

[music]

Lightfoot

From Maine and from Tufts University, Doctor William Dexter. [applause] [inaudible].

Dexter

Thank you, Tim.

S1 00:26

[inaudible].

S2 00:30

Howdy.

S? 00:31

Howdy.

S2 00:31

All right. I like that tradition. I'm very impressed being here. I will share with you that Texas A&M has more students than my city has residents. So it's impressive. So today, I've been asked to talk to you about performance-enhancing drugs, just a problem in elite athletes. We, I think, are becoming immured to this in our society. We see this constantly. We get bombarded constantly. Olympics, pro-sports, football, the weight-lifting, there's a re-testing of urine samples, I mean, it's all over the place. And we sometimes lose sight of the fact that this is a problem at other levels. And so really, I'm going to subtitle this talk, If we Turned a Blind Eye and a Deaf Ear to Anabolic Steroid Use. And so I think you're kind of going to get the drift from my talk, just from the title of this. I'll start this by saying that I have no disclosures to make. I do want to make one thank you and that's to a gentleman named Don Hooton. Don is from Plano, Texas. His son Taylor, pictured there for you, was a baseball player who made the bad choice to begin anabolic steroids. When he was coming off, he became depressed and then suicidal. And Don lost his son Taylor. He turned that personal family tragedy into a lifetime of good work in terms of working and educating folks about anabolic steroids. He's really been an inspiration to me. So that's my disclosure. So our goals for our conversation-- I'm going to tell you four stories today. I could tell you a lot more, but I'm only going to tell you four. I'm going to raise some questions, particularly the question, "What would you do if?" Hopefully reinvigorate this conversation, reintroduce this whole topic to you, and in that process, hopefully become more motivated to expand your knowledge, examine attitudes, and hopefully just become more aware. And by the end of the talk, we hope that this gentleman in the picture will have his head out of the sand.

S2 02:48

So my story begins when I was a newly minted attending, at Dartmouth College in Hanover, New Hampshire. And it was my first gig. I had a fellowship and I was asked to give a community lecture on anabolic steroids. Now this is in-- okay, I'm not going to tell you when it was because it would date myself. But it was a winter evening. Winter is very harsh there. It can look a lot like that picture. The snow was falling. The wind was howling. And I had to drive about 15 miles to get where I needed to be and I thought, "I'm just going to bag this. I can't believe that anybody would come out in this weather to listen to what I have to say." But I went and it was a packed house. Now, this packed house actually was the Bruce Springsteen concert I went to this winter with my wife at the Boston Garden, so that wasn't there. But it was packed and mostly with young men and they had one thing on their minds. And that was to learn more about how to use anabolic steroids. It was frightening. It was eye-opening and it really launched me in my career, thinking about this topic and working in this topic. These things are pervasive. You Google it, how to use anabolic steroids, how to beat a steroid test. Millions and millions of hits. I mean, it is incredibly easy to get this information. More than half of all anabolic steroid use begins in high school. And 8% of the males age 18 to 25 in this country have reported using so they are really pervasive. They're out there. So if a patient, a client, a teammate, a friend tells you

that they want to use anabolic steroids. What would your approach be? Well, here's two extremes, one is this quote from a guy named John Tracy. He's a four-time Olympian silver medalist, in the marathon. "They're cheaters pure and simple I'd show them the door straight away with a swift kick up the ass." Well, that's certainly is one way to approach it. Another would be, "Okay. Sure I'll prescribe anabolic steroids for you." Really? Do athletes get their anabolic steroids from a medical provider? Turns out that they do. And dismaying to me as a sports medicine physician, that up to 21%, depending on the study, of people are using these substances are getting them from their doctor. This is outrageous and it's illegal. It's a felony. \$250,000 fine, 10 years in jail, but it's still happening.

S2 05:29

So my second story. I was asked to present to a local high school coaches and parents meeting. And the audience that night, full of coaches, full of parents, dads, moms, school nurses. I asked, "How many of you here tonight think that any of your athletes are now using or who have ever used anabolic steroids?" At that time I was treating three of their athletes who I knew were using anabolic steroids and I knew from my colleagues of many more who are on them. The outcomes from those questions were twofold. The first is the answer to both of those questions was, "None of our athletes are doing it." That head in the sand. And I was never invited back and the next year, they did not invite me back to fulfill the contract. They got rid of me, all right? They didn't want to know. So now we're going to go the real world of primary-care sports medicine. And I'm going to tell you a couple of stories, cases from my files. These are people that I've seen in my office. And the first, a 17-year-old football prospect, a big, strong kid. I took care of his whole family, a single mom, sister, healthy, good kids. But he wants to get a Division I scholarship. He wants to play pro-ball. How would you counsel him? Again, I'm going to ask questions today. I may not answer them all. So he's being scouted heavily. He comes to me. He wants to use anabolic steroids. He says, "Dr. Dex, I want to use them safely. I want you to teach me how." How might you respond to that? Year later, his mom calls. He's in the emergency room. He's been admitted to the intensive care unit with chest pain and EKG changes. He's paranoid, off the wall. And he tests positive for cocaine. They don't test him for anabolic steroids, but he admits to me later that he had been using these. So how do you-- what do you do now? How do you counsel this young man? Still in high school, he's 18, diagnosis cocaine induced cardiac ischemia. He didn't have any damage, thank goodness. He returns to the office for follow-up. He still wants to gain an edge. What are your responsibilities? How will you counsel this young man? What are the responsibilities there? A year later, he gets his division I scholarship. He's now a sophomore. I haven't seen him for a while. He tests positive for anabolic steroids. He gets kicked off the team. He loses his scholarship. He becomes angry. He becomes depressed. He wants to come off the anabolic steroids. He's in acute withdrawal, but he still wants to gain that edge. So what's your approach now?

S2 08:14

So quick quiz, do you know what to do if you do have an athlete or teammate, a patient, a friend who is using these drugs, wants to come off steroids, but they are depressed and angry and suicidal? This is a pro wrestler, Chris Benoit, murder-suicide when he was coming off the anabolic steroids. It's not intuitive, some of this stuff. And so I suggest that you need to get help. Find people, build a support network, a resource network to help you with this. My fourth story, so you know we're getting to the end now. So my fourth story, 37-year-old mix martial art athlete comes to me. He wants to establish his care because I'm a "sports doc". He says, "Well, my team is looking for a sports doc and this is really growing in my area. They would really like some help. We need someone who understands our needs as an athlete. We'll bring you lots of business, Doc. We can really help build your practice. So you need to think, "Do I want to take this guy on as a patient? Do I want to take this team on as a client?"

And if you do, what are the ground rules going to be? So he looks ripped. This guy's otherwise healthy. He tells you he's using anabolic steroids. He's got all kinds of rationale, right? He feels better. There's more energy. He recovers more quickly. He's been using them forever. "And I feel fine. I'm fine. I just need someone to prescribe these and monitor so that I can use them safely." You hearing a recurring theme here? "I want to use these safely." Would you do either one of those things? And if you would, how would you do it?

S2 09:52

So I'll give you a little follow-up on these last two stories, these two cases. The 18-year-old then became 19. I got him into counselling. He kept using the anabolic steroids despite our conversation, got a scholarship. He lost a scholarship. He ultimately quit football. He ultimately quit anabolic steroids. And he went on to finish college at a different university and get his degree, and move on with his life. But he never did make that final step. That mixed martial arts athlete, I tried every way from Sunday to try to get through to this young man and talk to him about his misuse of these drugs. I would not prescribe them for him. I wouldn't monitor him. In retrospect, I'm not sure that was the right decision. I did turn down the team doc deal for that mixed martial art team. I didn't think that was a contract I wanted and ultimately he fired me.

S2 10:59

So what've I learned from that over the years, working with these kinds of athletes and these kinds of patients in my office and as I said, these are just a few of the tails from the crypt that I have? I've had to examine my own limitations in this and my biases. And I think you need to do that too. Do you want to be like Mr. Tracy and show them straight out the door with a swift kick? Or are you going to be like that doctor in my home town who is prescribing these things for these mixed martial artists? I don't think either one of those is where we want to be. So you need to kind of think about this. Think about where you want to be with this and make a plan. You need to learn what resources are available for you, the US Anti-doping Agency, the American College of Sports Medicine, the NCAA. There are a lot of resources for this, easily available online, for the athlete, for coaches, for parents, for you as healthcare professionals, athletic trainers, physicians, exercise physiologists, however you connect with the athlete. And develop a network that can help you with this because as I mentioned, a lot of this is not intuitive and you need a group of people who can bring a whole team of care to providing care for these folks. Not only care if they have begun these, but hopefully preventive care to give them the tools that they need to succeed without resorting to this. We do this for all of our athletes in many other arenas and we should do it in this one as well. You need to be knowledgeable as I said. You need to be honest. These things work. The reasons that these folks take these things and misuse them is because they do achieve results, but there are side effects. There are downstream and unintended consequences that can be devastating. You need to be nonjudgmental. You need to meet that patient, that athlete where they are so that you can have an honest and fruitful conversation with them. Figure out what their motivations are, what they want to achieve, what their goals are and then develop performance improvement strategies. So take-home points. This issue is not rare. If you're not seeing it, you're going to. We're all going to encounter this. Most of us will struggle with this issue at some point in our careers. For me, it's been more frequent than I would have liked. Understand what your knowledge gaps are and fill them, think about it, have a plan, and mostly be aware. Let's get our heads out of the sand so that we can help this group of young people. And that's it. Thank you.
[applause]

S1 14:16

Stay out here.

S2 14:17

Okay. [crosstalk] Oh, questions. Right.

S1 14:20 So thank you for a great talk. Probably like a lot of people, I didn't realize it was so bad in the high schools. We've got several questions here. A couple questions actually deal with this same topic. What are the effects of anabolic steroids in women since they're based on the hormone testosterone? Are they even more dangerous? And then also follows a similar question from Chelsea G.

S2 14:42 Yes. The answer is they can be more profound in women. I think dangerous is in the eye of the beholder. But these are AAS, right? Anabolic-androgenic steroids, so androgenic references male sex hormone. And so when women take this they can develop physical side effects that are related to over-driving the testosterone. We all have some testosterone. We all have some estrogen. It's a matter of the balance in that, and if you upset that balance you can have significant side effects. One of the problems with women is that it is more common for those side effects to become permanent.

S1 15:28 Excellent. We have a question here, I think it's in a lot of people's minds. And that, "Can steroids be used safely in low doses?"

S2 15:36 Boy, that's a great question. It's a slippery slope. Actually, my research is in the utilization-- I'm developing an animal model, looking at using small doses of testosterone for muscle injury. And in fact, I think that there are very appropriate uses for this, as there are with many drugs. The parallel - we were talking about this earlier today with some other panelists - using corticosteroids has been a time-honored tradition in sports medicine for many, many years. And we don't demonize those at all. I think that there has been some demonization that's occurred. The issue is that the corticosteroids are not drugs that people get habituated to and addicted to. And anabolic steroids are. And anabolic steroids are used in massive quantities, which completely overrides the system and creates side effects. So that's a slippery slope, it's a tough question to answer, Tim. But it's one that I think that we need to wrestle with as a society and in medicine and in sports medicine in particular.

S1 16:43 This is an interesting question. It references all the TV commercials for the low-T drugs. And it says-- I'm sorry. I'm trying to pull it up here. It says, "What is your opinion of these Low T drugs that we keep seeing commercials for?"

S2 17:00 Low. That's my opinion. It's not so much the drug, it's how do people wind up getting it? And there are plenty of clinics, these "anti-aging" clinic. And as I personally age gracefully into irrelevance, I would be a prime candidate for this I suppose. But the issue is that you walk into these places, you go, "Well, I don't feel so good. I'm a little tired." Bang! You got low-T. Here's your testosterone prescription. And that's thoughtless and I think thoughtless medicine is dangerous medicine. And I think that ethically, I have a real problem with that. I have wrestled with this in some of the patients that I have seen who've come to me with ruptured pecs, really common. I mean, guys, if you put your hands up. Who goes on the weight room and gets on the bench machine, right? Come on, get your hands up, right? We all do. Right? Those are the look good on the beach muscles. But what happens is, these guys go in, they get their low-T injections, and then they rupture their pec and then they come to me. And I see a huge number of patients who have misused these drugs and then run into physical problems from it and emotional problems as well.

S1 18:23 So please join me thanking Dr. Dexter for his great talk. [applause] Thank you.

S2 18:28 Cheers. [music]