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Pre-Participation Screening of Athletes in Greece: What Are the Data?

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The sudden cardiac death (SCD) of an athlete is a dramatic event that always receives great publicity, since it concerns a person who is considered to be a “model” of physical health. SCD during exercise concerns not just athletes at a high level of competition, but also apparently healthy people exercising at a non-competitive level, as well as young school students who are performing sports activities. For all these reasons, the Hellenic Cardiology Society, as well as others, has published guidelines for the pre-participation screening of athletes.¹ There are two main trends in this area: according to the American Heart Association,² screening should include a detailed personal and family history, and a thorough clinical examination; the European Society of Cardiology additionally recommends an ECG recording. The writer supports the latter view, since the ECG³ may uncover evidence compatible with cardiomyopathy (mainly hypertrophic) or arrhythmogenic syndromes (Brugada, long-QT, pre-excitation) in asymptomatic individuals who have a negative family history and no abnormal findings on clinical examination.^{4,5}

But, where are we in pre-participation screening in Greece? I do not mean, of course, the screening of high-level elite athletes, which is the responsibility of the sporting administration bodies or the Hellenic Olympic Committee, but rather the large majority of individuals who participate in sports at a competitive or non-competitive level, or school students who follow their regular sports activities at school. As far as the writer is aware, apart from the Sports Medicine Laboratory of the Aristotle University of Thessaloniki, there is no other official body that is responsible for the vast majority of sports participants in that latter category. How, then, shall the screening be ap-

plied in this group? To begin with, there are no relevant national studies in the literature, apart from the writer's own long personal experience and the personal experience of all clinical cardiologists. Secondly, the responsibility for any screening is shouldered by the teachers, instructors, and schools' trainers, or by the parents themselves. Trainers, for instance, are prohibited from training students without a health certificate from a cardiologist, which is often signed in the absence of the student. In contrast, parents can be insistent, demanding complete assessment with an ECG and echocardiogram, even if the examining physician sees no indication. I am not aware whether there are any young students who have not undergone an echocardiographic examination at least once during their compulsory education. Actually, some of them undergo this examination annually.⁶ Notably, this condition occurs without a relevant indication, entailing a high cost for the health insurance funds.

Grumbling aside, is there any other prospect in crisis-ridden Greece? What is the role of the Hellenic Cardiological Society in this issue? In my personal opinion, our national cardiac society, in close cooperation with the Physical Education Departments of national universities, has the potential to disseminate the knowledge and reinforce the expertise of all cardiologists concerning SCD in young individuals. By this means, it can contribute to the conduct of a successful pre-participation screening programme for the early detection of cardiovascular abnormalities in our country.

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