

Heartbeat of Football Checklist for prevention of Sudden Cardiac Death

There is no doubt that doing exercise is good for your heart, however, there is a very small risk of sudden cardiac arrest occurring during exercise. Because we want everybody to keep playing sport for as long as possible it makes sense to check a few simple things at the start of every season or before commencing intense exercise.

- Past history of any heart disease
- Chest, arm or throat pain/tightness with exercise
- Unexplained dizziness, blackouts or palpitations, especially if it occurred during exercise
- Excessive breathlessness or fatigue with exercise
- Family history of sudden cardiac death or major cardiac illness especially in close relatives before the age of 50
- Knowledge of family history of specific cardiac conditions (Hypertrophic or dilated cardiomyopathy, Long QT syndrome or other significant cardiac arrhythmias, RV dysplasia, Marfan syndrome)
- Asthma, other significant medical problems

If you experience or are aware of any of the above, please seek medical review before participating in training or competition

Cardiovascular risk factors (risks for developing heart disease)

- Male>45, Female>55
- Diabetes
- High blood pressure
- High cholesterol
- Smoking
- Overweight/sedentary lifestyle – physically active less than 30 minutes 3x/week

If you have any of the above risks or are unaware of your blood pressure, sugar levels or cholesterol profile, please seek medical review

If you have none of the above symptoms, family history or combination of risk factors you should be able to proceed with competition. An exercise programme gradually increasing in frequency and intensity before competition has been associated with a reduced risk of sudden cardiac death.

Regular training and exercise throughout the week further reduces the chance of heart attack and sudden cardiac death during competition.

Medical review should include a **careful history** in search of cardiac symptoms or family history of heart disease and physical assessment of pulse, **blood pressure**, heart murmurs, carotid artery narrowing, and clinical assessment for rare but potentially dangerous heart conditions including dynamic murmurs (Hypertrophic cardiomyopathy) radio femoral delay (aortic coarctation) features of Marfan syndrome, and **check of glucose and cholesterol profiles**. If there are clinical concerns or combination of risk factors for coronary artery disease your general practitioner may arrange specialist cardiac review. ECG screening is a controversial area but has been recommended in some parts of the world especially in elite level sporting programs.