Minute

## Introduction

Nowadays there is a growing number of amateur runners becoming involved in competitions around the world. Runners essentially pursue two objectives: First to improve their athletic performances and second to be healthy enough to keep training and achieving their aims [1]. However despite being subjected to loads and high training volumes, little is done to individualize and professionalize prescriptions and planning. This can lead to an increase in the number of injuries and/or loss of performance. Recent reviews have highlighted the potential of varying quantities of both high-intensity intervalmittent training (HIIT) and continuous high-volume, low-intensity training on performance in athletes. [2,3] there is no doubt that both types of training can effectively improve cardiac and skeletal muscle metabolic function [4,5]. The key question is: what is the optimal dosage of both types of training for an individualized program, respecting the genetic characteristics (types of muscle fibers for example) and the adaptations generated by sports experiences and the epigenetic? How much will perturb the running kinematics [6,7], oxidative

stress levels and the inflammation the runners (amateurs) using the HIIT more intense than your limits [8,9]? The use of biomarkers of acute phase, mainly to define optimal intensities and volumes during specific training and some competitions; the use external loads always associated with internal loads; the establishing an individualized database of each athlete for future decision making based on individuality may favor better performance and avoid illness sports-related, such as ITRS (upper respiratory tract infections) and immunosuppression [9-11]. For example the Lactate, that is the end product of the anaerobic metabolism, diffusing from the muscle cell into the bloodstream when aerobic and other metabolic pathways are unable to keep up with the removal of pyruvate, can sinalize limites very interesting with foccus in training control and optimal loads [12-14]. Chronically elevated CK may indicate insufficient recovery. Because other components of muscle such as myoglobin may leak into circulation during muscle damage (peak 1-3 hours after exercise), and urea nitrogen can indicate overall protein synthesis

vs. breakdown [15]. Monitoring the application of training loads will bring important information to the staff: Exercises; Methods of implementation; Volume in repetitions and series; Proposed intervals; Distribution density of the blocks; Technical execution quality associated with metabolic demands; Recovery time; Physiological impact of the activities proposed in the training cycles [16].

**Methods**

**Ethics**

This study was approved by the Ethical Committee of the University of Vila Velha n° 2.373.739/2017). All individuals were informed about the possible risks and benefits of the study, and agreed to participate and signed the informed consent form. CAAE 78770017.0.0000.5064.

**Subjects**

Twenty (20) men (runners amateur) volunteered to participate in the current study and signed an informed consent form. Their mean ± SD main body characteristics were: 38±16

years of age, 71.2±13.7 kg of body mass, 172.0±5 cm of body height, 13± 5.2% of fat mass. The body characteristics assessment was conducted before the beginning of the experimental protocol, with body mass and fat mass measured using the protocol sum of seven skin folds [17]. All without diagnosed diseases and without the use of medication.

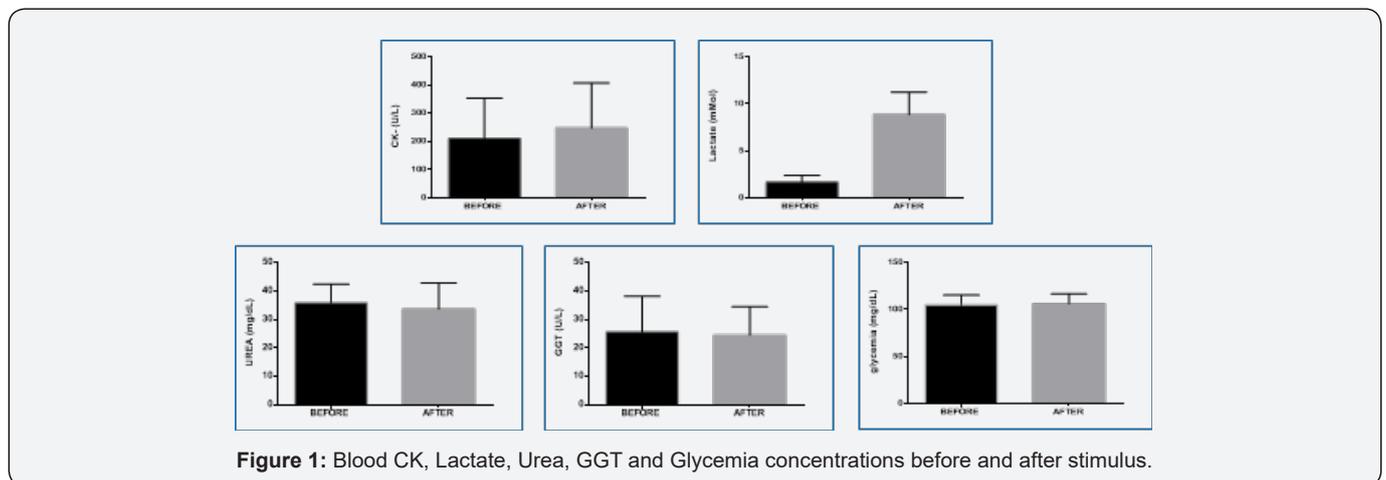
**Protocols**

The blood samples were collected from the fingertip for [La] assessment before and 1min after jumps test using a portable analyser (Lactate Plus®, Waltham, MA 02454-9141, EUA) and Reflotron Plus® (Roche) for the measure the other parameters (CK, GGT, UREA and CG) before and after 10 minutes of the jumps test. After the warm-up (10 min-bicycle ergometer) all runners were submitted to a test protocol used to measure anaerobic power-Bosco et al. [18], using CEFISE® Optical jumping platform, protocol COUNTER MOVEMENT JUMP(CMJ), this is performed standing with straight legs and performing a jump beginning with a counter movement down to a knee angle of 90 degrees. The hands are held on the hips during the jump to avoid any effect of arm-swing.

**Result and Discussion**

**Table 1:** Blood lactate and CK concentrations before and after.

Number of values	[La-] (before) and after (mmol. l-1)	CK (before) and after (U/L)	(Jumps number) and (Power-watts)
Minimum	(0.8) 3.8	(30) 64	(22) 968
Maximum	(3.2) 12.8	(472) 476	(61)1583
Mean ± SD	(1.6±0.74) 8.8±2.3	(210±142) 247±160	(47 ±9) 1247±203



**Figure 1:** Blood CK, Lactate, Urea, GGT and Glycemia concentrations before and after stimulus.

In Table 1 it is described the individual and mean ± SD values corresponding of [La-] and CK before and after test, as well as number of jumps and Power (Watts). It was possible verify acutely great heterogeneity for muscle damage (CK), power indicated by the [La-] (internal load) and watts by the platform of jumps (external load). At this point we can infer about the capacity to produce power by some runners and the inability of others. Also, it is possible to observe high (La-) values after test which confirms

the transition from energy sources (aerobic to lactic anaerobic) [19]. According to Figure 1, we checked CG for pre-test condition and post-test counterregulatory hormones, UR for overall protein synthesis vs. breakdown, GGT an oxidative stress marker and and systemic inflammation presented similar behavior indicating low overload levels [20]. It is important to refer that according study with handball players who analyzed the anaerobic parameters (maximum Power; average, minimum, and fatigue indices)

obtained in RAST (Running Based Anaerobic Sprint Test), as well as check the correlations between the variables obtained in RAST tests with those obtained in platform jumps (BOSCO et. al.) power can be measured in sprints or jumps [21-22].

## Conclusion

The study demonstrated that biomarkers, especially the lactate (confirmed by the jumping platform) allow to identify the runners that have the greatest capacity to produce power and then to maximize their performance with HIIT (sprints training), however the runners that do not have this characteristic (power production) need other strategies by the staff. It is worth mentioning that strength is a precursor of power, and it may be one of the strategies to increase the strength levels, of the runners, before HIIT (sprints training) together continuous training. Lastly given the importance that exercise biochemistry and physiology has for science of sports training, coaches and researchers should have a clear understanding the contribution about the use of biomarkers on search ideal training [23-30].

## Acknowledgements

We will like to acknowledge the efforts of Runners Soul of Vila Velha Espírito Santo, runners group that voluntarily participated in the study.

## Conflict of Interest

There is no conflict of interest. Author have not received a specific grant for this research from any funding agency in the public commercial or not-for-profit sectors.

## References

1. Felipe García-Pinillos, Víctor M Soto-Hermoso, Pedro A Latorre-Román (2016) How does high-intensity intermittent training affect recreational endurance runners? Acute and chronic adaptations: A systematic review. *Journal of Sport and Health Science* 6(1): 54-67.
2. Laursen PB (2010) Training for intense exercise performance: high-intensity or high-volume training? *Scand J Med Sci Sports*. 20(Suppl 2): 1-10.
3. Tschakert G, Hofmann P (2013) High-intensity intermittent exercise: methodological and physiological aspects. *Int J Sports Physiol Perform*. 8: 600-610.
4. Buchheit M, Laursen PB (2013) High-intensity interval training, solutions to the programming puzzle. Part II: anaerobic energy, neuromuscular load and practical applications. *Sports Med* 43(10): 927-954.
5. Buchheit M, Laursen PB (2013) High-intensity interval training, solutions to the programming puzzle: part I: cardiopulmonary emphasis. *Sports Med* 43(5): 313-338.
6. Vuorimaa T, Vasankari T, Rusko H (2000) Comparison of physiological strain and muscular performance of athletes during two intermittent running exercises at the velocity associated with VO<sub>2</sub>max. *Int J Sports Med* 21(2): 96-101.
7. Derrick TR, Dereu D, McLean SP (2002) Impacts and kinematic adjustments during an exhaustive run. *Med Sci Sports Exerc* 34(6): 998-1002.
8. Pingitore A, Pereira Lima G, Mastorci F, Quinones A, Iervasi G, et al. (2015) Exercise and Oxidative Stress: Potential Effects of Antioxidant Dietary Strategies in Sports. *Nutrition* 31(7-8): 916-922.
9. Theofilidis G, Bogdanis GC, Koutedakis Y, Karatzaferi C (2018) Monitoring Exercise-Induced Muscle Fatigue and Adaptations: Making Sense of Popular or Emerging Indices and Biomarkers. *Sports (Basel)* 26: 6(4).
10. Spada TC, Silva JMRD, Francisco LS, Marcal LJ, Antonangelo L et al.(2018) High intensity resistance training causes muscle damage and increases biomarkers of acute kidney injury in healthy individuals. *PLoS ONE* 13(11): e0205791.
11. Clemente FM, Nikolaidis PT, Van der Linden CMI, Silva B (2017) Effects of small-sided soccer games on internal and external load and lower limb power: a pilot study in collegiate players. *Hum Mov* 18: 50-57.
12. Gladen LB (2004) Lactate metabolism: a new paradigm for the third millennium. *J Physiol* 558(pt 1): 5-30.
13. Koch AJ, Pereira R Machado M (2014) The creatine kinase response to resistance exercise. *J Musculoskelet Neuronal Interact*. 14(1): 68-77.
14. Mougios V (2007) Reference intervals for serum creatine kinase in athletes. *Br J Sports Med* 41(10): 674-678.
15. Hong CZ, Lien IN (1984) Metabolic effects of exhaustive training of athletes. *Arch Phys Med Rehabil* 65(7): 362-365.
16. Lee EC, Fragala MS, Kavouras SA, Queen RM, Pryor JL, et al. (2017) Biomarkers in Sports and Exercise: Tracking Health, Performance, and Recovery in Athletes. *J Strength Cond Res* 31(10): 2920-2937.
17. Jackson AS, Pollock ML (1987) Generalized equations for predicting body density of men. *Br J Nutr* 40(3):497-504.
18. Bosco C, Piterra C, Rakhila P, Luthanen P, Ito A, et al. (1981) New tests for measurement of anaerobic capacity in jumping and leg extensor muscle elasticity. *Volleyball IFVB* 1: 22-30.
19. Affonso HO, Silva AS, Fernandes RJ (2019) Can Blood Lactate Concentrations Rise Significantly After Very Short Duration Swimming Bouts? *Ann Sports Med Res* 6(1): 1139.
20. Ali SS, On ET, Blaha MJ, Veledar E, Fei HR, et al. (2016) Elevated gamma-glutamyl transferase is associated with subclinical inflammation independent of cardiometabolic risk factors in an asymptomatic population: a cross-sectional study. *Nutr Metab (Lond)* 13: 37.
21. Affonso HO (2013) Análise Comparativa Da Potência Anaeróbia De Atletas De Handebol Através Dos Testes RAST E Plataforma De Saltos. *RENEF* 2(2): 12-17.
22. Gorostiaga EM, Izquierdo M, Iturrelde P, Ruesta M, Ibanez J (1999) Effects of heavy resistance training on maximal and explosive force production, endurance and serum hormones in adolescent handball players. *Eur J Appl Physiol Occup Physiol* 80(5): 485-493.
23. Jacobs I (1986) Blood lactate-implications for training and sports performance. *Sports Med* 3(1): 10-25.
24. Banfi G, Colombini A, Lombardi G, Lubkowska A (2012) Metabolic markers in sports medicine. *Adv Clin Chem* 56: 1-54.
25. Barbanti VJ (1997) Teoria e prática do treinamento esportivo. (2<sup>nd</sup> edn), São Paulo: Edgard Blücher.
26. Borresen J, Lambert MI (2010) The quantification of training load, the training response and the effect on performance. *Sports Med* 39(9): 779-795.
27. Coutts A, Cormack SJ (2014) Monitoring the Training Response. In: High-Performance Training for Sports. Joyce D & Lewindon D, (Eds). Champaign IL: Human Kinetics Publishers, pp. 71- 84.

28. Gonzalo Palacios, Raquel Pedrero-Chamizo, Nieves Palacios, Beatriz Maroto-Sánchez, Susana Aznar et al. (2015) Biomarkers of physical activity and exercise. *Nutr Hosp* 31: 237-244.
29. Lewis NA, Newell J, Burden R, Howatson G, Pedlar CR (2016) Critical Difference and Biological Variation in Biomarkers of Oxidative Stress and Nutritional Status in Athletes. *PLoS One*.
30. Affonso H (2019) Monitoring of Exercises Practice and Sports Performance - The use of Biomarkers for Monitoring and Control of Internal Training Loads. *J Phy Fit Treatment & Sports* 6(3): 1-2.



This work is licensed under Creative Commons Attribution 4.0 License  
DOI: [10.19080/APBIJ.2019.06.555677](https://doi.org/10.19080/APBIJ.2019.06.555677)

### Your next submission with Juniper Publishers will reach you the below assets

- Quality Editorial service
- Swift Peer Review
- Reprints availability
- E-prints Service
- Manuscript Podcast for convenient understanding
- Global attainment for your research
- Manuscript accessibility in different formats ( Pdf, E-pub, Full Text, Audio)
- Unceasing customer service

### Track the below URL for one-step submission

<https://juniperpublishers.com/online-submission.php>