

IMPROVEMENTS IN OXYGEN CONSUMPTION AT VENTILATORY THRESHOLDS ARE LIMITED BY ITS PROXIMITY TO VO_2MAX

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OBJECTIVE: It is traditionally assumed that in order to conduct high-intensity sessions, it is necessary to develop an “aerobic base” (1). However, this statement does not appear to be supported by scientific evidence. In fact, the best approach to obtain the maximum development of the oxygen consumption at the ventilatory thresholds 1 ($\text{VO}_2\text{VT1}$) and 2 ($\text{VO}_2\text{VT2}$), and maximum oxygen uptake (VO_2max) remain poorly understood. The purpose was to determine whether the threshold position [$\text{VO}_2\text{VT1}$ and $\text{VO}_2\text{VT2}$ relative to VO_2max ($\%\text{VO}_2\text{maxVT1}$ and $\%\text{VO}_2\text{maxVT2}$, respectively)] before training was associated with the improvement with training in $\text{VO}_2\text{VT1}$ and $\text{VO}_2\text{VT2}$ ($\Delta\text{VO}_2\text{VT1}$ and $\Delta\text{VO}_2\text{VT2}$). Additionally, to determine whether $\text{VO}_2\text{VT1}$ and $\text{VO}_2\text{VT2}$ before training was associated with the improvement with training in $\text{VO}_2\text{VT1}$ and $\text{VO}_2\text{VT2}$ ($\Delta\text{VO}_2\text{VT1}$ and $\Delta\text{VO}_2\text{VT2}$). **METHODS:** Fourteen males (20 ± 1.9 years; 68.6 ± 1.9 kg; 70.9 ± 5.5 ml/kg/min) performed an incremental test before and after the first three-month mesocycle of the season. The test started with 1 min at rest, followed by 3 min warm up at 50 W. Consequently, the load increased 5 W every 12 s until task failure. Expired gases were measured using a gas exchange analyser (Jaeger Oxycon Pro, Germany). VT1 and VT2 were determined as previously described (2). The following variables were measured: $\text{VO}_2\text{VT1}$, $\text{VO}_2\text{VT2}$, VO_2max , $\%\text{VO}_2\text{maxVT1}$ and $\%\text{VO}_2\text{maxVT2}$. The difference in $\text{VO}_2\text{VT1}$, $\text{VO}_2\text{VT2}$, $\%\text{VO}_2\text{maxVT1}$ and $\%\text{VO}_2\text{maxVT2}$ before and after the training program ($\Delta\text{VO}_2\text{VT1}$, $\Delta\text{VO}_2\text{VT2}$, $\Delta\%\text{VO}_2\text{maxVT1}$ and $\Delta\%\text{VO}_2\text{maxVT2}$, respectively) was calculated. **RESULTS:** $\Delta\text{VO}_2\text{VT1}$ was inversely correlated with $\%\text{VO}_2\text{maxVT1}$ before training ($r=0.584$; $p=0.028$) and $\Delta\text{VO}_2\text{VT2}$ with $\%\text{VO}_2\text{maxVT2}$ before training ($r=0.54$; $p=0.046$). In contrast, $\Delta\text{VO}_2\text{VT1}$ was not correlated with $\text{VO}_2\text{VT1}$ before training ($r=-0.497$; $p=0.071$) nor $\Delta\text{VO}_2\text{VT2}$ with $\text{VO}_2\text{VT2}$ before training ($r=-0.091$; $p=0.758$). **CONCLUSIONS:** The key finding is the inverse relationship between $\%\text{VO}_2\text{maxVT1}$ and $\%\text{VO}_2\text{maxVT2}$ before training with the improvements with training in $\text{VO}_2\text{VT1}$ and $\text{VO}_2\text{VT2}$, respectively. That is, those individuals with a lower threshold position before training, suffered a greater improvement with training in oxygen uptake at thresholds, regardless $\text{VO}_2\text{VT1}$ and $\text{VO}_2\text{VT2}$ before training. It seems that VO_2max limits the improvements in $\text{VO}_2\text{VT1}$ and $\text{VO}_2\text{VT2}$ in those individuals with a higher $\%\text{VO}_2\text{maxVT1}$ and $\%\text{VO}_2\text{maxVT2}$ before training (ceiling effect of VO_2max on $\text{VO}_2\text{VT1}$ and $\text{VO}_2\text{VT2}$). **PRACTICAL APPLICATIONS:** As a practical application, we can say that the threshold with a lower position (i.e., lower $\%\text{VO}_2\text{maxVT1}$ or $\%\text{VO}_2\text{maxVT2}$) should be prioritized, independently of the oxygen consumption at thresholds ($\text{VO}_2\text{VT1}$ or $\text{VO}_2\text{VT2}$).

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