

Psychiatric Comorbidities in Sports



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KEYWORDS

• Psychiatry • Sports • Sports psychiatry • Athletes • Mental health • Mental illness

KEY POINTS

- Depression and anxiety disorders may occur in athletes at least as commonly as they do in the general population.
- Eating disorders, attention-deficit/hyperactivity disorder, and substance use disorders may be even more common among athletes than in the general population.
- Psychiatric disorders may have unique presentations of symptoms and behaviors in athletes.
- Medical professionals across all specialties and disciplines should be able to screen for psychiatric disorders and treat or refer for appropriate treatment if disorders are suspected.

INTRODUCTION

Athletes are not immune to mental illness. Despite strong outward appearances, they suffer from a variety of psychiatric conditions ranging from depression and anxiety to eating disorders and bipolar disorder. The relationship between sport and mental illness in any given athlete may occur in one of three ways.¹

First, the athlete's sport may somehow cause or worsen the mental illness. For example, an athlete on a women's lightweight rowing team may develop an eating disorder because of the pressures to maintain a low body weight and the culture she sees around her of athletes engaging in disordered eating behaviors.

Second, the athlete's psychiatric symptoms may somehow draw him or her to sport, perhaps as a way to cope with the symptoms or because the symptoms are somehow adaptive for the sport. For example, a soccer player with attention-deficit/hyperactivity disorder (ADHD) of the hyperactive/impulsive subtype may have enjoyed aerobic sports from a young age because they helped him dissipate energy, and

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running around the playing field was much easier than sitting still to work on homework.

Finally, there may be no evident relationship between the sport and mental illness. For example, a diver may develop a major depressive episode in the middle of her career related to significant family stressors and underlying genetic predisposition that have nothing to do with diving.

This paper summarizes research and clinical experience on the presentation, epidemiology, and treatment principles of some of the most common psychiatric comorbidities in sports. Within these conditions, any of the previously mentioned three relationships between the sport and the mental illness may be seen.

MOOD DISORDERS

Major Depressive Disorder

Precipitants for depression in athletes may include the following¹:

- Any of the same genetic or environmental factors that trigger depression in the general population
- Injury
- Competitive failure
- Retirement from sport, with predictors for postretirement depression including more psychological attachment to sport,² more devotion to sport to the exclusion of other activities,² less current physical activity,³ and more physical pain⁴
- Overtraining (OT)
- Concussion⁵

The relationship between OT and depression is particularly complex, and OT is difficult to distinguish from primary major depressive disorder. Fatigue is a core overlap symptom between the two conditions, and a common source of referral to sports psychiatrists. A trial of rest from sport can help in distinguishing the two. Rest from sport should improve OT symptoms, whereas it would not be expected to do so, and in fact could even worsen symptoms, in primary depression.¹ Additionally, in OT, the primary realm of dysfunction caused by the symptoms is in the sport itself, whereas primary depression would also be expected to cause deterioration in work, social, and cognitive performance.⁶

Various reports have described rates of depression within different levels of athletes. At the high school level, at least one report has suggested that athletes have a decreased likelihood of depression and suicidal ideation compared with the general population.⁷ At the college level, two studies of Division 1 athletes suggest similar frequencies of depression among college athletes compared with the general college population.^{8,9} At the elite or professional level, there is a paucity of data comparing rates of depression in this cohort as compared with the general population. Within German elite athletes, 15% self-reported depression.¹⁰ Within French elite athletes, 3.6% had diagnosable depression based on clinician interview.¹¹ However, neither of these studies reported comparison groups, so relative frequency of depression compared with the general population is unknown. Overall, rates of depression in athletes are suspected to be approximately similar to those in the general population based on available research.¹

Bipolar Disorder

Bipolar disorder involves episodes of persistently and abnormally elevated, expansive, or irritable mood. Usually major depressive episodes also occur. Bipolar disorder in athletes has received minimal study, unfortunately.

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