



Sudden Cardiac Death During Exercise

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Declaration for [Sanjay Sharma]

I have the following financial interest or relationship/s to disclose with regard to the subject matter of this presentation:

- Consulting fees: English Football League Clubs, Rugby Union Clubs, Lawn Tennis Association, English Cricket Board, Team GB Rowing.
- Research contracts: Grants from British Heart Foundation and Cardiac Risk in the Young



Benefits of Formal Exercise Training Programmes on Risk Factors for Atherosclerotic CVD



Systolic blood pressure -5 mm Hg



Diastolic blood pressure -3 mm Hg



Total cholesterol -5%



LDL cholesterol -2%



Body mass index -1.5%

Benefits of Exercise

- ↓ Body mass index
- ↑ Insulin sensitivity
- ↓ Metabolic syndrome
- ↓ Type II diabetes mellitus

- ↑ HDL
- ↓ LDL
- ↓ Triglycerides

- ↑ myokine release
- ↓ C-reactive protein
- ↑ IL-6 from muscle



- ↑ cardiac size
- ↑ cardiac filling in diastole
- ↑ stroke volume

- ↓ aortic stiffness
- ↓ systemic vascular resistance
- ↑ left ventricular compliance
- ↑ plaque stability

- ↓ heart rate
- ↑ ion channel expression
- ↑ electrical stability

- ↑ capillary conductance
- ↑ endothelial function
- ↓ oxidative stress
- ↓ thrombogenicity

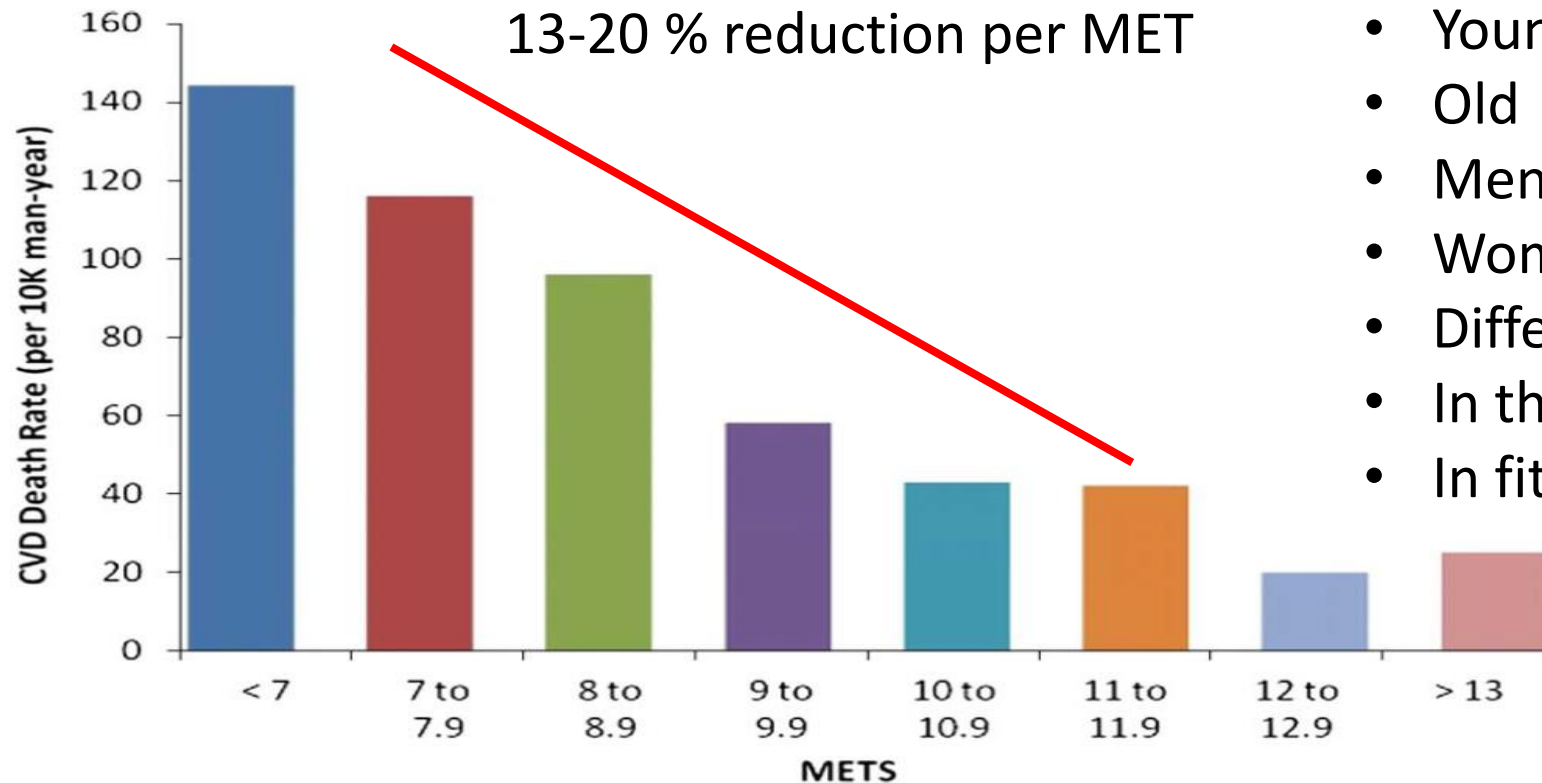
The Exercise Paradox



Can trigger myocardial infarction and promote fatal arrhythmias in predisposed individual

May worsen arrhythmic substrates

Relationship Between Cardiovascular Fitness, Cardiovascular Disease and All Cause Mortality



- Young
- Old
- Men
- Women
- Different ethnicities
- In the presence of comorbidities
- In fit and ostensibly healthy people



Eriksen: European Championships 2020

Tom Lockyer: December 2023



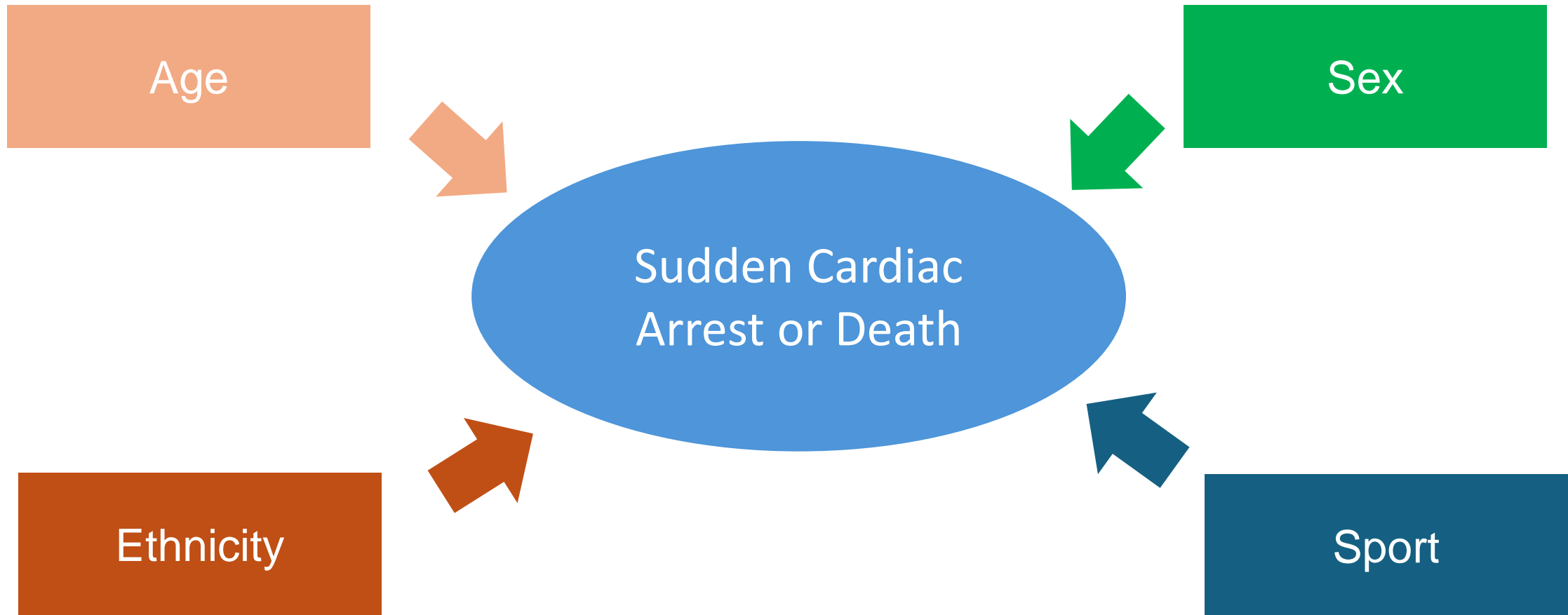
Sudden death in Young Athletes

- Mean age of death: 18 years old
- Male to female ratio 9:1
- Greater risk in black athletes
- Some sports afford greater risk (soccer and basketball).
- Over 80% during exertion.
- **Over 80% have no prior warning symptoms**

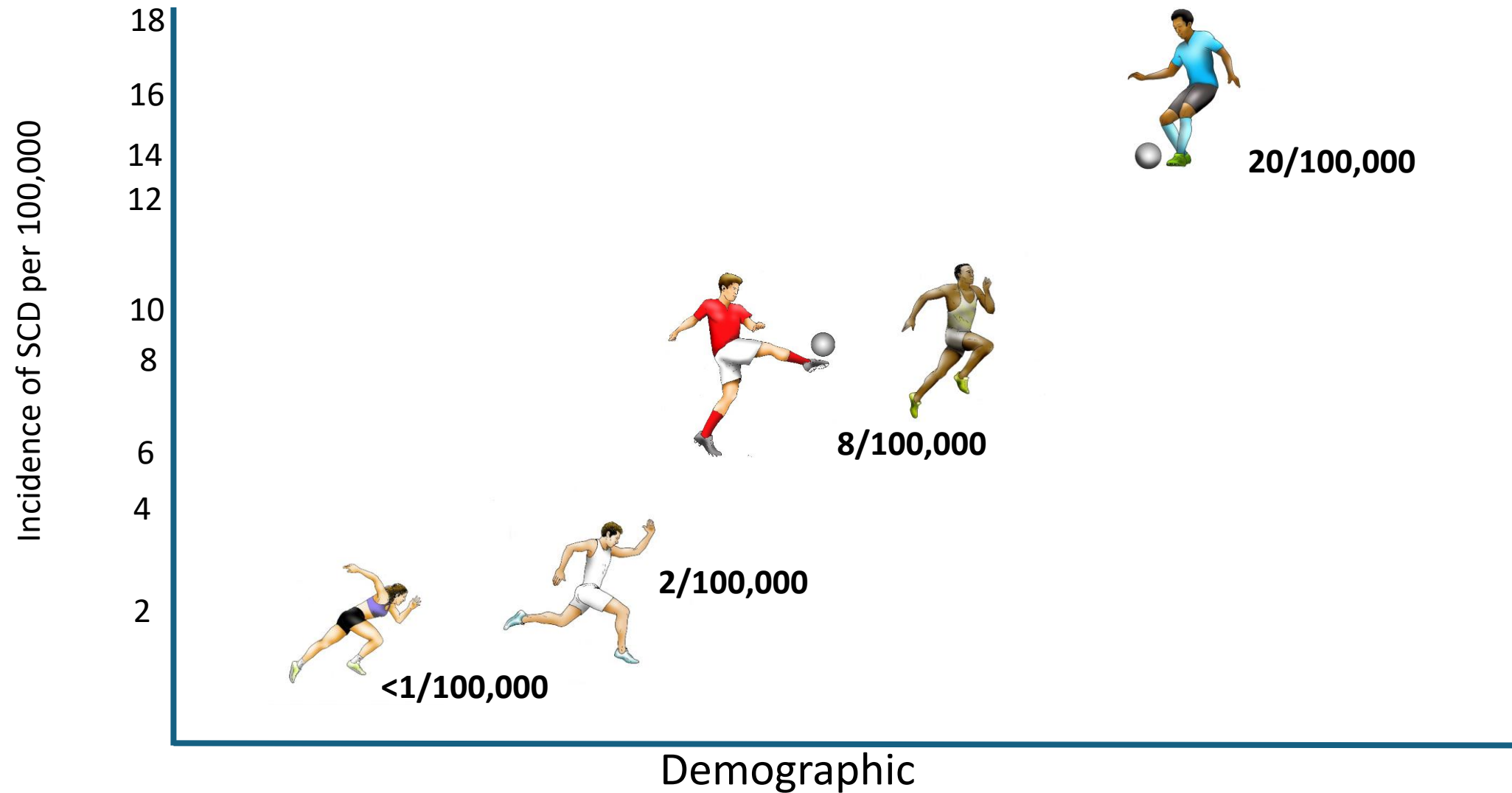


1. Maron BJ et al. Circulation. 2009; 119: 1085-1092;
2. Harmon K et al Circulation 2015 Jul 7;132(1):10-9

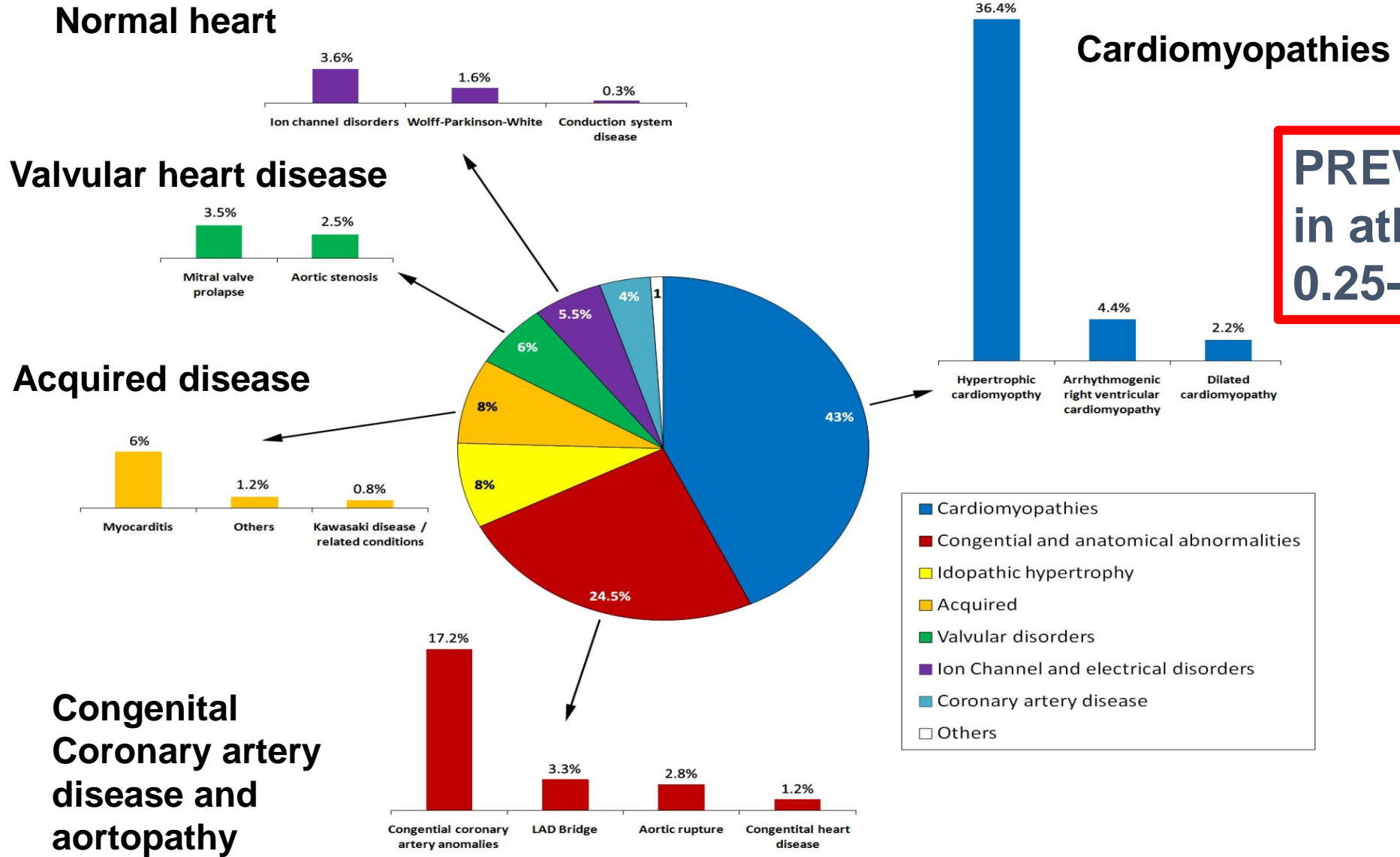
Determinants of Exercise Related Sudden Cardiac Arrest



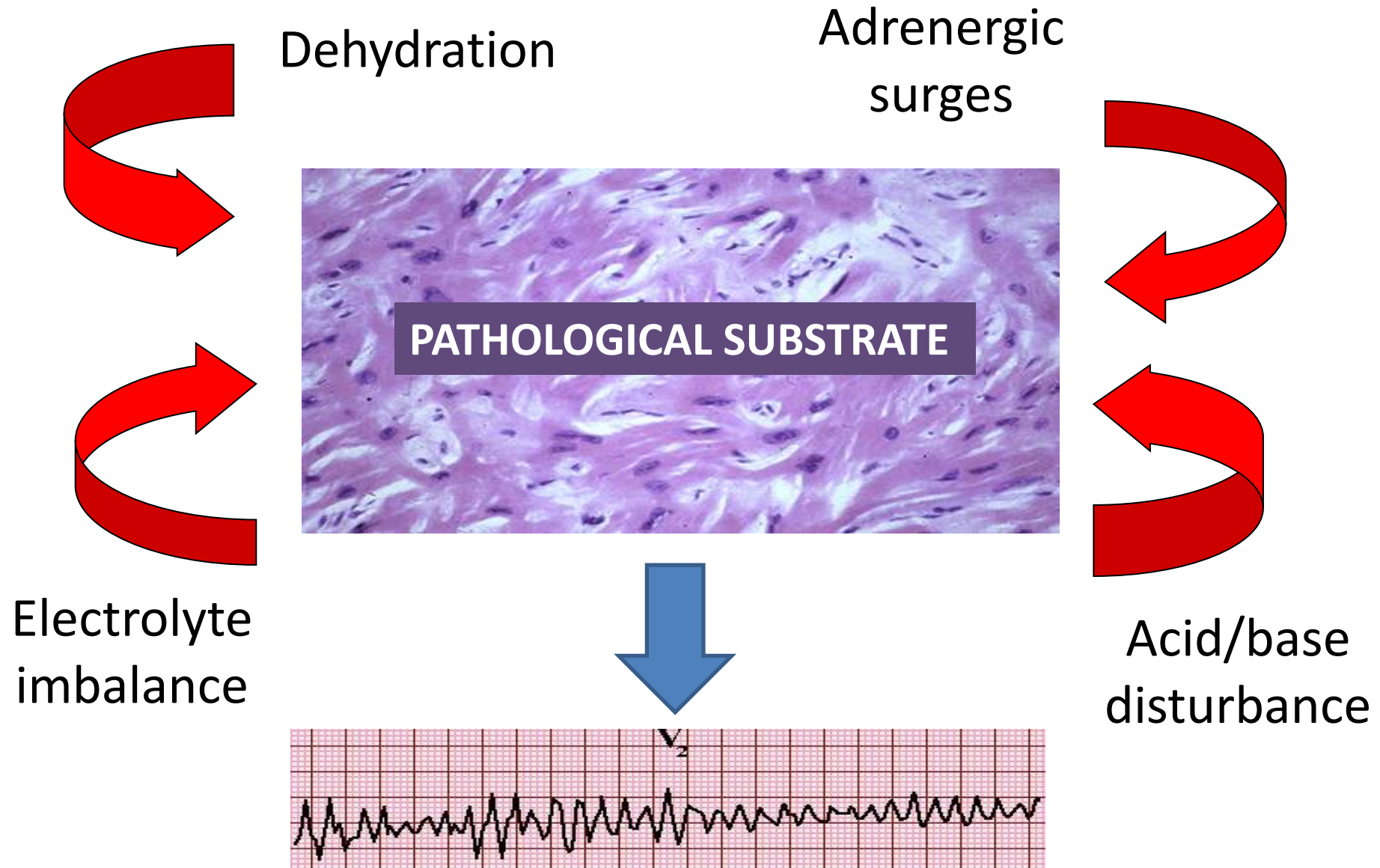
Incidence of SCD in Athletes in Relation to Sex and Race



Causes of SCD During Sport in the Young



Triggers for Sudden Cardiac Death



Voluntary charity
based cardiac
assessment in the
young

Symptomatic young
individual

Mandatory cardiac
evaluation in sport
using ECG +/-
echocardiography

Detection following
pedigree assessment
in a first degree
relative

FURTHER
INVESTIGATIONS

↓
DIAGNOSIS

Preventive Strategies

Athlete Education



Active Screening



Provision of Automated external defibrillators



Screening Athletes

Condition	History	Examn	ECG	Echo	CMR
HCM	Pos/Neg	Pos in 25%	Positive	Pos	Pos
ARVC	Pos/Neg	Negative	Positive	Neg/Pos	Pos
WPW	Pos/Neg	Negative	Positive	Neg	Neg
LQTS	Pos/Neg	Negative	Positive	Neg	Neg
Marfan	Pos/Neg	Positive	Negative	Pos	Pos
CAA	Pos/Neg	Negative	Negative	Neg	Pos/Neg
Myocarditis	Pos/Neg	Pos/Neg	Pos/Neg	Pos/Neg	Pos/Neg





young competitive athletes

family and personal history, physical examination, 12-lead ECG

negative findings

positive findings

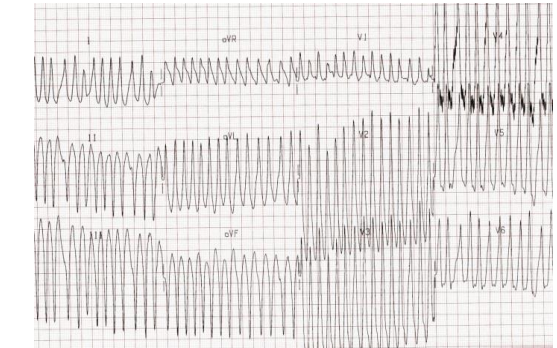
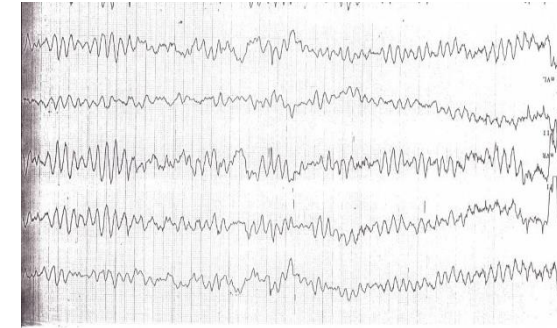
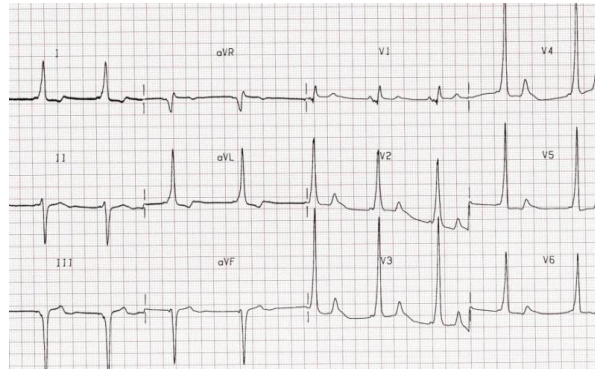
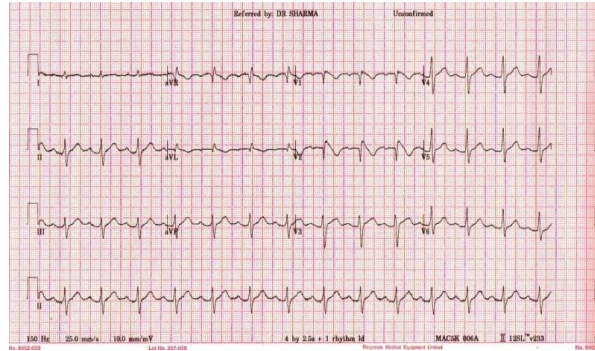
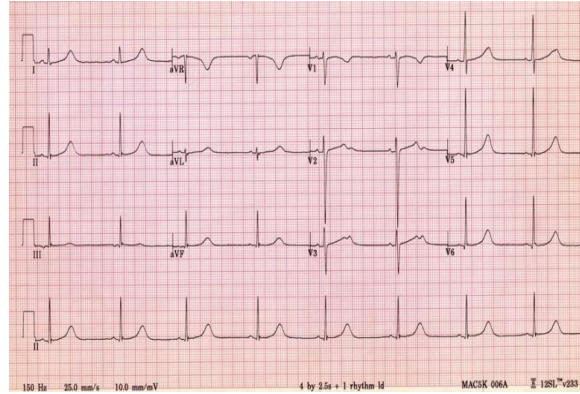
eligible for competition

no evidence of cardiovascular disease

further examinations (echo, stress test, 24-h Holter, cardiac MRI, angio/EMB, EPS)

diagnosis of cardiovascular disease

management according to established protocols



LQTS

Brugada

WPW

Aetiology of Sudden Cardiac Death in Sports: Insights from a UK Regional Registry

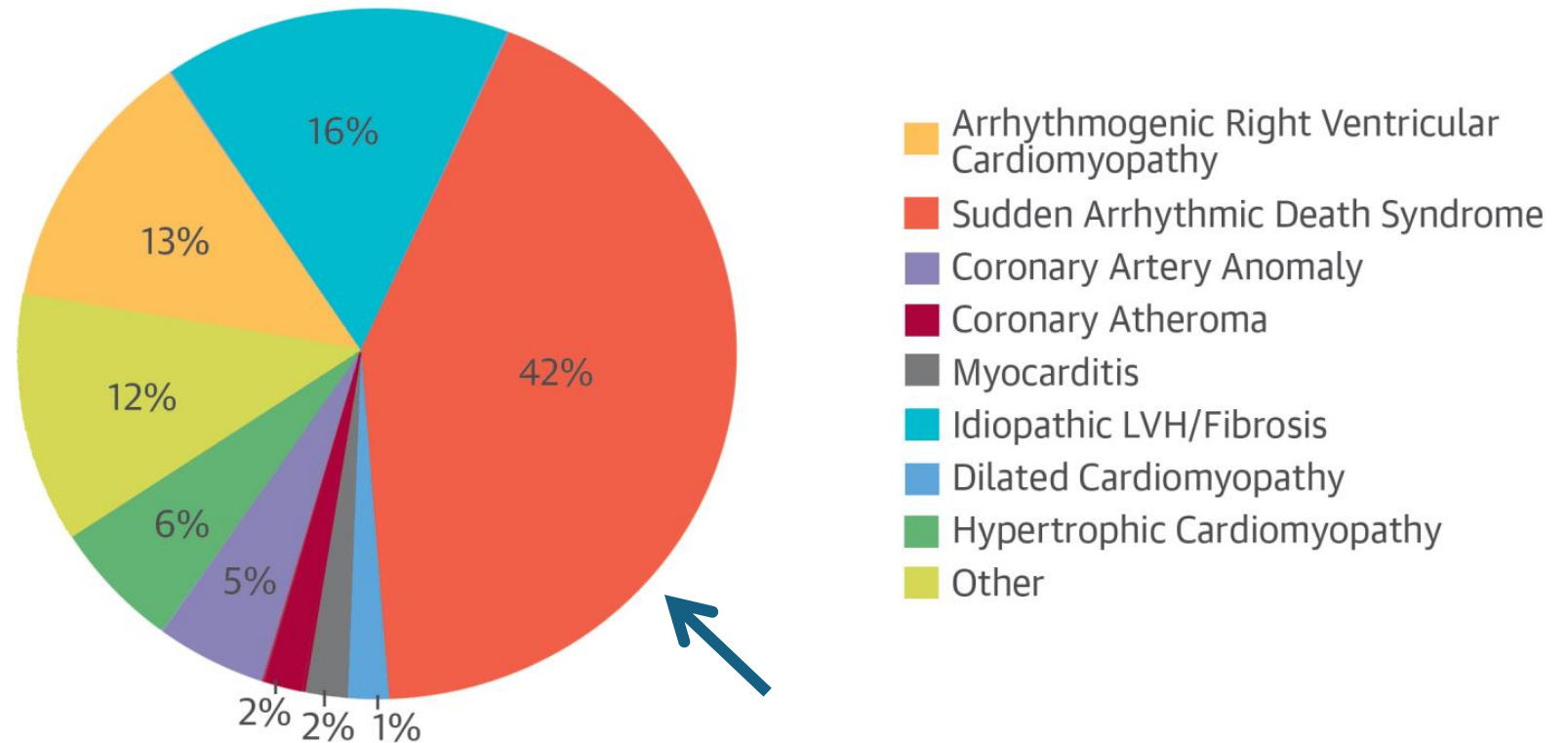
357 consecutive athletes.

Mean age 29 ± 11 years old.

92% Male.

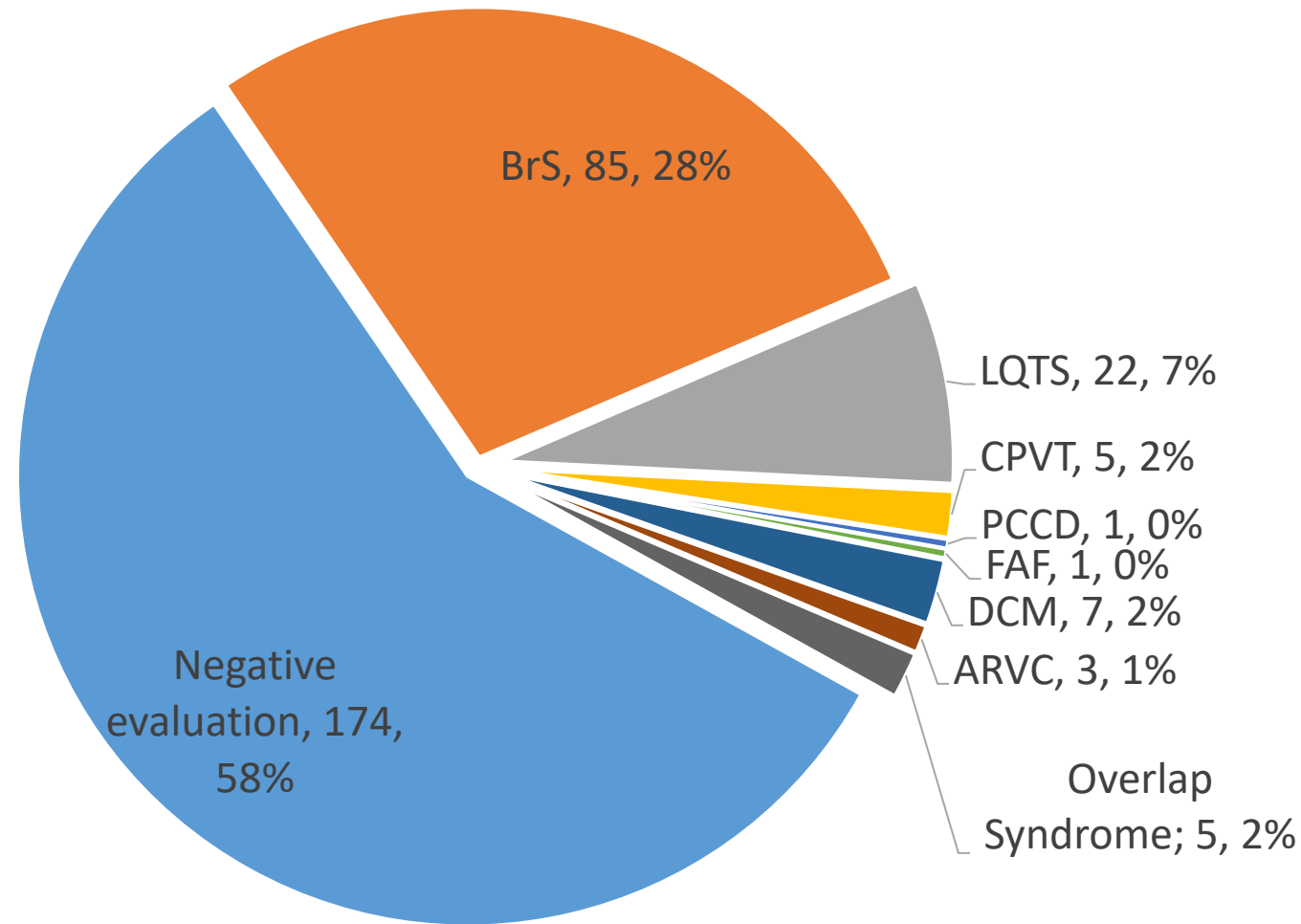
69% competitive.

40% died at rest

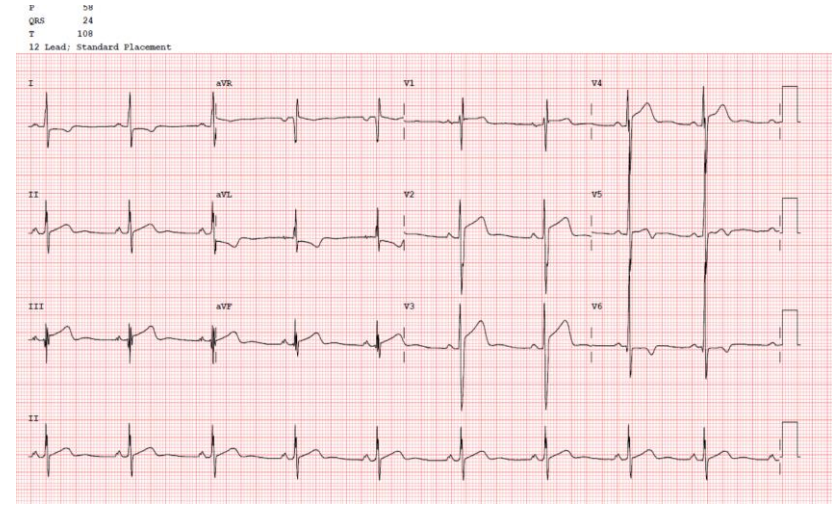


Diagnostic Yield in Families of Victims of Sudden Arrhythmic Death Syndrome: 300 Families (911 members)

Underlying ion channel disorder in 40% of families

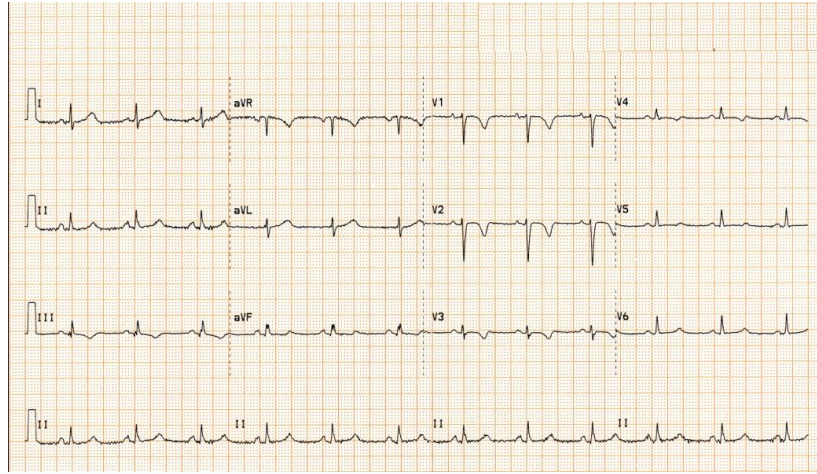


ECG is Frequently Abnormal in Individuals with Cardiomyopathy



HCM 95%

Corrado et al NEJM, 1998; 339(6):364-369



ARVC 80%

Finocchiaro G. Europace. 2018; 332-338



DCM 75%

Zaffalon D Eur J Clin Invest. 2022 doi: 10.1111/eci.13837

International recommendations for electrocardiographic interpretation in athletes

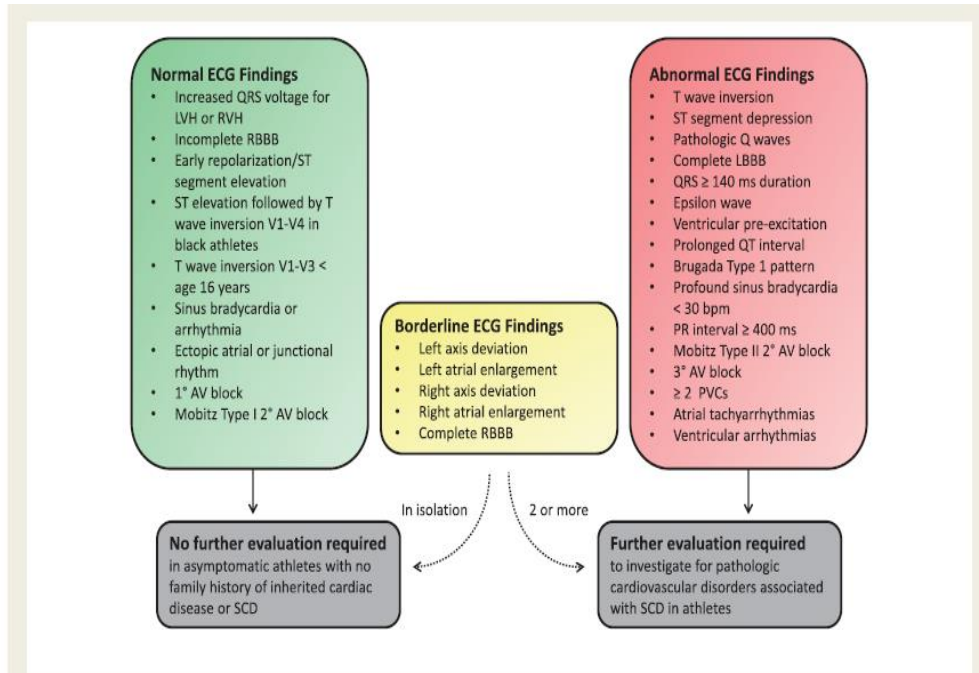


Figure 1 International consensus standards for electrocardiographic interpretation in athletes. AV, atrioventricular block; LBBB, left bundle branch block; LVH, left ventricular hypertrophy; RBBB, right bundle branch block; RVH, right ventricular hypertrophy; PVC, premature ventricular contraction; SCD, sudden cardiac death.

Positive ECG number reduced to 2.5% in white athletes.

Maintained sensitivity for diagnosing serious disease at 92%.

Improved specificity for diagnosing serious disease from 87% to 97%.

Positive predictive value of ECG 17%.

Deaths Despite Screening with ECG

False Negatives

Anomalous coronary arteries

Adrenergically driven ion channel disorders

Incomplete expressions of cardiomyopathy

Acquired conditions

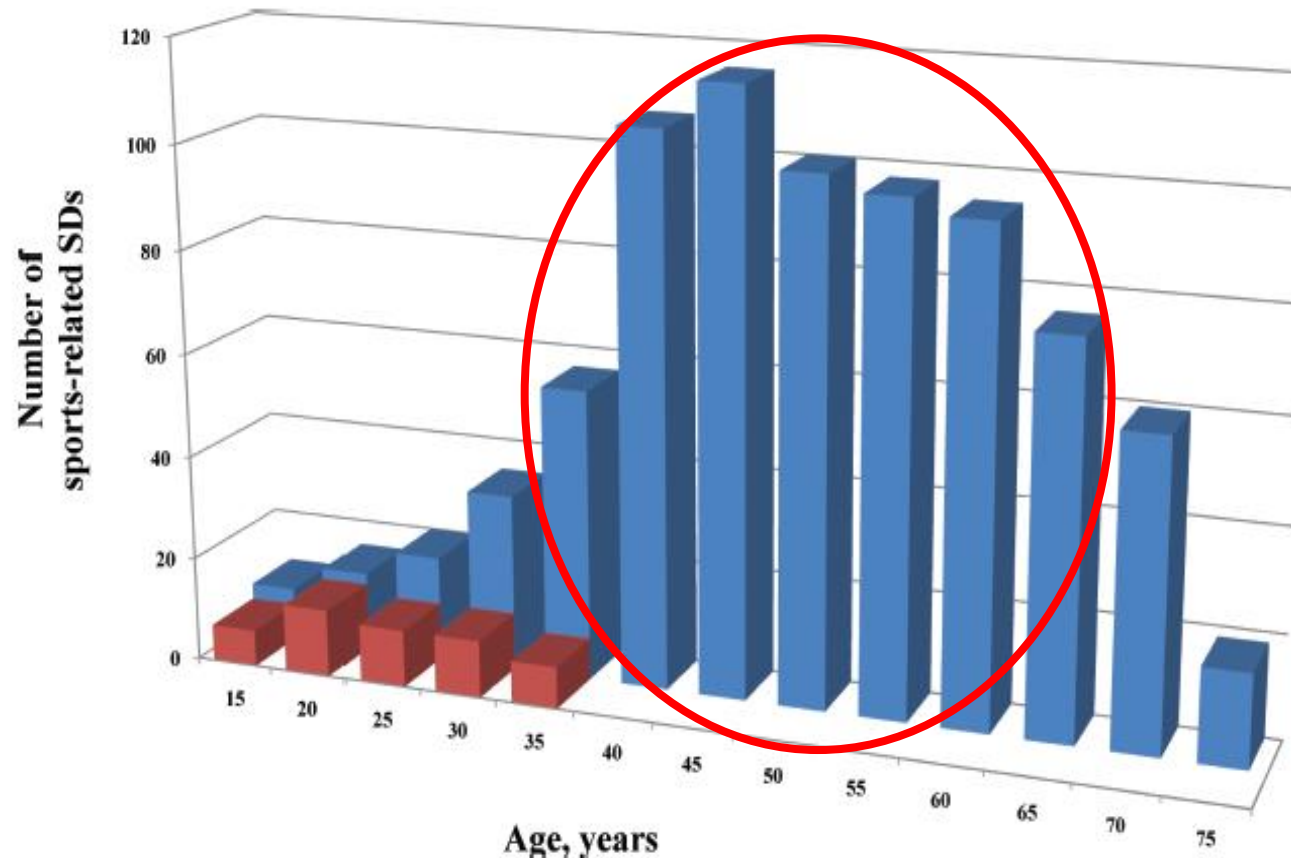
Atherosclerotic coronary artery disease

Commotio cordis

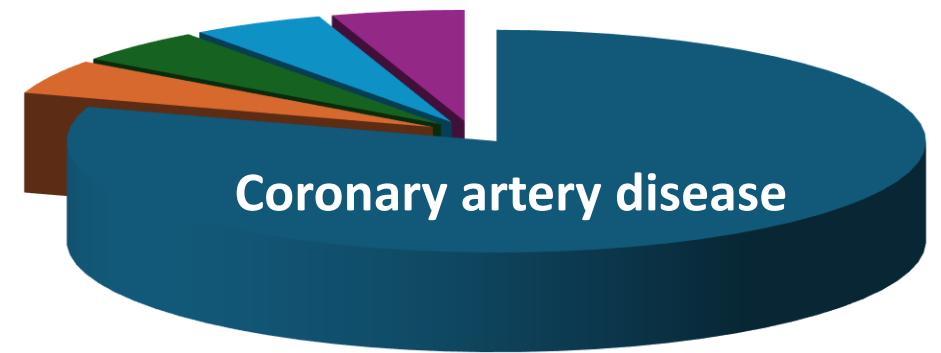
Myocarditis

Electrolyte disorders

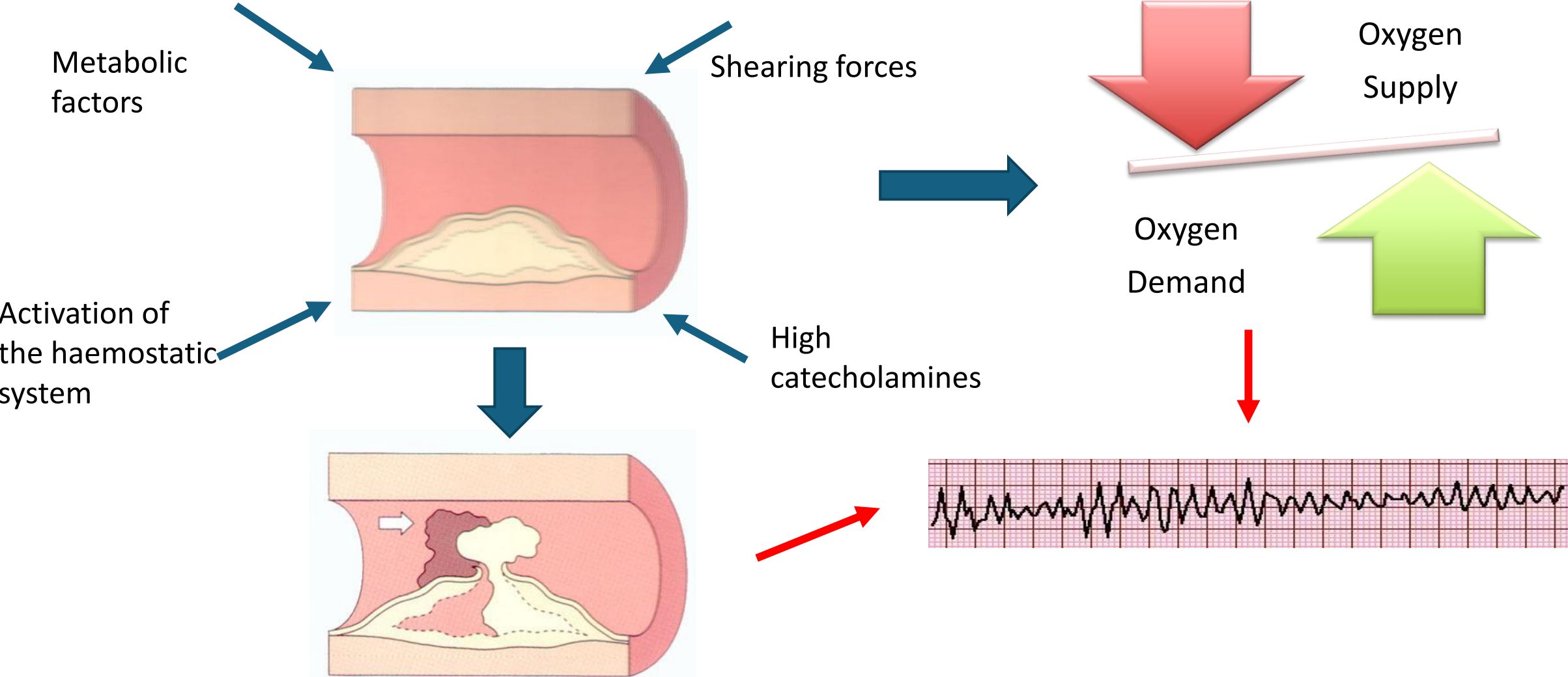
Sport Related Sudden Cardiac Death in the General Population



Causes of Sudden Death in Middle Aged and Older Athletes



Mechanisms for Acute Myocardial Infarction and SCD



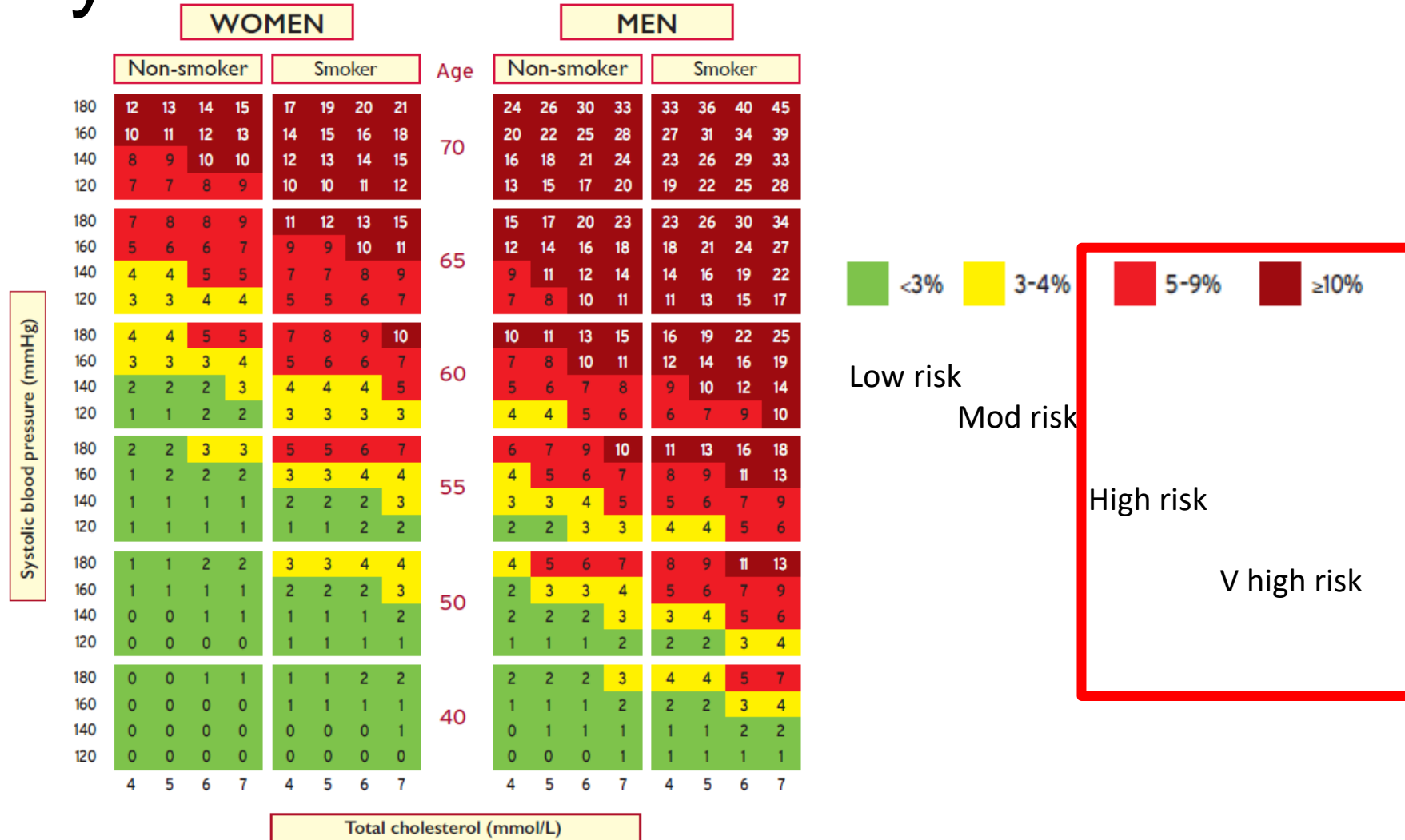
Identifying Individuals at High Risk of Coronary Artery Disease

Symptoms

Habitual activity level

10-year risk based on the SCORE chart

High level of established risk factors



High Risk Profile for Coronary Artery Disease

Health Questionnaire

Symptoms

Previous cardiac history

High risk factor profile

10-year risk of adverse cardiac event > 5%

History of diabetes mellitus

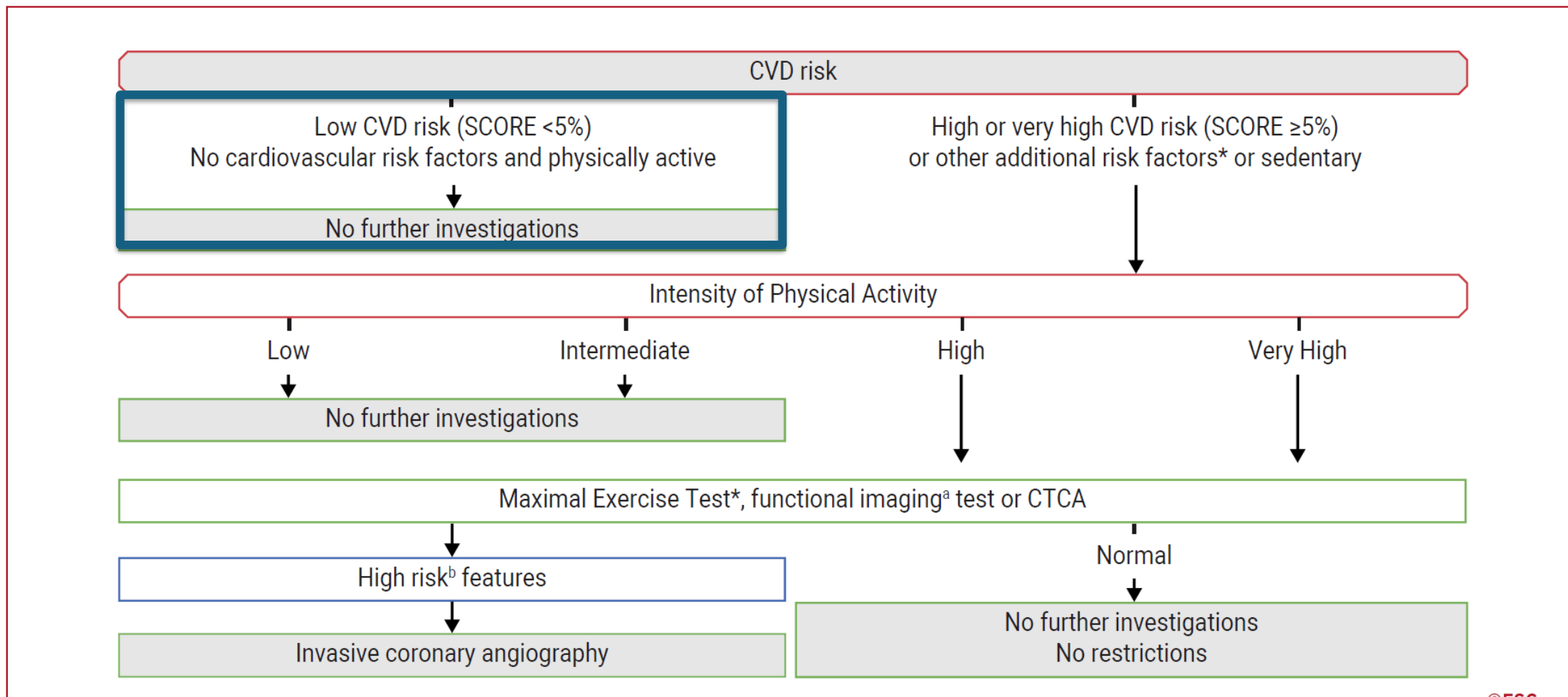
BP > 180/110 mm Hg

Total cholesterol > 8 mmol/L or LDL > 6 mmol/L

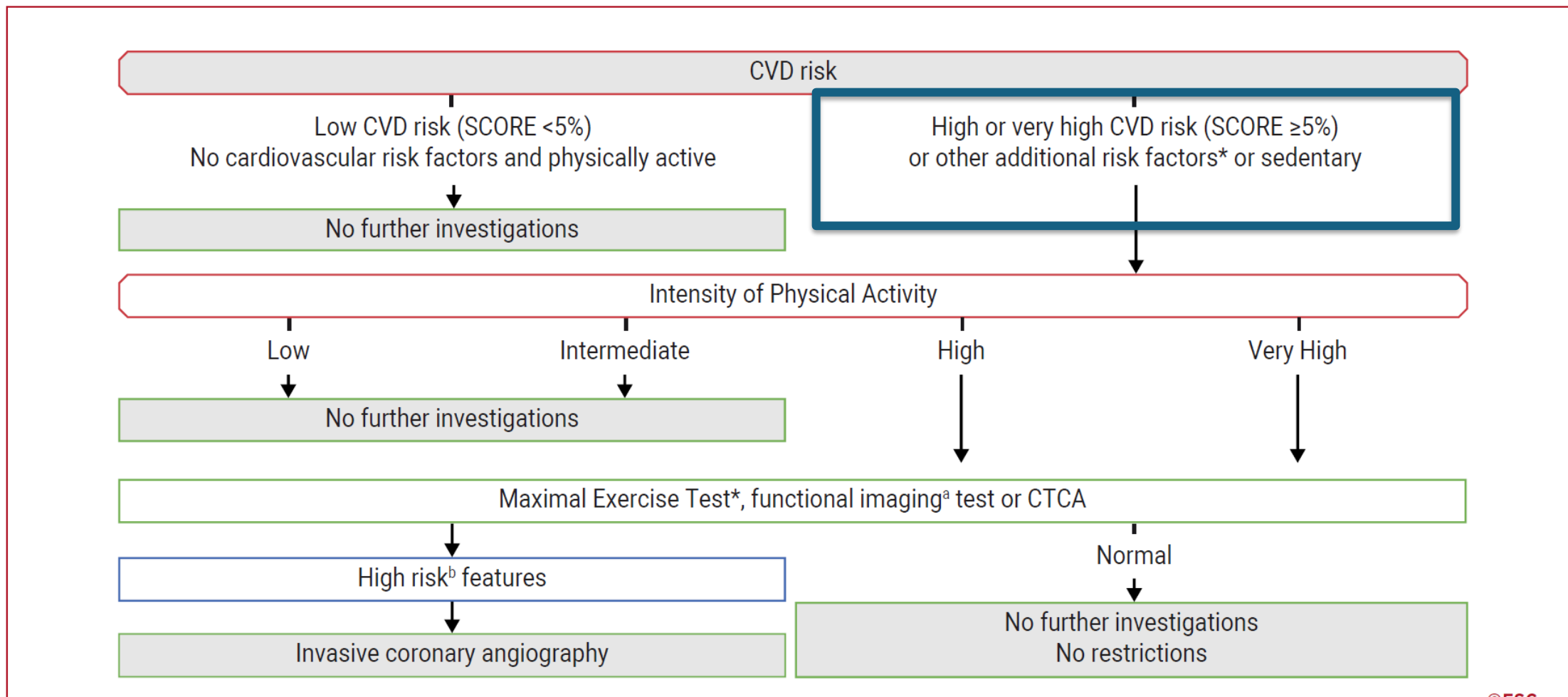
Family history of premature CVD in first degree relative

BMI > 28

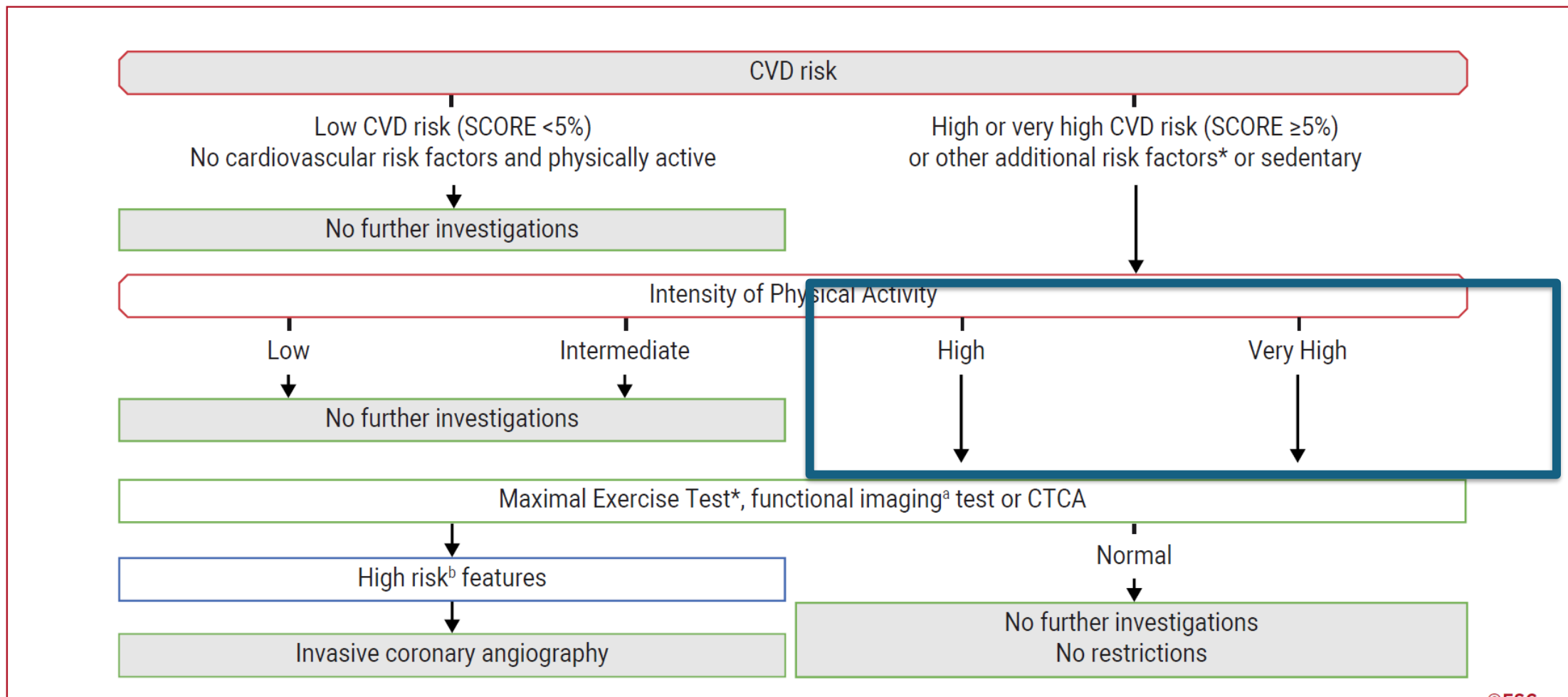
Proposed algorithm for pre-participation cardiovascular assessment in individuals aged >35 years



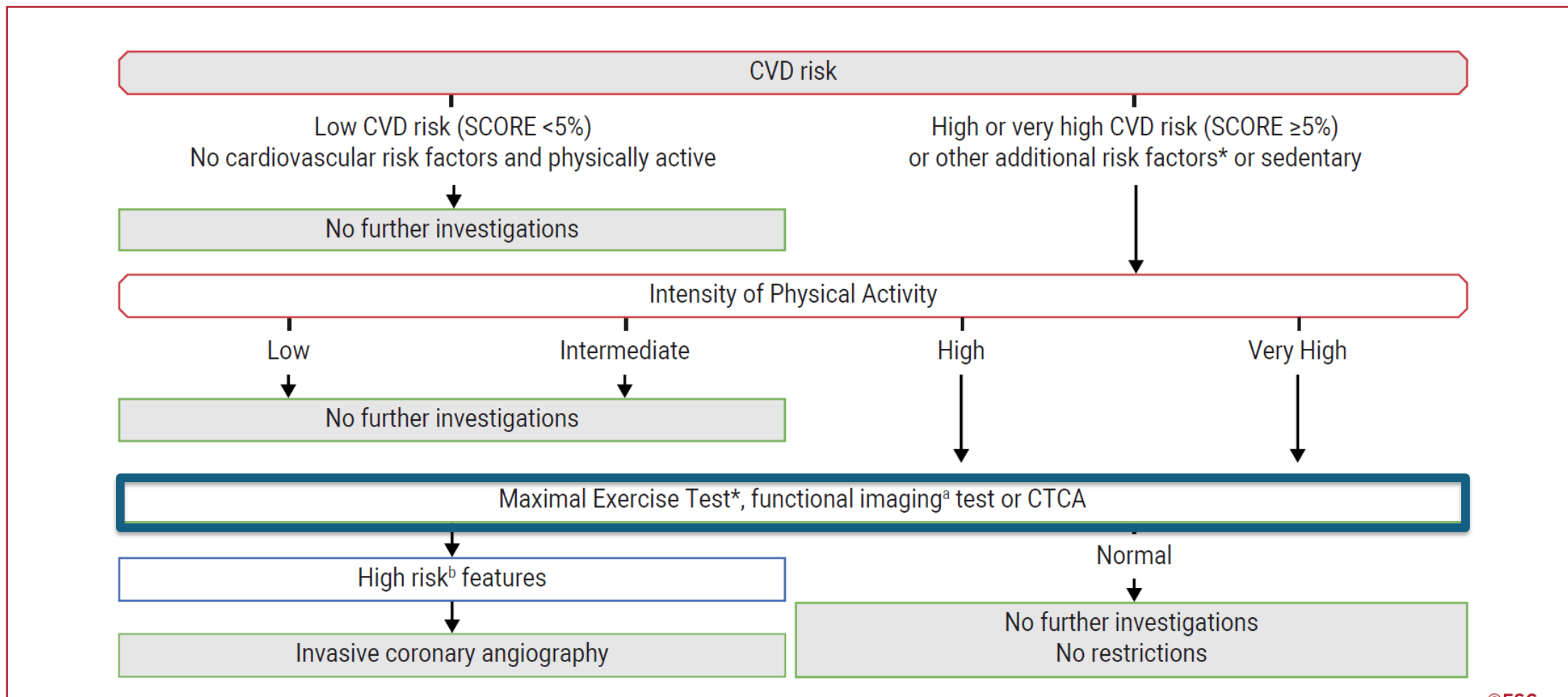
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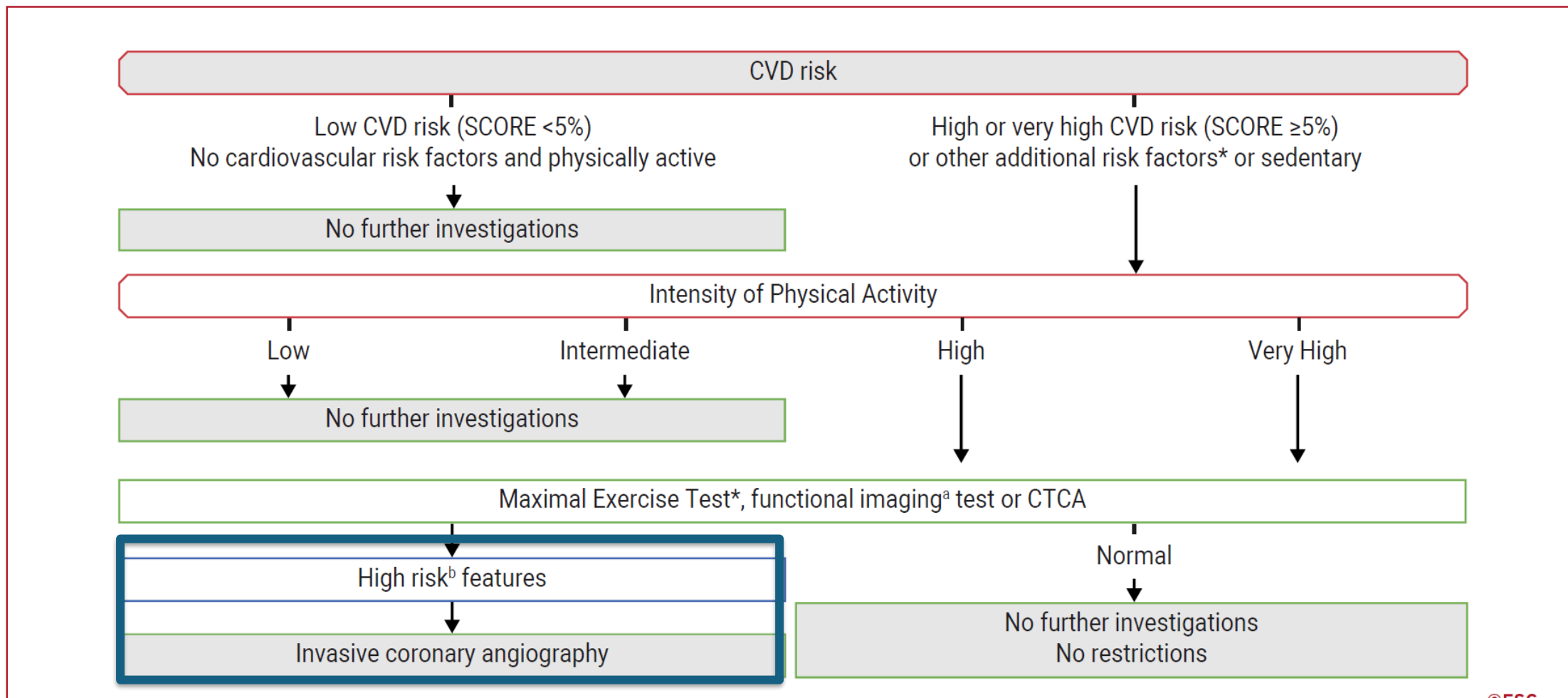
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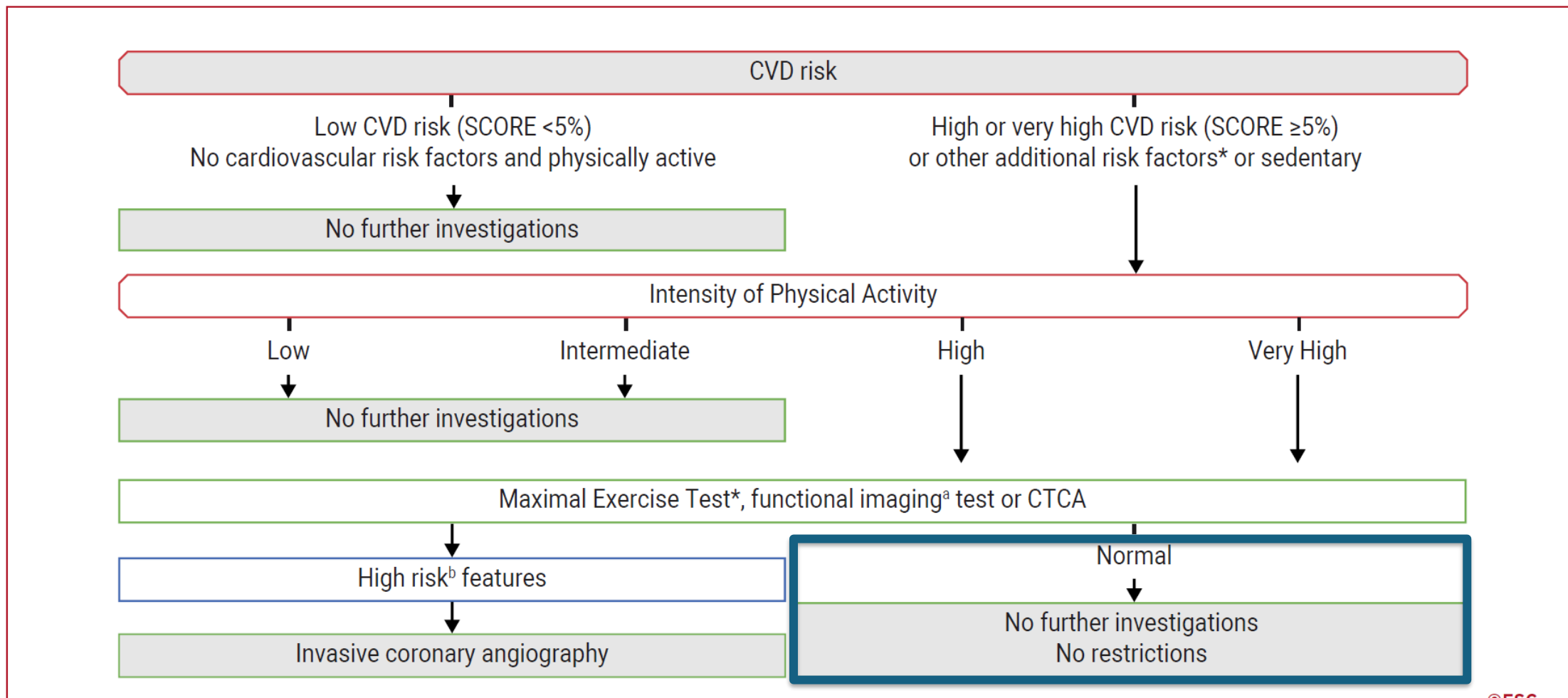
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Proposed algorithm for pre-participation cardiovascular assessment in individuals aged >35 years



Association Between Basic Life Support and Sports-Related Sudden Cardiac Arrest

Association between basic life support and survival in sports-related sudden cardiac arrest





Bystander presence



Bystander CPR



Bystander AED use

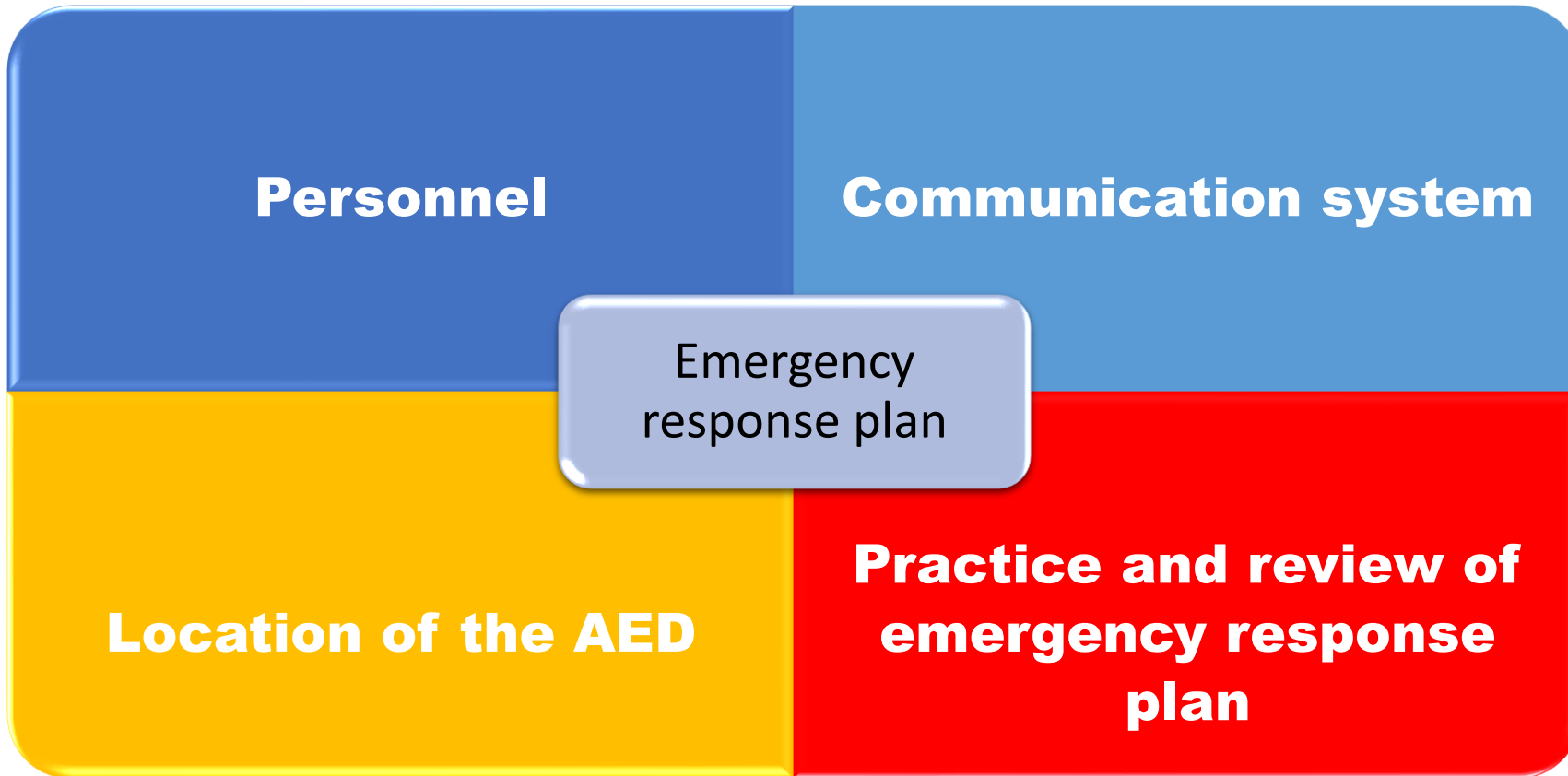
	Bystander presence	Bystander CPR	Bystander AED use
 Studies	9	23	19
 Patients	988	2523	1227

Benefit on survival
Bystander presence
OR: 2.55
[95% CI: 1.48–4.37]
 $I^2 = 25\%$

Benefit on survival
Bystander CPR
OR: 3.84
[95% CI: 2.36–6.25]
 $I^2 = 54\%$

Benefit on survival
Bystander AED use
OR: 5.25
[95% CI: 3.58–7.70]
 $I^2 = 16\%$

The Emergency Response Plan in US Schools



- Mean time from collapse to CPR

1.5 Minutes

- Mean time from SCA to first shock


3.6 Minutes

Report of 1710 US high schools with an on-site AED program.
Survey relating to sudden cardiac arrest (SCA) between Jan 2006-
July 2007
36 cases of SCA

Prompt CPR 94%
AED shock 83%



14 (high school)
Mean age 16



22 older non students
Mean age 57

64% survived to hospital discharge in each group
Higher survival rates may have been to the onsite AED (79%) and smaller
number of cases of hypertrophic cardiomyopathy (21%)

Survival After SCA During Exercise

Author	Study	Survival
Kinoshi	Road races in Japan	93%
Drezner	Schools with AED	64%
Berdowsky	Gen Pop Amsterdam	46%
Sharma	London Marathon	43%
Kim	Marathon runners	29%
Marion (US)	Gen Pop Oregon	23%

Education

Exercise

- Exercise within limits that do not produce cardiac symptoms.

Avoid

- Avoid exercising during febrile episodes, lower respiratory tract symptoms or gastroenteritis

Abstain

- Abstain from performance enhancing agents

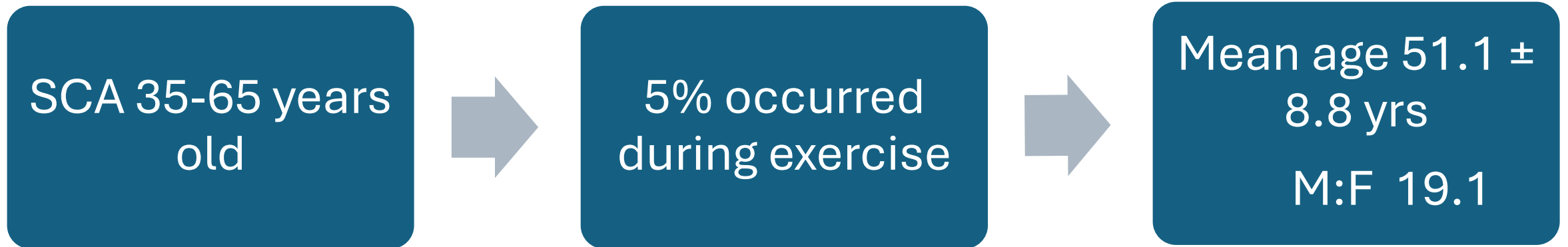
Avoid

- Avoid specific medications (Long QT syndrome)

Attention

- Among individuals with atherosclerosis, pay particular attention to risk factor control

Sudden Cardiac Arrest During Sports Activity in Middle Age



16% had pre-existing heart disease

56% had ≥ 1 risk factor for CAD

36% had typical symptoms of cardiovascular disease in the prior week.

Conclusions

Exercise is a risk factor for myocardial infarction and sudden cardiac arrest

A large proportion of adolescent and adult athletes with serious cardiac diseases can be identified by relatively simple screening methods.

Sudden death during sport is most common in middle aged and older male athletes and is most frequently due to coronary artery disease.

The identification of high risk individuals requires a pragmatic approach checking for symptoms and risk factors for atherosclerosis.



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