

"There are established dedicated sports cardiology courses and training programs in Europe and the USA.

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The emerging sub-specialty of sports cardiology has been an area of significant growth in recent years with recognition that there are unique diagnostic challenges in identifying cardiac pathology and specific management considerations amongst athletes and exercise enthusiasts. Whilst there is an increased general awareness of the importance of physical activity in reducing one's overall risk of cardiovascular disease there is also increased awareness of the potential for high level athletes to have underlying inherited or acquired cardiovascular disease that may place them at risk of adverse events during physical activity. Therefore the American College of Cardiology and the European Society of Cardiology have established their own councils for Sports Cardiology as well as developing specific sports cardiology guideline documents. There is now a recommendation from both councils, that athletes should be reviewed in a centre with specialised expertise in sports cardiology in order to minimise harm to the athlete; by ensuring diagnostic accuracy and appropriate management recommendations are implemented for sports men and women.

Athletes represent the fittest individuals in our society, yet paradoxically some studies have suggested that they are at increased risk of sudden cardiac death when compared to the

SPOTLIGHT
ON

THE EMERGING FIELD OF SPORTS CARDIOLOGY

general population. Up to 50% of young athlete sudden deaths are due to pre-existing cardiac conditions including inherited heart muscle and heart rhythm problems.

Being able to identify those individuals who may be at risk of sudden cardiac death during exercise is only one part of practicing sports cardiology. Being able to accurately order and interpret diagnostic testing in athletes is also a key role of a sports cardiologist. There are a number of "normal" cardiac adaptations that occur in athletes. There are profound changes in cardiac structure, function and electrophysiology. The study of sizeable athletic populations are required to provide an adequate description of the spectrum of normal athletic remodelling. This is critical to enable differentiation from subtle cardiac pathology. Like all areas of cardiology, this is a niche area of knowledge that is required to best manage athletic individuals presenting with syncope, fatigue, palpitations or abnormalities on screening/ incidental findings. Clinicians working in this field will be all too familiar with a simple observation (profound bradycardia, for example) leading to a cascade of tests, an incorrect diagnosis of pathology and exclusion from sport.



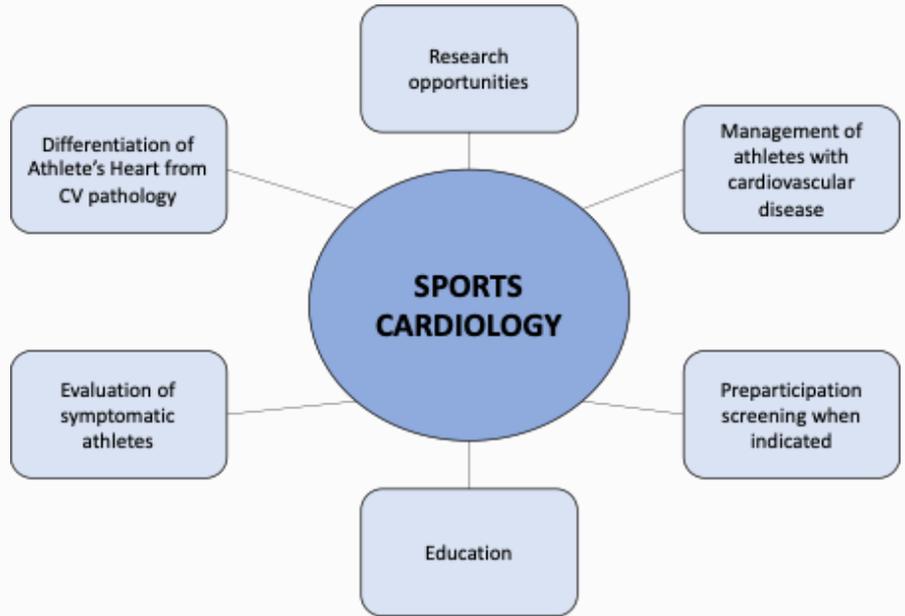
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Or the corollary, such as the athlete with inferolateral T-wave inversion and wall thickness increase that is diagnostic of hypertrophic cardiomyopathy but is incorrectly labelled 'athlete's heart' because of vague recall that athletes have funny ECGs and echos.

The practice of sports cardiology requires a knowledge of cardiac imaging, clinical electrophysiology and inherited heart disease superimposed with an appreciation of exercise physiology. Moreover, like all fields of cardiology, expertise is acquired through practice and observation.

There are established dedicated sports cardiology courses and training programs in Europe and the United States. As a rapidly evolving field, we are interested to assess what the demand might be for a structured program in Australasia.

We have developed dedicated specialised sports cardiology services in Sydney and Melbourne and are aware of several specialists around Australia and New Zealand who have a dedicated interest and expertise. We believe that it is timely to form an interest group within CSANZ to assess demand for training and dedicated service provision whilst also providing a forum for discussing interesting cases and progress within this niche field.

"We invite any interested parties to contact us as we seek to establish the CSANZ working group for sports cardiology."

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