

# Sudden death on the field

By ACSH Staff — July 14, 2011

The media have reported on a number of high profile cases of professional athletes who have died suddenly on the field most prominently, that of NFL player Korey Stinger, who died in 2001 from exertional heat stroke. In this week's *Wall Street Journal*, Kathleen Hobson interviewed sports medicine specialist Douglas Casa to find out the [most common reasons](#) [1] for these tragic events. According to Casa, heart problems, heat stroke, head injuries, and exertional sickling (among people with sickle-cell trait) are the most frequent underlying causes of sudden death among athletes. The sports that most frequently lead to these problems are football in high-school and college athletes and running, in the general population, he says. Casa also highlights the general lack of athletic trainers in school systems who can spot head injuries or other problems and intervene in time to ensure the health of the athlete.

This brings us to an important question: Can we prevent events like sudden heart attacks from occurring by requiring that athletes be screened before the season begins? Unfortunately, [says one study](#) [2], electrocardiogram (ECG) screening for heart abnormalities is not effective. In a study published in the *Journal of Pediatrics*, Dr. Allison Hill and colleagues from Stanford University's School of Medicine conducted a survey involving 18 children 10 with heart conditions and eight without to test the accuracy of ECG screenings. Over 50 pediatric cardiologists were asked to interpret the ECG results, and only 67 percent were able to accurately do so. They correctly recommended against sports participation 81 percent of the time and correctly recommended in favor of participation only 74 percent of the time. One problem with interpreting athletes ECGs, says Dr. Hill, is that, as athletes hearts grow stronger, they may get somewhat larger and beat more slowly. Although these changes are normal for a well-trained athlete, they can look similar on ECG scans to defects that predispose people to sudden cardiac death.

ACSH's Dr. Gilbert Ross believes that, given the relatively low accuracy of interpreting ECGs of athletes hearts, this type of screening method should not be undertaken without first gathering an accurate patient and family history. Doctors should first ask if the patient has been prone to fainting, and if there's a family history of fainting, heart attack, or sudden death, he says. But it seems, at least based on this study, that routine ECG screening is not a reliable means of detecting life-threatening heart conditions.

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[2] [http://www.elsevier.com/wps/find/authored\\_newsitem.cws\\_home/companynews05\\_02010](http://www.elsevier.com/wps/find/authored_newsitem.cws_home/companynews05_02010)