Pitfalls of prescribing suitably for athletes

My request to go on a field trip to Rio this summer for the selfless purpose of furthering medical and pharmacy practice was politely declined by the powers that be, so I remain stuck at my desk over 5000 miles away. As I write this, Team GB has just won a ninth medal – this one gold in the men’s kayak. The US swimmer Michael Phelps is bringing home his 21st gold – that’s only two fewer than the total that hosts, Brazil, have managed in 21 summer games (spare a thought for the 74 nations that have never won a medal of any colour). Win or lose, the dedication and training of the thousands of athletes participating can be truly inspiring, as are the phenomenal displays of endurance, strength and skill.

But, unfortunately, natural ability and commitment are not enough for a minority of athletes, who resort to the use of performance-enhancing drugs. By the time you read this, there will undoubtedly be further news reports of such deceit in Rio. These games already come on the back of the biggest drug-taking scandal in sporting history, with Russia accused of a state-sponsored programme of doping and covering up of positive samples. Closer to home, the UK’s reigning cycling world road race champion Lizzie Armitstead has had to deal with the fallout of missing three drugs tests.

UK Anti-Doping operates a policy that elite athletes are personally responsible for any prohibited substance found in their system, regardless of intent. However, doctors who prescribe or otherwise help provide pharmacotherapy intended to improperly enhance an athlete’s performance contravene guidance offered by the GMC, and consequently be struck off. This isn’t simply about helping an athlete to cheat, but also the potential to cause physical harm as a result of adverse drug effects. And circumventing the issue through the prescription of the sporting equivalent of the ‘legal high’, eg meldonium – the downfall of tennis superstar Maria Sharapova, is similarly morally indefensible.

*Prescriber* covers all areas of therapeutics and prescribing policy, and this month’s issue is no different addressing clinical issues as diverse as croup (p32) and anticoagulation (p15). But the murky world of doping will remain alien to most of our readers.

Nevertheless, providing pharmaceutical care to athletes for a wide range of legitimate medical conditions will not be uncommon. And importantly, the treatment of many common problems such as hayfever or asthma may involve the use of banned substances. To expect all clinicians to be au fait with the complex regulations around drug use in sport is unrealistic.

However, it is essential that prescribers are at the very least aware of the potential pitfalls in order to help support athletes and to ensure that doubt is not mistakenly cast upon sporting excellence through otherwise appropriate therapeutic intervention.

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