

Saturday, October 3, 2015

Competitors risk serious injury using anti-inflammatories

Both elite sportspeople and “weekend warriors” who take anti-inflammatories before competing can cause serious damage to their kidneys, says Dr Hamish Osborne, a senior lecturer in sport and exercise medicine at the University of Otago in Dunedin (New Zealand).

“People are generally aware that anti-inflammatories can cause stomach ulcers and cause the stomach lining to bleed, but it is not well known that they can also damage the kidneys,” he told pain medicine specialists today (October 2) at the Faculty of Pain Medicine’s Spring Meeting being held in Queenstown this weekend (October 2-4).

Research has shown that taking a standard dose of anti-inflammatories for 36 hours before a hard 30 minute run causes a 40 per cent reduction in kidney function, which is not seen when running with no anti-inflammatories in the system.

“What happens if you do this all the time? What happens if you are older or have poorer kidney function and you do this?”

While anti-inflammatories have a place in the treatment of musculoskeletal pain, Dr Osborne says that as a sports medicine specialist, he would be very happy if they were taken off the market. “It would save a lot of people getting stomach ulcers and kidney damage.”

Dr Osborne, who is also a Fellow of the Australasian College of Sports Physicians, says it is very common for professional and amateur athletes to compete with injury.

At the 2013 World Swimming Championships, about one third of the 1116 competitors who responded to a survey reported an injury or physical complaint in the lead up to the championships, with about 70 per cent of those still being affected by that injury or complaint at the start of the competition.

The pressure or drive to compete can be huge and can come from coaches, sports administrators, sponsors and the sportsperson’s own internal motivations, especially where people have been training for years for an event, such as the Olympics.

While less is known about how many amateurs compete when injured, Dr Osborne’s experience in his private practice is that these sportspeople are just as keen to find a way to participate, using the same reasons and language as elite athletes.

“As doctors, we need to be very clear about what can be used to assist,” he says.

World Anti-Doping Agency rules severely limit what can be used medically for pain relief. While paracetamol, codeine and anti-inflammatories are permissible, there is not much else that the sports medicine doctor or pain medicine specialist can offer, and anti-inflammatories should be used with caution, Dr Osborne says.

However, in most circumstances Dr Osborne encourages sportspeople to keep up their activity while they heal, where possible. While stress fractures require rest, with other injuries such as damage to tendons, it is possible to keep participating in sport while such injuries heal.

“With these sorts of injuries, as long as you don’t go above a pain threshold of five out of 10, and that pain settles back to base shortly after you stop, there is no danger in continuing. It is safe to do so and, if you are getting the appropriate specific treatment for the injury, it doesn’t change the ultimate outcome.

“I believe it is important for their health generally to keep people participating in their sport or physical activity – if they stop, they may not get back into it. As doctors, we need to get cleverer at fixing people while they continue to participate,” Dr Osborne says.

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