

The heartfelt truth about sudden death in young athletes

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The sudden death of a young athlete always prompts full media attention, most recently spurring a call for preventative screening methods, including costly electrocardiogram (EKG) tests for all school-age athletes. But a new study by Dr. Sami Viskin of Tel Aviv University's Sackler Faculty of Medicine found that these screening measures, which are now mandatory in Israel and other countries, does not reduce the incidence of sudden death syndrome.

"There's a lot of debate about this in the U.S. right now," says Dr. Viskin, even though cardiac arrest in athletes remains very rare. The evidence that EKG screenings can reduce the incidence of sudden death is limited and questionable, his research confirms.

The new study appears in the March 15, 2011, issue of the *Journal of the American College of Cardiology*.

Numbers don't lie

Although always shocking, sudden death syndrome occurs in fewer than three athletes out of 100,000. Because he is a specialist in cardiac arrhythmia, the main underlying factor in [sudden death syndrome](#), Dr. Viskin had a hunch that screening athletes served no purpose in preventing the syndrome.

Examining retrospective data from 1985 to 2009, he reported that there

were 24 documented cases of sudden death or [cardiac arrest](#) among competitive athletes in Israel. Eleven of these cases occurred prior to 1997, when a mandatory screening law was passed, and 13 occurred after the legislation had been enacted. The rate of sudden death in athletes was nearly identical in the decade before and the decade after the mandatory medical screening was put in place, he says.

A warning for American legislators

American legislators who are considering laws to mandate screening for [young athletes](#) should think twice before enacting the legislation, Dr. Viskin says. The tests demonstrate no ability to reduce the incidence of sudden death — and "false positives" could be harmful to a young person's morale and future as an athlete.

"An abnormal EKG might come up in 10 percent of all the athletes being screened. A huge number would then have to undergo extensive and expensive additional testing. Because of the rarity of the phenomenon these tests are meant to prevent, over 30,000 athletes would have to be screened to save one life," Dr. Viskin says.

The U.S. Olympics Team is already conducting these screenings in the U.S., and if a more comprehensive law was passed, that would mean \$2 billion in tests for millions of American athletes, according to the American Heart Association. Dr. Viskin argues that the cost does not justify the risk, and that public money is better spent on more effective testing for other diseases, like high blood pressure and colon cancer.

He also cautions that the screening test can negatively affect people's lives. "We'd be forcing these unnecessary tests on both amateur and professional athletes. There's little justification for mandatory screening when there's limited proof that such a preventative strategy actually works," he says.

Athletes who do screen as being at risk for sudden death, he notes, usually manage to play sports anyway, seeking out — and finding — second, third and fourth opinions that contradict the first. Other [athletes](#) will find arenas where they won't be monitored. "The chances of really making a big difference with screening are minute," Dr. Viskin concludes.

Provided by Tel Aviv University

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