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- 2 judo competition.
- 3 **<u>Running title:</u>** Judo competition performance.
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#### 25 Abstract

26

The purpose of this study was to investigate the responses of salivary hormones and 27 28 salivary secretory immunoglobulin A (SIgA) and anxiety in winners and losers during an international judo competition. Twenty-three trained, male, national level 29 judo athletes provided three saliva samples during a competition day: morning, in 30 anticipation of competition after an overnight fast, mid-competition, and post-31 competition within 15 min post-fight for determination of salivary cortisol, salivary 32 testosterone, salivary testosterone/cortisol ratio, SIgA absolute concentrations, SIgA 33 34 secretion rate and saliva flow rate. The competitive state anxiety inventory questionnaire was completed by the athletes (n=12) after the first saliva collection 35 for determination of somatic anxiety, cognitive anxiety and self-confidence. Winners 36 37 were considered 1-3 ranking place (n=12) and losers (n=11) below 3rd place in each weight category. Winners presented higher anticipatory salivary cortisol 38 39 concentrations (p=0.03) and a lower mid-competition salivary testosterone/cortisol ratio (p=0.003) compared with losers with no differences for salivary testosterone. 40 Winners tended to have higher SIgA secretion rates (p=0.07) and higher saliva flow 41 42 rates (p=0.009) at mid-competition. Higher levels of cognitive anxiety (p=0.02) were observed in the winners, without differences according to the outcome in somatic 43 anxiety and self-confidence. The results suggest that winners experienced higher 44 levels of physiological arousal and better psychological preparedness in the morning, 45 and as the competition progressed, the winners were able to control their stress 46 47 response better.

48 Keywords: winning performance, salivary testosterone, salivary cortisol, mucosal49 immunity, arousal

Increased plasma cortisol levels are associated with anxiety and physical exertion 52 (Viru & Viru, 2004), whereas acute elevations of this glucocorticoid can be 53 euphorogenic and neurostimulatory (Duclos, 2010). The biosocial model of status 54 (Mazur, 1985) suggests that elevated testosterone levels during competitive 55 situations are associated with dominance, fearlessness of the opponent, confidence 56 57 and situation-specific aggression. Salivary testosterone concentrations in males were 58 reported to be associated with situation-specific aggression and willingness to engage in competitive task (Carre and McCormick, 2008), traits that could positively 59 influence judo competition-performance. 60

Suay et al. (1999) observed that winners of a judo competition had higher serum 61 62 cortisol levels throughout the competition, despite no differences in testosterone and prolactin and similar physical effort of the athletes. Similarly, Balthazar, Garcia, and 63 Spadari-Bratfisch (2012) observed that higher early-morning anticipatory salivary 64 cortisol levels were associated with winning performance during a triathlon 65 66 competition. However, no differences in anticipatory salivary cortisol levels between 67 winners and losers were observed in relation to judo fights (Salvador, Suay, Gonzalez-Bono, & Serrano, 2003). Serum testosterone was reported to rise in 68 anticipation of a competitive match, with larger increases during the pre-fight 69 70 anticipatory values in those who win a wrestling (Fry, Schilling, Fleck, & Kraemer, 2011) and a weight-lifting competition (Passelergue, Robert, & Lac, 1995). Winning 71 72 can also lead to subsequent elevations in circulating testosterone, which stimulate competitiveness described as the "winners' effect" (Booth, Shelley, Mazur, Tharp, & 73 Kittok, 1989). Higher levels of post-competition testosterone were observed in the 74

winners of a badminton competition (Jimenez, Aguilar, & Alvero-Cruz, 2012), a
wrestling competition (Fry et al., 2011) and a judo competition (Filaire, Maso,
Sagnol, Ferrand, & Lac, 2001a). The evidence suggests that responses of cortisol and
testosterone during competition could be related to the outcome; however, findings
reported for elite athletes are limited.

80 Saliva secretory immunoglobulin A (SIgA) responses to acute exercise are not 81 consistent, with some studies reporting decreases (Mackinnon, Ginn, & Seymour, 82 1993; Nehlsen-Cannarella, et al., 2000; Nieman, et al., 2002), some studies reporting increases (Blannin, et al., 1998; Sari-Sarraf, Reilly, Doran, & Atkinson, 2007) and 83 84 some studies reporting no change of SIgA after acute exercise bouts (Walsh, Blannin, et al., 1999; Sari-Sarraf, Reilly, & Doran, 2006). The overall intensity of the exercise 85 bout appears to influence the post-exercise SIgA response, with short duration, high-86 87 intensity exercise reported to induce increases in SIgA secretion rate (Allgrove, Farrell, Gleeson, Williamson, & Cooper, 2008). In general, increases are seen in 88 response to short bouts (<30 min) of high intensity exercise (>80% VO<sub>2</sub>max), 89 whereas no change or falls are seen with very prolonged exercise (>2 h) (Bishop & 90 Gleeson, 2009). However, studies examining SIgA responses to competitive 91 92 situations are limited, showing no change in SIgA levels after a Brazilian jiu-jitsu 93 (Moreira, Franchini, et al., 2012) and a basketball competition (Moreira, Bucurau, et al., 2013). However, no studies on SIgA responses during judo competitions exist. 94

The association between arousal and performance has been demonstrated in an inverted U-shaped relationship, illustrating that optimal performance is accomplished at a moderate level of arousal; thus poor performance is related to very low levels of arousal, progressively enhances at moderate levels of arousal until it

99 deteriorates at very high arousal levels (Hardy & Parfitt, 1991). Arousal results from 100 both physiological and psychological response to a stressor, whereas practically it could be interpreted as the physiological response of the sympathetic nervous system 101 102 and the cognitive anxiety of the competing athlete. Filaire, Sagnol, Ferrand, Maso, & Lac, (2001b) observed that interregional judo competitions elicited high levels of 103 104 somatic and cognitive anxiety and lower self-confidence along with increases in 105 salivary cortisol levels, suggesting that neuroendocrine response and anxiety are 106 positively related in judo athletes. Arousal is closely interrelated to anxiety, whereas 107 in athletic population it could be interpreted as the perception of the athletes' physiological/somatic response and/or psychological/cognitive response to a 108 109 stressor, which is usually the subsequent competition. It has been previously 110 suggested that mood disturbance as measured by the Profile of Mood States did not 111 predict actual or predicted cycling performance (Murgia, et al., 2015). However, the revised competitive anxiety inventory 2 questionnaire is a commonly used, validated 112 113 multidimensional construct for assessing scales of somatic anxiety, cognitive anxiety and self-confidence and one of the most used measures in sport psychology (Cox, 114 115 Martens, & Russell, 2003). Judo is a combat sport with high body contact where the athlete should "read" the moves of the opponent; thus the mental/psychological 116 117 capacity and arousal of the athletes is especially important to the combat outcome. 118 However, evidence are lacking to whether anxiety measures and self-confidence could influence the outcome of a judo competition. 119

120 Therefore, the aims of this study were to investigate the responses of salivary 121 cortisol, salivary testosterone and SIgA during an international judo competition and 122 to identify whether these salivary immunoendocrine responses and anxiety measures 123 could differentiate winners and losers of the competition.

### 126 Participants

127 Twenty-three trained, male, national level competitive judo athletes volunteered to participate in the current investigation (age  $22 \pm 4$  years; height  $178 \pm 7$  cm; body 128 mass 78.6  $\pm$  13.2 kg; body fat 11.3  $\pm$  5.6%; VO<sub>2</sub>peak 52.8  $\pm$  5.4 ml·min<sup>-1</sup>·kg<sup>-1</sup>; 129 training experience  $8 \pm 4$  years). Athletes were aged 19 - 35 years and all athletes 130 131 had competed in judo for at least five years and trained at least 3 times per week. 132 They competed in weight categories within 60 - 100 kg and were officially registered under the National Judo Federation. All participants were from Cyprus, from 3 133 134 different cities. Athletes trained with different coaches at 3 different clubs (one in 135 each city). Most of the athletes (60%) came from city 1, and less athletes came from 136 cities 2 and 3 (20% each city). All were experienced athletes and received relatively the same training (and pre-competition recovery) by their coaches. Athletes were 137 138 familiar with each other, from previous training camps and competitions. They were non-smokers, not taking any form of medication, refrained from alcohol 139 140 consumption and were free from illness during the study. The athletes did not exercise or train on the previous day. Prior to the study, all participants completed an 141 142 informed consent and a health screening questionnaire. Ethical approval for this 143 study was obtained by the national ethics committee.

144

# 145 Judo competition

146 The study took place during an international judo competition in November 2012.
147 Competition began at 9:30 and ended at 15:00. The competition day began with
148 registrations and weigh-ins of the athletes in the morning after an overnight fast

149 (08:00-08:30), around 1.0 - 1.5 h before their first scheduled fight. Saliva samples were collected three times in total, before, during and after the competition. 150 Immediately after the first saliva collection and ~1 h before the competition began, 151 152 half of the athletes (n=12) in a randomised order completed the revised competitive anxiety inventory-2 questionnaire, as suggested by Cox et al. (2003). Using this 153 154 questionnaire, athletes rated their anxiety symptoms on a scale of 1 (not at all) to 4 (very much so) and subscales of somatic anxiety, cognitive anxiety and self-155 confidence were then calculated for each athlete on a scale of 10 to 40. 156 157 Reproducibility of the anxiety questionnaire for this sample of athletes was ICC=0.78. Athletes were familiar with saliva collection procedures and the anxiety 158 159 questionnaire. Then the athletes were divided into their weight categories and draws 160 determined the opposing couples within each category. When the athlete lost the 161 fight, he was disqualified from the tournament except when he competed in a repechage round to determine the third place. During this judo competition, athletes 162 163 had no limitations or control in regards of fluid or food consumption, and they were asked to keep their regular habits; however, no food or drink was consumed before 164 165 weigh-ins and the first sample collection. At end of judo competition according to the final rankings, athletes were divided into winners (first, second and third place) 166 167 and losers (fourth place and below), at each weight category for the subsequent 168 statistical analysis. Personal interviews revealed that in the week preceding the competition 80% of the athletes underwent a weight reduction of 2-5% of body 169 weight, without differences between the groups of winners and losers. 170

171

### 172 Saliva collection and analysis

173 Saliva samples were collected in the morning after an overnight fast and before warm-up (08:00 - 08:30), mid-competition, after 2 fights and 10 min before the third 174 fight (10:30 - 11:30), and post-fight within 15 min after their final fight (14:00 -175 176 14:30). Subjects were instructed to swallow to empty their mouth before an unstimulated saliva sample was collected. Prior drinks or food consumption was not 177 178 permitted for at least 10 min prior to the saliva collection. Saliva collections were made with the participant seated, head leaning slightly forward with eyes open, and 179 making minimal orofacial movement while passively dribbling into a sterile vial 180 181 (Sterilin, Caerphily, UK). The collection time was 2 min at least or until an adequate volume of saliva (~1.5 ml) had been collected. Saliva was then stored in the same 182 183 vials at -30°C and were transported frozen to the Loughborough University laboratories for analysis. Concentrations of salivary cortisol, salivary testosterone 184 185 and SIgA were determined in duplicate using commercially available ELISA kits (Salimetrics, PA, USA). Mean intra-assay coefficients of variation were 3.6 %, 2.5 186 187 % and 2.6 % for salivary cortisol, salivary testosterone and SIgA, respectively. Saliva volume was estimated by weighing the vial before and immediately after 188 collection and assuming that saliva density was  $1.00 \text{ g} \cdot \text{ml}^{-1}$  (Cole & Eastoe, 1988). 189 Saliva flow rate was then calculated by dividing the total saliva volume collected in 190 each sample (in ml) by the time taken to produce the sample (in min). The SIgA 191 secretion rate (µg·min<sup>-1</sup>) was calculated by multiplying absolute SIgA concentration 192  $(\mu g \cdot ml^{-1})$  by saliva flow rate  $(ml \cdot min^{-1})$ . 193

194

# 195 Statistical analysis

Data was checked for normality, homogeneity of variance and sphericity beforestatistical analysis. If Mauchly's test indicated that assumption of sphericity was

198 violated the degrees of freedom were corrected using Greenhouse-Geisser estimates. According to the outcome the athletes were divided into groups of winners (n=12) 199 and losers (n=11). The values of salivary cortisol, salivary testosterone, salivary 200 201 testosterone/cortisol ratio and SIgA concentrations and secretion rates between winners and losers were analysed across time using a two-way analysis of variance 202 203 (ANOVA) for repeated measures (time x group) with Bonferroni adjustments. 204 Anxiety responses between winners and losers were analysed using a one-way 205 between measures ANOVA. From the subscale of cognitive anxiety, two outliers (>2 206 SD from the mean) were removed from the data set. Statistical significance was set at  $p \le 0.05$ . The 95% confidence intervals (CI) for relative differences and size 207 208 effects (ES) from simple planned contrasts were calculated to confirm meaningful 209 significant differences. All data are presented as mean  $\pm$  SD. Data was analysed 210 using SPSS (SPSS v. 22.0; SPSS Inc, Chicago, IL, USA).

211

212 **Results** 

213

# 214 Salivary hormones

Individual athletes' data for salivary cortisol, salivary testosterone and salivary 215 testosterone/cortisol ratio is presented in figures 1(a), 1(b) and 1(c), respectively, and 216 mean data for salivary hormones in presented in table 1. Winners presented higher 217 218 concentrations of salivary cortisol compared with losers in the morning (p=0.03, 219 ES=0.58, CI 36 to 165%). No significant effects of time and interaction (p>0.05) showed that mean salivary cortisol responses were similar across the competition. 220 Mean salivary testosterone concentrations were higher in the morning compared with 221 post-fight values (p=0.01, ES=0.52, CI 10 to 190%); however, no significant effects 222

of group and interaction showed no differences in salivary testosterone between winners and losers of the competition (p>0.05). Significant effects of time (p=0.02; ES=0.60) and group (p=0.03, ES=0.53) but not interaction (p>0.05) showed that mean salivary testosterone/cortisol ratio fell mid-competition compared with morning values (CI -27 to -173%) and winners presented lower salivary testosterone/cortisol ratio in the morning (CI -43 to -156%) and mid-competition (CI -28 to -171%) compared with losers.

230

# 231 Salivary SIgA

No significant effects of time, group and interaction were found for SIgA absolute concentration and secretion rate (p>0.05); however, winners tended to have higher SIgA secretion rates at mid-competition [p=0.07, ES=0.35, CI -12 to 212%, figures 2(a), 2(b); table 1].

236

## 237 Saliva flow rate

A significant effect of group (p=0.009, ES=0.51) showed higher saliva flow rates in the winners at the mid-competition time-point (CI 23 to 173%). Significant effects of time (p=0.02, ES=0.46) and interaction (p=0.007, ES=0.53) showed that saliva flow rate was lower in the morning compared with mid-competition (CI -5 to -204%) and post-fight [CI -3 to -368%, figure 2(c); table 1].

243

## 244 Somatic anxiety, cognitive anxiety and self-confidence

Levels of cognitive anxiety were higher for the winners compared with losers (p=0.02, ES=0.72, CI 23 to 177%). No significant differences between winners and losers were found on somatic anxiety and self-confidence (p>0.05, figure 3).

- 248 <*<Table 1 near here>>*
- 249 <<*Figure 1 near here>>*
- 250 <<*Figure 2 near here>>*
- 251 <<*Figure 3 near here>>*
- 252

# 253 Discussion

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This study showed that winners had higher salivary cortisol concentrations in the morning of the competition, higher saliva flow rate and a tendency for higher rates of SIgA secretion mid-competition compared with losers. In addition, winners had higher levels of cognitive anxiety compared with losers; no differences were found in levels of somatic anxiety and self-confidence according to the outcome. Therefore, this study suggests that higher levels of psychophysiological arousal in the morning of a judo competition may be related with enhanced performance.

This study presented higher morning salivary cortisol concentrations in the winners 262 of the judo competition; thus, morning salivary cortisol concentrations ranged 5-17 263  $nmol \cdot l^{-1}$  in the winners and 4-10  $nmol \cdot l^{-1}$  in the losers. Similar findings in judo 264 athletes were observed by Suay et al. (1999), presenting higher anticipatory, pre-265 266 competition serum cortisol but not testosterone concentrations in the winners of judo competition. Comparable findings were presented in triathletes, with higher morning 267 salivary cortisol concentrations in those who performed better, thus presenting a 268 positive relationship between early-morning cortisol levels and ranking place during 269

270 a triathlon competition (Balthazar et al., 2012). From a physiological perspective 271 there is evidence to suggest that acute rises in cortisol can have ergogenic effects via its neurostimulatory, anti-inflammatory/analgesic and metabolic functions (Duclos, 272 273 2010); whereas modearate elevations in cortisol are considered to be advantageous for increasing arousal. Salivary cortisol and salivary alpha-amylase are both 274 275 considered markers of stress, as the hypothalamic pituitary-adrenocortical system 276 (cortisol) was reported to mirror the responses of the sympathetic-adrenomedullary 277 system (salivary alpha-amylase) at 30 min post-exercise in children in response of a 278 taekwondo competition (Capranica, et al., 2012). Possibly in our study, the higher morning salivary cortisol levels in the winners could reflect the activation of the 279 280 sympathetic nervous system which was associated with the "fight or flight" stress 281 response; consequently this finding could be related to the higher levels of 282 physiological (and mental) alertness in the winning athletes, which in turn could have prepared the body (and mind) for action at the onset of the competition. 283

Winners also presented higher levels of cognitive anxiety, without any significant 284 differences in ratings of somatic anxiety and self-confidence between winners and 285 286 losers. Our findings disagree with the findings of Filaire, Maso, et al. (2011a) that 287 winners of a judo competition present lower levels of cognitive anxiety. However, 288 our findings are in line with the catastrophe theory, whereas an intermediate level of arousal could mediate enhanced performance (Hardy & Parfitt, 1991). Another study 289 290 in judo athletes (Filaire, Sagnol, et al., 2001b) showed that cortisol and cognitive 291 anxiety were related pre- and post-competition, thus these authors suggested that elite athletes may actually utilise the high levels of cognitive anxiety to enhance 292 performance. Hence, these authors suggested that winning judo performance is 293 actually dependant on the ability of each athlete to control the physiological arousal 294

295 that accompanies the increased cognitive anxiety (Filaire, Sagnol, et al., 2001b). The 296 importance of cortisol in sustaining and facilitating cognitive functions has been demonstrated in a study in female elite water polo athletes, where a lower than 297 298 normal cortisol secretion was reported to be related to dysfunctional mood state during two months of training and competitions (Di Corrado, Agostini, Bonifazi, 299 Perciavalle, 2013). Judo is a sport where high mental alertness is required in order to 300 301 face the opponent during combat, whereas the participating judokas in our study 302 were national, experienced, elite level athletes, with possibly good control over 303 competition stress situations. Therefore, the higher levels of cognitive anxiety along with higher cortisol concentrations in the winners of our study could indicate better 304 305 psychophysiological arousal which has possibly been a factor for promoting winning 306 performance.

Concentrations of salivary testosterone presented no differences between winners 307 308 and losers; our findings contradict the biosocial model of status (Mazur, 1985) and disagree with the findings of studies reporting higher pre-competition testosterone 309 concentrations in the winners of a weight-lifting competition (Passelergue et al., 310 311 1995) and higher post-competition testosterone in the winners of a badminton (Jimenez et al., 2012), a wrestling (Fry et al., 2011) and a judo competition (Filaire, 312 Maso, et al., 2001a). A lower salivary testosterone/cortisol was observed in the 313 314 winners in anticipation and at mid-competition; however it is probably of low physiological value as it has reflected salivary cortisol concentrations. 315

The discrepancy in our findings regarding anticipatory endocrine responses could be explained by the dual-hormone hypothesis, as proposed by Mehta & Josephs (2010). These authors suggested that cortisol and testosterone concentrations during acute

319 stress situations jointly interact and compensate for each other to modify dominance; 320 thus only when cortisol is low should higher testosterone promote higher status and reversely when cortisol is high, higher testosterone may actually decrease dominance 321 322 and sequentially motivate lower status. This theory could actually explain the discrepancy in our findings showing no differences in testosterone levels between 323 324 winners and losers, which is in contrast to other studies (Fry, et al., 2011; Passelergue, et al., 1995). Thus, no differences in salivary testosterone 325 326 concentrations between winners and losers could be related and actually explain the 327 higher salivary cortisol levels in those who won the judo competition. However, an 328 additional saliva collection on a resting day could provide further evidence for this 329 suggestion. SIgA secretion rate tended to be higher in the winners mid-competition, 330 whereas this was accompanied by significantly higher rates of saliva flow. Salivary 331 responses can illustrate the activity of autonomic nervous system, since saliva is 332 regulated by both sympathetic and parasympathetic nervous system activity; saliva 333 elicited by sympathetic stimulation reduces saliva flow rate due to vasoconstriction 334 of the blood vessels supplying the salivary glands, whereas parasympathetic nerve 335 activation nerve stimulation results in a higher volume of watery saliva (Chicharro, Lucía, Pérez, Vaquero, Ureña, 1998). However, it is well known that sympathetic 336 337 and parasympathetic nervous systems, work in cooperation rather than in opposition. 338 The function of the parasympathetic nervous system is to actually work along with 339 the sympathetic nervous system for calming the body after the arousal. Therefore, the higher saliva flow rate mid-competition in the winners could suggest increased 340 341 participation (or less inhibition) of the parasympathetic nervous system, which in that case, aided to control the sympathetic nervous system activation; thus 342 343 practically, the winning athletes were the ones that were able to control their stress response better during competition. Mean SIgA concentrations and secretion rate did
not change from pre to post-competition, agreeing with the findings of Moreira,
Arsati, et al. (2010) and Moreira, Franchini, et al. (2012) that competition may have
a minimal effect on this marker of mucosal immunity.

348 Limitations of this study were the measurement of hormonal responses and anxiety 349 during only one competition day; therefore, it is possible that many other factors 350 have also influenced performance in these judo athletes. In addition, the fact that 351 testosterone concentrations were not associated with the competition outcome, as 352 was expected due to its physiological role in performance, should be better explored. 353 One could argue that the higher cortisol concentrations in the winners could be 354 attributed to exogenous use of stimulants. However, we can say with confidence that cortisol concentrations at this time point were not affected by previous food or drink 355 356 (i.e. coffee or ergogenic substances) intake or previous exercise, since saliva was 357 collected just before weigh-ins as the competition took place before the change in 358 weigh-ins procedures (International Judo Federation, 2012) and warm-up, when athletes did not consume anything (not even water) in order to maintain their body 359 360 mass. It is important to note that doping control was present at the day of the competition and all participants were tested. Furthermore, values of salivary cortisol 361 362 in the winners were within the normal range (although higher) and not unusually higher than those of the losers. Therefore, it seems unlikely that there was any 363 364 previous ergogenic substance use by these athletes.

In conclusion, this study suggests that winning competition performance in judo may
be influenced by the levels of psychophysiological arousal. Winners presented
higher levels of pre-competition psychophysiological arousal, as evidenced by the

368	higher salivary cortisol concentrations and higher self-ratings of cognitive anxiety in
369	the morning of the competition; subsequently, as the competition progressed, the
370	winners were the ones that managed to control their stress response better, as
371	evidenced by higher saliva flow rate at mid-competition. Practical application of this
372	study could suggest increasing the levels of arousal in the athletes, before
373	competition. A study in rugby union players suggested pre-game presentation of
374	motivational strategies to athletes involving specific video footage and coach
375	feedback can provide effective mental arousal strategies for enhancing match
376	performance (Cook & Crewther, 2012). Further studies could focus on strategies for
377	increasing arousal levels before competition in judo.

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	mor		ning	Ş	mid-competition			post-competition		
salivary cortisol	Winners	11.57	±	4.44 †	11.73	±	4.34	9.30	±	3.57
$(nmol \cdot l^{-1})$	Losers	6.76	±	2.26	10.08	±	4.05	7.37	±	4.88
salivary testosterone	Winners	330.04	±	92.38	231.42	±	118.78	235.30	±	81.84 *
(pmol·l <sup>-1</sup> )	Losers	338.70	±	102.34	276.59	±	107.30	248.44	±	102.00 *
salivary testosterone/cortisol	Winners	31.33	±	9.27 †	23.08	±	8.46 †*	32.13	±	21.92
ratio	Losers	54.93	±	19.89	36.97	±	15.62 *	45.70	±	24.97
SIgA absolute	Winners	119.67	±	76.46	137.69	±	92.66	95.60	±	53.12
concentrations (mg $\cdot$ l <sup>-1</sup> )	Losers	126.98	±	90.90	132.97	±	79.20	89.34	±	58.45
SIgA secretion rate	Winners	78.46	±	56.27	138.64	±	104.51	86.89	±	71.88
(µg·min <sup>-1</sup> )	Losers	85.02	±	77.46	80.85	±	49.27	77.59	±	56.26
saliva flow rate	Winners	0.70	±	0.21	1.03	±	0.42 † *	0.94	±	0.45 *
(ml·min <sup>-1</sup> )	Losers	0.66	±	0.26	0.58	±	0.32	0.93	±	0.65 *

# 525 Table 1. Mean $\pm$ SD responses of salivary hormones, SIgA and saliva flow rate.

<sup>526</sup> † indicates significantly different from losers (p<0.05); \* indicates significantly

527 different from morning (p<0.05).

**Figure 1.** Individual responses of (a) salivary cortisol, (b) salivary testosterone and (c) salivary testosterone/cortisol ratio across time in winners and losers. Filled dots indicate the winners, empty dots indicate the losers and horizontal lines indicate the mean for each group. † indicates significantly different (p<0.05) from losers.

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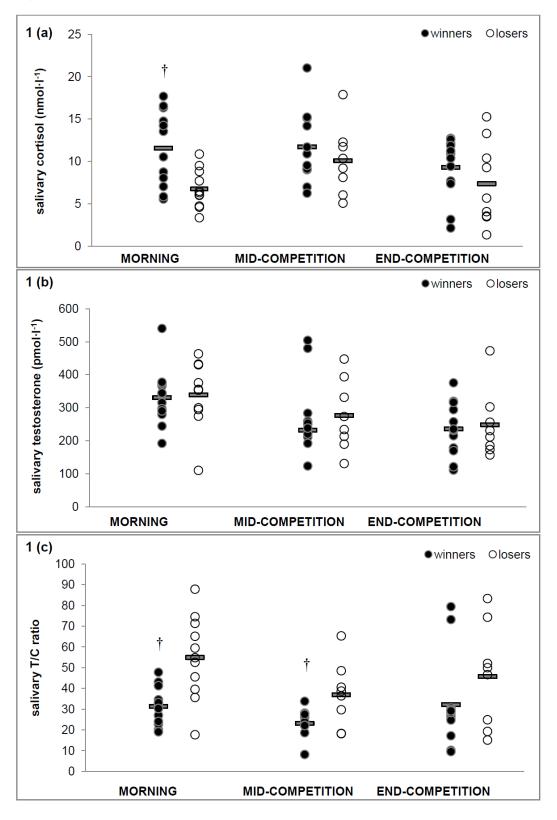
**Figure 2.** Individual responses of (a) SIgA absolute concentrations, (b) SIgA secretion rate and (c) saliva flow rate across time in winners and losers. Filled dots indicate the winners, empty dots indicate the losers and horizontal lines indicate the mean for each group. † indicates significantly different (p<0.05) from losers.

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Figure 3. Individual responses of somatic anxiety, cognitive anxiety and selfconfidence in winners and losers. Filled dots indicate the winners, empty dots
indicate the losers and horizontal lines indicate the mean for each group. † indicates
significantly different (p<0.05) from losers.</li>

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Figure 1 (a), (b), (c).



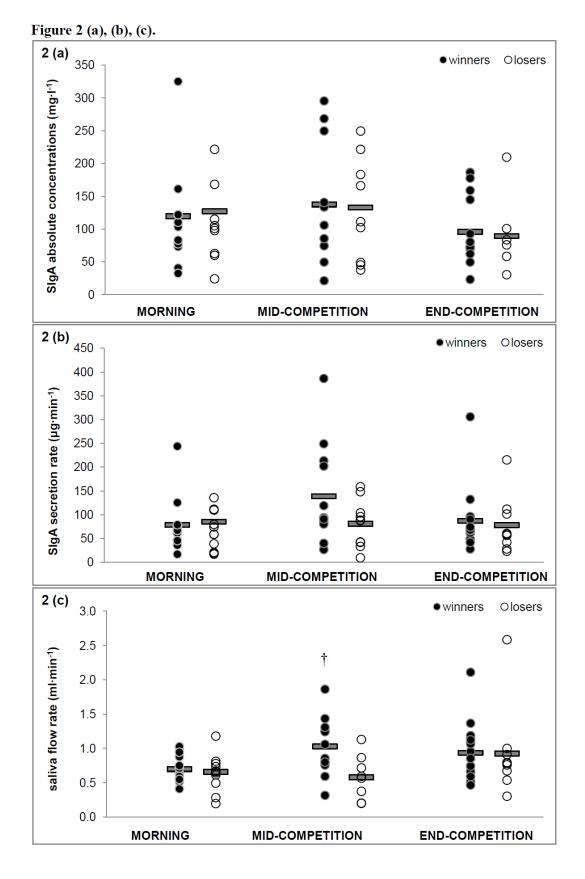


Figure 3.

