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Sudden Death in Athletes: Debate Continues

By Peggy Peck, Executive Editor, MedPage Today
Published: May 06, 2012

Reviewed by Robert Jasmer, MD; Associate Clinical Professor of Medicine, University of California, San Francisco.

DUBLIN -- Relying on media reports is no basis for estimating the incidence of sudden cardiac death in athletes, nor does it provide the necessary basis to establish policy on the use of 12-lead electrocardiograms (ECGs) in pre-participation physicals, researchers agree.

Yet, news reports about the death of Norwegian Olympic swimmer Alexander Dale Oen, 26, on April 30 at an Arizona training facility fueled hallway discussions throughout the 3-day long EuroPREvent 2012 meeting here.

Although the cause of death is not yet known, the incident focused attention on the ongoing debate about the risk of sudden death in athletes -- and whether that risk increases as the level of competition increases.

Mats Borjesson, MD, of Sahlgrenska University Hospital/Ostra at Goteborg University in Goteborg, Sweden, and Nicole Panhuyzen-Goedkoop, MD, of Sports Medisch Centrum in Papendal, The Netherlands, said the best available data put the incidence at 1-3 per 100,000 person years, but both pointed out that this estimate is probably low.

A study published last year in *Circulation: Journal of the American Heart Association*, reported that 1 in 44,000 National Collegiate Athletic Association athletes is a victim of sudden cardiac death each year, but Borjesson said that "the latest NCAA data for division I puts the risk at about one in 3,000."

And the risk appears to be gender specific, estimated to be as much as 9 times greater for male athletes.

The most common causes are inherited or congenital cardiac disease, often ion channelopathies, but blunt trauma to the chest causing commotio cordis is also a factor, as is infection, Panhuyzen-Goedkoop said.

In an interview, Borjesson said the possibility of infective endocarditis should not be underestimated, "so we don't want athletes participating when they are sick."

But Borjesson emphasized the need for solid data -- data from ECGs -- to take the guessing out of sudden death incidence and to save lives.

In the U.S. there has been resistance to ECGs for pre-participation screening based on the low-risk

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- The latest NCAA data for division I puts the risk of sudden cardiac death each year at about one in 3,000.
- Note that the risk appears to be as much as 9 times greater for male athletes.

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for sudden cardiac death and the cost of screening. Current recommendations call for clinical examination and ECG only if the exam is inconclusive or if an ECG is needed to confirm a diagnosis.

"Symptoms before SCD include syncope, chest pain, palpitations, dyspnea, and fatigue -- problems that are diffuse and common, which cannot be adequately assessed with a history and clinical exam," Borjesson said.

And he agreed that using ECG would identify more athletes at risk and would likely result in more treatment, thus more cost, but "if you are going fishing, you buy the boat, hire the fisherman and the equipment so that you catch more fish. With the ECG we can catch more fish."

Borjesson and Nicole Panhuyzen-Goedkoop declared no financial conflicts.

Primary source: European Association for Cardiovascular Prevention & Rehabilitation

Source reference:

Panhuyzen-Goedkoop N "Incidence and causes of sudden death in sport" *EuroPrevent* 2012; Presentation 232.

Additional source: European Association for Cardiovascular Prevention & Rehabilitation

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