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Sports cardiology, Part 1: A discipline whose time has come

It is our pleasure to be guest editors for this two-part theme issue on sports cardiology containing articles aimed at health professionals and the nonphysician public.

Part 1 addresses the benefits and hazards of athletic endeavors for those with known cardiac disease and those who may be at risk for other reasons. The articles highlight our desire to ensure that the incredibly safe and beneficial active lifestyle that so many people enjoy is made even safer and more beneficial.

In the first article, Dr James McKinney and his fellow authors discuss the health benefits of physical activity and cardiorespiratory fitness. In the second article, Dr Michael Lung and his fellow authors discuss sudden cardiac death in young competitive athletes. Finally, in the third article, Mr Daniel Lithwick and his fellow authors discuss the role of pre-participation screening in the young competitive athlete and provide a Canadian perspective on the issue.

Cardiology was the first discipline to medicalize exercise. What we have realized over the past number of years

is that exercise is not just good for the heart—it improves mental well-being, reduces cancer risk, and slows the aging process. We have also realized that patients with cardiac disease benefit from exercise and some will want to either take up a more strenuous activity or continue with a pre-event exercise program, and they may need guidance to do so.

When we were interns, 30 years ago, heart attack patients were placed in the coronary care unit with the lights dimmed and Mozart playing, and they lay in bed for weeks while nature took its course and the intravenous lidocaine dulled their senses. Now, patients who have had heart attacks are triaged to rapid revascularization, and the median length of stay in our coronary care units is only 2 days. Before patients know it they are back home, and only a short time after that they are in our offices asking if they can participate in this year's GranFondo cycling event, go back to pick-up hockey, or enter the 10-km Vancouver Sun Run. Clearly, the wishes and expectations of cardiac patients are changing, and we need local, robust, and prospective data in order to advise them appropriately.

The authors who have contributed to this theme issue are all affiliated with SportsCardiologyBC, a multi-centre initiative for clinical assessments, research, advocacy, and education. SportsCardiologyBC is the love child of discussions held during the Vancouver 2010 Olympic and Paralympic Games, when Dr Jack Taunton served as chief medical officer and I (Dr Isserow) served as lead cardiologist. The support and commitment of team members at SportsCardiologyBC, along with that of many other colleagues and health professionals, has been key to our success thus far and can be expected to contribute to the clinic's success in future.

In Part 2 of this theme issue, articles will discuss cardiovascular screening in the masters athlete, the impact of excessive endurance exercise, and the risk-benefit paradox of exercise.

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This article has been peer reviewed.