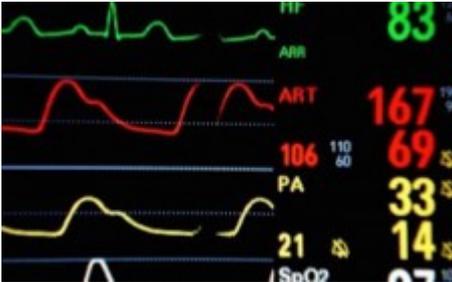


# Cardiac screening for young athletes: solving or creating problems?

By ACSH Staff — May 28, 2015



A new study in [Circulation](#) [1], a publication of the American

Heart Association, has found a somewhat higher incidence of Sudden Cardiac Death (SCD) among college athletes than previously thought. According to the authors, the rate of SCD, about one in 5,200 per year, is even higher among black, male, basketball players. Drs. Kimberly Harmon and Jonathan Drezner, sports medicine specialists from the University of Washington-Seattle, and colleagues use these data to recommend routine screening using EKGs and/or echocardiograms, or both, for college athletes prior to full participation in college sports.

We have addressed this complex and controversial issue numerous times over the past few years: [here](#) [2] and [here](#) [3]. Among the problems from performing routine screening are: lack of trained readers of EKGs and echocardiograms among college athletic staff; expenses involved in implementing such testing on such a vast scale; and most important, the high rate of both false positives (results that seem to indicate heart disease that is not present) and false negatives (missing abnormalities that are a true threat that might arise from exercise). The former error would bar a substantial number of young athletes from competition for no reason, while the latter would actually miss legitimate risks.

The newly-appointed chief medical officer of the NCAA, Dr. Brian Hainline, plans to recommend EKG testing of male basketball players, at least, as quoted in the [Wall Street Journal](#) [4]. (He had previously stated he would recommend wider screening, in March, but backed off this recommendation in April based upon an outcry from over 100 college coaches, protesting this decision). He is using the current study to resume his prior position, urging more testing.

ACSH's Dr. Gil Ross had this comment: Even the current study found that the most common cause of SCD was autopsy negative sudden unexplained death. I believe such tragedies would escape detection on screening studies. An exception would be those student-athletes who exhibit clear evidence of cardiac risk such as Marfan's Syndrome, which does not require any testing to suspect. This condition killed U.S. Olympian Flo Hyman on the volleyball court in LA in 1984. An echocardiogram would have clearly shown the anatomical abnormalities and saved her life, but this is the exception and this condition can be diagnosed by simple physical exam. PEs should be

done, simple auscultation to detect murmurs and irregular heartbeat. Also, I suspect (but cannot state authoritatively) that more athletes at all levels, including pro s die from exhaustion and dehydration due to hyperthermia, excessive exercise in high temperature conditions. These are all avoidable. Screening all college athletes will lead to many needless extra tests and banning many young people for no good reason.

ACSH s Dr. Josh Bloom wonders if this issue is even logical. He says, For every college athlete who competes on a team, there are thousands who do not, but still play the same sports. Are their lives any less valuable? I wonder what the rate of SCD is among college non-athletes: should we be testing them as well?"

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**Links**

[1] <http://www.ncbi.nlm.nih.gov/pubmed/25977310>

[2] <http://acsh.org/2013/04/ecg-as-a-screening-tool-for-athletes/>

[3] <http://acsh.org/2012/10/should-all-young-athletes-get-screened-for-heart-condition-2/>

[4] <http://www.wsj.com/articles/ncaa-doctor-backs-off-recommending-heart-tests-for-athletes-1429291801>