## Ethical Considerations for Analgesic Use in Sports Medicine



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#### **KEYWORDS**

• Ethics • Sports medicine • Analgesics • Injection • Drugs • Medication

#### **KEY POINTS**

- Analgesic use in sports medicine includes oral and injectable narcotic and non-narcotic medications as well as local anesthetic agents that may be administered either before, during, or after athletic competition.
- All pain medications given in conjunction with sports activity have the potential to cause both immediate side effects and long-term health consequences that must be considered before use.
- Use of analgesic pain medications in athletes has the potential to exacerbate or worsen
  the original injury because of the inhibition of the pain response and/or the inflammatory
  cascade.
- Team physicians must provide full disclosure to the athlete of the most common side effects
  of analgesic agents used for the purpose of pain management during and after athletic
  competition. This discussion is optimally held in a controlled setting outside the venue of
  competitive sports.

#### INTRODUCTION

No pain, no gain is a common mantra among athletes worldwide in describing their acceptance of pain as a normal consequence of athletic activity. The assumption that in order to gain a competitive advantage, athletes must not only deal with pain but also do whatever they can in order to diminish its effects during competition in order to maximize performance. The general acceptance that exercise and pain often coexist has led to widespread use of both prescription and nonprescription medication before, during, and after exercise and/or athletic competition. In fact, a survey of 563 National Collegiate Athletic Association (NCAA) Division I athletes found that 29% (165) of those surveyed thought there was nothing wrong with using painkillers on the

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Clin Sports Med 35 (2016) 227–243 http://dx.doi.org/10.1016/j.csm.2015.10.007 day of competition to deal with injury-related pain. Unfortunately, athletes at all levels often do not have the ability to differentiate between activity-related soreness and an actual injury that may be detrimental to both their short-term and long-term health. The team physician must differentiate with which conditions the athlete can safely compete from those that require removal from competition. Players, themselves, may complicate matters by putting pressure on either their personal physicians or their team's medical staff to prescribe or administer analgesics that would allow them to compete. At the collegiate and professional level, an athlete's desire to play may be affected by economic pressures resulting from potential scholarships, lucrative contracts, or the prolongation of their career. The athlete may be tempted to negate the long-term potential health risks for the short-term gain of continued play. As a result, physicians caring for athletes are often faced with the medical and ethical dilemmas of allowing them to compete with injuries and administering pain medication in order to do so.

The purpose of this article is to review the various analgesic agents commonly used by team physicians in an athletic setting, the evidence supporting their use, their most common adverse events in this patient population, and the ethical issues involving pain management in athletes. This review likely does not settle the ethical debate regarding this topic; rather, its purpose is to make physicians and other health care workers who care for athletes aware of the potential consequences and ethical implications of analgesic use in these patients.

#### NONSTEROIDAL ANTIINFLAMMATORY MEDICATIONS

Beginning with the introduction of ibuprofen in the 1950s, nonsteroidal antiinflammatory drugs (NSAIDs) have been prescribed for mild to moderate muscle and joint pain resulting from athletic injuries or overuse syndromes in an attempt to blunt the body's inflammatory response to injury, control pain, and aid in the return to sports.<sup>2</sup> Because of their popularity in this active patient population, NSAIDs have become the most widely prescribed class of drugs in the world<sup>3</sup> and have been found to be among the most frequently prescribed pharmaceutical in athletes using prescription medication.<sup>4</sup>

Athletes may even take NSAIDs as a preventive measure. For example, during the 2000 Olympic games in Sydney, Canadian athletes used NSAIDs more than any other medication.<sup>5</sup> Tricker<sup>1</sup> found that 29% of 563 collegiate athletes took them to cope with pain on the day of a game. Similarly, Warner and colleagues<sup>6</sup> surveyed 681 high school football players and noted that 452 (75%) used NSAIDs within the past 3 months and one in 7 actually used them daily. Those athletes who used NSAIDs on a daily basis were more likely to perceive improved athletic performance resulting from their use and use them prophylactically without adult supervision. Concerns about inappropriate adolescent use of NSAIDs have been reported. Up to 75% of adolescents use NSAIDs without consulting an adult, 7 and most of these young patients do not recognize the possibility of toxicity from this class of drugs.<sup>8</sup> Unfortunately, these medications are not without complications (see later discussion). Adverse events were reported in 20% of athletes using NSAIDs for a variety of musculoskeletal complaints. Therefore, despite manufacturer warnings against chronic use and their risk of potential complications, it would seem that adolescent athletes are in need of adult supervision as well as education on the appropriate use and potential side effects of this class of drugs.

The antiinflammatory, antipyretic, and analgesic (painkilling) properties of all NSAIDs are mediated through the inhibition of cyclooxygenase (COX), the pivotal

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