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THE BRIEF · FREE EXTRACT · 2026



FOR ELITE ATHLETES AND HIGH-PRESSURE LEADERS

THE HIGH-PERFORMANCE HUMAN

Ten decisions that change performance. Each one taken from the complete field manual and built on published research.

SLEEP · CAFFEINE · ALCOHOL · INSULIN · BREAKFAST · NOOTROPICS · SUPPLEMENTS · PEPTIDES · DEVICES

BEFORE YOU START

Why this brief exists

Thirty-five years in elite sport, almost 20 of them in professional hockey, have shown me the same pattern again and again: good people buy tools to solve problems that are really about schedules, sleep and food.

This brief gives you ten of the decisions from the complete manual. Each one follows the same logic: what most people do, what the evidence actually shows, and the decision that follows. Where the evidence is strong, I say so. Where it is thin, I say that too.

Magnus Ågren

8	31	76
parts, from biology to the frontier	chapters, two deep dives and three playbooks	selected sources behind the complete manual

HOW TO READ THE GRADES

A	**Strong**	Replicated evidence, high-quality synthesis, meaningful application.
B	**Good**	Credible evidence with limitations in population, size of effect or consistency.
C	**Emerging**	Promising, context-specific, or supported by few useful studies.
D	**Mechanistic**	Biologically plausible, with too little direct outcome evidence.
U	**Unresolved**	Inadequate, inconsistent or too mixed for a confident conclusion.

Educational content, not medical advice. Athletes should check the anti-doping rules that apply to them and use qualified professionals for individual decisions.

THE CORE IDEA

Optimise the problem, not the product

Before choosing an intervention, identify the performance problem. Every decision in this brief passes through the same eight gates.

CONCEPT MAP

Eight gates before intervention

1 Define the problem	2 Confirm the constraint
3 Check the evidence	4 Find the minimum effective dose
5 Time it	6 Price the cost
7 Measure the response	8 Create a stop rule

Complexity is not sophistication. The smallest effective intervention wins.

An athlete may blame a lack of magnesium for poor sleep when the real problem is 300 mg of caffeine at 17:00. An executive may blame carbohydrate for afternoon fatigue when the real problem is five hours of sleep and no lunch. Until the problem is defined, choosing an intervention is largely guesswork.

> **High performance is not the ability to ignore biology. It is the ability to organise biology around the demands that matter.**

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DECISIONS

Ten decisions that change performance

01 Sleep need is individual, and most athletes fall short

THE HABIT — Treating “eight hours” as a rule, or bragging about needing five.

THE EVIDENCE — In a study of 175 elite athletes, they needed about 8.3 hours to feel rested but slept 6.7; 71% fell short by an hour or more. The 2021 expert consensus recommends individual sleep targets rather than a fixed 7 to 9 hours.

DECISION — **Find your own need, then protect the opportunity to meet it. Schedules come first, supplements last.**

Grade A · Walsh et al. 2021; Sargent et al. 2021

02 Melatonin is a timing signal, not a knockout pill

THE HABIT — A large dose 30 minutes before bed, every night.

THE EVIDENCE — A 2024 meta-analysis of 26 randomised trials found larger sleep-onset effects when melatonin was taken about three hours before the desired bedtime, with the effect peaking around 4 mg a day. In Sweden it is a medicine; without prescription, only for adult jet lag.

DECISION — **Ask what signal you are sending and when. For jet lag and shifted schedules, timing matters more than dose.**

Grade B · Cruz-Sanabria et al. 2024

03 Caffeine has a cut-off, and it is later than you think

THE HABIT — “Coffee doesn't affect my sleep.” A pre-workout at 18:00.

THE EVIDENCE — To avoid losing total sleep, a 2023 meta-analysis estimated a cup of coffee (about 100 mg) should be finished at least 8.8 hours before bed, and a typical pre-workout (about 220 mg) at least 13.2 hours before. Performance benefits are consistent at 3 to 6 mg per kg; very high doses mainly add side effects.

DECISION — **Match the dose to the demand, not the habit, and count every source: coffee, gels, gum, pre-workouts.**

Grade A · Gardiner et al. 2023; Guest et al. 2021 (ISSN)

04 Alcohol helps you fall asleep only at doses that wreck the night

THE HABIT — A couple of drinks to “switch off” after a game or a long day.

THE EVIDENCE — A 2025 meta-analysis of 27 studies found that alcohol shortened the time to fall asleep only at high doses, around five standard drinks. REM sleep was already reduced at around two drinks, and the disruption grew with the dose.

DECISION — **Not moralistic abstinence: transparency about dose and timing. If tomorrow morning matters, the second drink is the expensive one.**

Grade A · Gardiner et al. 2025

05 One short night already costs you glucose control

THE HABIT — Short sleep, then a large late dinner, then wondering why energy crashes.

THE EVIDENCE — In a Dutch study of nine healthy adults, one night of four hours' sleep cut insulin sensitivity by about a quarter. In a crossover trial, the same dinner at 22:00 instead of 18:00 gave about 18% higher peak glucose and about 10% less fat burned overnight.

DECISION — **After a short night: protein-forward meals, no large late dinner, a short walk after eating. You manage the hormones through the rhythm you give them.**

Grade B · Donga et al. 2010; Gu et al. 2020

06 Eat breakfast for the morning you actually have

THE HABIT — Juice and white bread before a meeting-heavy morning, or skipping food entirely.

THE EVIDENCE — Adults show a small but consistent memory advantage from eating breakfast. On composition the studies are mixed; the most consistent signal is that a breakfast with a lower glucose response supports more sustained performance. A protein-forward breakfast also strengthens fullness signals and reduced evening snacking in one brain-imaging study.

DECISION — **Leaders: protein, fibre and slow carbohydrate. Athletes training in the morning: add carbohydrate matched to the session.**

Grade B / C · Galioto & Spitznagel 2016; Leidy et al. 2013

07 Every nootropic has a job, and some take weeks

THE HABIT — A “brain stack” taken every morning and judged on how the day feels.

THE EVIDENCE — Caffeine works within the hour. Bacopa's best evidence is chronic: in a 12-week trial in healthy adults it improved processing speed, learning and memory consolidation. Single doses: one trial found no effect; two small studies found limited, task-specific effects.

DECISION — **Sort by job: wake up, lock in, or build and learn. Only products that have passed the safety checks, one at a time, judged on a measure you trust.**

Grade A to C by compound · Stough et al. 2001; Nathan et al. 2001; Downey et al. 2013; Benson et al. 2014; Kongkeaw et al. 2014

08 The label is not a guarantee

THE HABIT — Trusting a proprietary “focus blend” because it sells well.

THE EVIDENCE — When researchers tested ten cognitive supplements sold in the United States, they found five unapproved drugs, at up to four times the pharmaceutical dose. In 2026, WADA named two modafinil look-alikes, flmodafinil and fladrafinil, as banned in competition.

DECISION — **Athletes: batch-tested products only. Everyone: treat proprietary blends with suspicion.**

Fact · Cohen et al. 2020; WADA 2026 Prohibited List

09 Most oral peptides sell a story, not pharmacology

THE HABIT

BPC-157 capsules for a tendon that will not settle.

THE EVIDENCE

Digestion breaks peptides down. Peptide drugs taken by mouth usually reach the blood at less than 1% of the dose; even oral semaglutide, engineered for absorption, reaches about 0.4 to 1%. BPC-157 has no convincing human outcome trials and is prohibited in sport at all times.

DECISION

Athletes: no. Leaders: an unapproved drug with unknown content is not a strategy. Diagnosis, loading and rehabilitation are.

Grade U for performance · Brayden et al. 2020; WADA 2026

10 Use devices on purpose, not reactively

THE HABIT

Checking the ring at 03:00, changing training on one morning's score.

THE EVIDENCE

Wearables measure resting heart rate, heart-rate variability trends and sleep timing well, and sleep stages poorly. Sleep clinicians describe “orthosomnia”: patients whose pursuit of perfect tracker data made their sleep worse.

DECISION

Ask the question first, read seven-day trends against your own baseline, and decide in advance which number changes which decision.

Grade B for trends · Lee et al. 2025; Baron et al. 2017

THE COMPLETE MANUAL

What the brief leaves out

These ten decisions are a fraction of the manual. The complete edition covers the whole system, with the key recommendations graded and the sources listed.

PART I

The high-performance human

Performance as a biological problem, the evidence ladder and the eight-gate decision system.

PART II

Sleep, time and the brain

The two clocks, melatonin, naps, biphasic sleep, the bad-night protocol.

PART III

Fuel the human

Energy, carbohydrate, protein, food and the brain morning and evening, cortisol and insulin.

PART IV

The gut and the bottle

Gut training, GI symptoms and hydration without the myths.

PART V

Supplements, stimulants and substances

What has a performance case, caffeine, nootropics graded one by one, peptides, alcohol and nicotine.

PART VI

Recovery and adaptation

Why feeling better is not the same as adapting better.

PART VII

Performance in the real world

Travel and jet lag, a personal operating system, playbooks for the athlete, the leader and the club.

PART VIII

The frontier

Wearables and red light on purpose, GLP-1 medicines, heat training, ketones, and a hype watch.

> **Define the problem. Respect the biology. Use the smallest effective intervention. Measure what matters. Remove what no longer earns its place.**

THE COMPLETE FIELD MANUAL

GET THE WHOLE SYSTEM

31 chapters, two deep dives, three playbooks and the core decision tables.
76 selected sources, with the key recommendations graded A to U.

The complete manual
Coming soon - updates at magnusagren.com →

Get in touch
A confidential conversation about your club. NDA on request. →