Top Ten Things To Know
Eligibility and Disqualification Recommendations for Competitive Athletes with Cardiovascular Abnormalities

1. Young trained athletes with underlying cardiovascular abnormalities are likely at some increase in risk for sudden cardiac death (usually on the athletic field) compared to non-athletes or competitive athletes without cardiovascular disease.

2. These recommendations are not intended to address all forms of exercise, but rather is intended to address organized and sanctioned competitive sports participation, such as most commonly in middle school, high school and college, and not with purely recreational physical activities.

3. Inherited arrhythmia syndromes can impact very young individuals, and patients with congenital or acquired heart diseases now engage in competitive athletics at more advanced ages.

4. In the U.S. under age 35 years, genetic heart diseases predominate with hypertrophic cardiomyopathy (HCM) the most common, accounting for at least one-third of the mortality in autopsy-based athlete study populations.

5. Sudden death in young athletes occurs in both genders (more common in males, 9:1) and all ethnicities (though prominently African-Americans).

6. In most athletes, sudden death occurs in the setting of ventricular fibrillation, with the notable exception of aortic dilatation leading to dissection and rupture.

7. For older athletes >35 years of age, atherosclerotic coronary artery disease is the predominant cause of sudden death, but occurs less frequently in younger participants.

8. Nine of the Task Force topics are disease specific. Additional topics include: sport classification, pre-participation screening, emergency plans, legal aspects, and drugs and performance enhancing substances.

9. These scientific statements offer guidance to providers for decision-making related to temporary or permanent disqualification vs. eligibility in athletes with probable/conclusive evidence of cardiovascular disease.
References


8. Braverman AC, Harris KM, Kovacs RJ, Maron BJ; on behalf of the American Heart Association Electrocardiography and Arrhythmias Committee of the Council on Clinical Cardiology, Council on Cardiovascular Disease in the Young, Council on Cardiovascular and Stroke Nursing, Council on Functional Genomics and Translational Biology, and the