MENTAL HEALTH IN ATHLETICS

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WHY

- Prevalent
- Affects more than just athletic performance
- Athletic trainers are poorly trained in this field
- Sensitive subject
CONDITIONS

- Anxiety disorders
- Mood disorders
- Attention deficit hyperactivity disorder
- Eating disorders
- Body dysmorphic disorder
- Adjustment disorders
- Substance use disorders
- Impulse control disorders
- Psychosomatic illnesses

ANXIETY DISORDERS

- Performance anxiety, panic disorder are more likely to be sports-related
- Generalized anxiety disorder and obsessive-compulsive disorder are less likely to be sports-related but are still common
PERFORMANCE ANXIETY

• Connected to the anticipation of the act and becoming overwhelmed during specific components of performance

PANIC ATTACKS/GAD/OCD

• Intense feelings of being overwhelmed with many physical symptoms such as racing heart, shortness of breath, shakiness and sweating that surface quickly
• Generalized anxiety disorder often presents with excessive worry or apprehension that is difficult to control
• Obsessive-compulsive disorder presents with intrusive ideas, thoughts, urges or images that come into one’s mind with a ritualized behavior to try to undo or dissipate the obsession
VIDEO

MAJOR DEPRESSION

- Fifteen to 20 percent of the population will suffer an episode of depression in their lifetime
- The average age for onset of depression is approximately 22
SYMPTOMS

- Depressed mood
- Loss of interest in pleasurable activities
- Sleep and energy disturbance
- Appetite and weight changes
- Impaired concentration
- Anxiety

SYMPTOMS

- Low frustration tolerance
- Isolation from teammates
- Lack of enjoyment with deterioration in performance
- Males: anger and excessive alcohol use.
BIPOLAR

- Must have had a manic episode/symptoms of mania
- Chronic sleep problems
- Irritability
- Erratic performance
- Stormy relationships
- Impulsivity
- Substance use disorder commonly co-occurs with bipolar disorder

ADHD

- Problems:
  - focusing
  - concentrating
  - learning
  - rapid attention shifting
  - sustaining attention
- Most common psychiatric disorder in athletics
- Males: tend toward hyperactive
- Females: tend toward inattentive
NCAA RULES

All prescribed stimulants are banned without TUE (paperwork needs to be on file prior to the random test)

Need documentation of how the condition was diagnosed

EATING DISORDERS

• Anorexia
• Bulemia
• Part of the female athlete triad
• Body dysmorphic disorder
  • Can be overweight focus or
  • Focused on muscularity
PSYCHOLOGICAL RESPONSE TO INJURY

- Some injuries impose a substantial physical and mental burden
- Psychological response to injury:
  - can trigger or unmask serious mental health issues such as depression, anxiety, disordered eating, and substance use or abuse
  - Normal emotional reaction includes processing the medical information about the injury provided by the medical team, as well as coping emotionally with the injury
PSYCHOLOGICAL RESPONSE TO INJURY

- Those emotional responses include:
  - Sadness
  - Isolation
  - Irritation
  - Lack of motivation
  - Anger
  - Frustration
  - Changes in appetite
  - Sleep disturbance
  - Disengagement

ADJUSTMENT DISORDER

- Temporary reaction to excessive and intolerable stress
- No pharmacologic treatment-counseling only
SUBSTANCE ABUSE DISORDERS

- Alcohol
- Marijuana
- Opiates
- Stimulants (such as Adderall)
- Caffeine
- Tobacco
- Performance enhancers

ALCOHOL

- More common in males
- More common in off season
MARIJUANA

- Still on most drug tests
- Discipline but not ergogenic so no playoff concerns
- Interesting Colorado discussion

OPIATES

- Even a short course can lead to dependence
- Most post-op patients take 3-7 pills total but are prescribed an average of at least 20
STIMULANTS

• Easy access
• Performance enhancing
• Often mixed with alcohol or used to enhance school performance

NICOTINE AND CAFFEINE

• Olympic: Nicotine and caffeine are permitted, but they are part of the WADA monitoring program
• The NCAA prohibits levels of caffeine greater than 15 µg/mL in the urine and considers it a threshold drug
MEDICATION

- SSRI's
  - Fluoxetine
  - Sertraline
  - Paroxetine
  - Citalopram/escitalopram
  - Vilazodone
  - Vortioxetine

MEDICATION

- SNRI's
  - Duloxetine
  - Venlafaxine
  - Desvenlafaxine
  - Levomilnacipran
OTHER AGENTS

• Trazodone
• Buproprion
• Mirtazapine

REFERENCE

http://www.ncaapublications.com/p-4375-mind-body-and-sport-understanding-and-supporting-student-athlete-mental-wellness.aspx?CategoryID=0&SectionID=0&ManufacturerID=0&DistributionID=0&TimeZoneID=0