The risk of chronic traumatic brain injury in professional boxing: change in exposure variables over the past century

H Clausen, P McCrory, V Anderson

Objectives: To determine if boxing exposure has changed over time and hence if current professional boxers are at the same risk of developing chronic traumatic brain injury (CTBI) as historical controls.

Design: Literature review of published studies and analysis of data of active professional boxers.

Subjects: Professional boxers in the United Kingdom and Australia.

Main outcome measures: Boxing history and participation in sparring and professional bouts.

Results: Since the 1930s, the average duration of a professional boxer’s career has dropped from 19 years to five years, and the mean number of career bouts has reduced from 336 to 13. This is despite no significant decline in participation rates from 1931 until 2002.

Conclusions: The incidence of boxing related CTBI will diminish in the current era of professional boxing because of the reduction in exposure to repetitive head trauma and increasing medical monitoring of boxers, with preparticipation medical and neuroimaging assessments resulting in the detection of early and potentially pre-symptomatic cases of CTBI.
The aim of this paper is to determine if boxing exposure has changed over time and hence if current boxers are at the same risk of developing CTBI as historical controls.

METHODS

Relevant studies were identified by searching Medline, PreMedline, Cinahl, SPORTDiscus, Ausport, Austrom, Health & Society, PsychINFO, and the Cochrane database. The search terms used included boxing or boxing and injury or injuries and boxing and head injury or head injuries. The reference lists of identified studies were also searched for relevant studies. Epidemiological studies reported in languages other than English were included where translations were available. Review articles, expert discussion, and bibliographies of major sources were used to provide additional articles.

Australian boxing demographic data were derived from the Australian Boxing Records. This dataset has been compiled on an annual basis since 1996. The current edition provides a full history of all boxers registered and competing in Australia in the year 2002. Population figures for Australia in 2002 were obtained from the Australian Bureau of Statistics.

Current UK professional boxer registration numbers were provided by the British Boxing Board of Control, and recent population figures were obtained from the British Census 2001, available online (www.statistics.gov.uk/census2001/profiles/uk). Historical boxing participant information was obtained from published studies and expressed as a rate of boxers registered and professionally active in 2002. This of course will provide an underestimate of total length of careers and boxing exposure, as the boxers had not yet retired at the time of study. Statistical analysis of these data (one tailed Student’s t test) comparing average length of career from 1900 to 1950 with that of boxers registered and active in 2002 shows a significant difference at the 0.01 level.

Changes to the number of rounds per bout over the study period cannot be measured accurately. It is generally accepted that in the early 1900s to 1929, the number of rounds varied from 20 to 40. From the 1930s onwards, this dropped to 15 three minute rounds. In the early 1980s, the British Boxing Board of Control, in line with many world sanctioning bodies, such as the World Boxing Association, mandated a

<table>
<thead>
<tr>
<th>Table 1</th>
<th>Boxing exposure from 1900 to 2002</th>
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<tbody>
<tr>
<td>Boxing era</td>
<td>Reference</td>
</tr>
<tr>
<td>1900–1955</td>
<td>Spillane19</td>
</tr>
<tr>
<td>2000–</td>
<td>Ravdin et al20</td>
</tr>
</tbody>
</table>

NA, Data not available.

A number of attempts were made to obtain current numbers of professional boxer registrations in the United States. These included website analysis and personal communications with members of the New York State Athletic Commission, the Association of Boxing Commissions (ABC), and the ABC recognised record keeping association, Fight Fax. At present, there appears to be no accurate method of obtaining national boxing registration figures for the United States.

RESULTS

Boxing history

From the search strategy, only nine studies were identified as relating to professional boxing that provided sufficient demographic data for inclusion.3 15–31 Table 1 summarises the extracted studies, and table 2 summarises them by era. It can be seen that over the three eras of boxing presented in tables 1 and 2, the average duration of a professional boxer’s career has dropped from 19 years to five years, and the mean number of bouts in a career has similarly reduced from 336 to 13. The current boxers2, 21 in table 2 refers to boxers who were registered and professionally active in 2002. This of course will provide an underestimate of total length of careers and boxing exposure, as the boxers had not yet retired at the time of study. Statistical analysis of these data (one tailed Student’s t test) comparing average length of career from 1900 to 1950 with that of boxers registered and active in 2002 shows a significant difference at the 0.01 level.

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<table>
<thead>
<tr>
<th>Table 2</th>
<th>Summary of change in length of career and bouts across eras</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fight era</td>
<td>N</td>
</tr>
<tr>
<td>1900–1955</td>
<td>254</td>
</tr>
<tr>
<td>1950–1995</td>
<td>77</td>
</tr>
<tr>
<td>2000 – present</td>
<td>295</td>
</tr>
</tbody>
</table>
maximum of 12 three minute rounds. This is the maximum number of rounds permitted worldwide today. Actual numbers of rounds per fight in current-day boxing continue to vary, but presumably this variation occurs across countries.

**Boxing participation**

The total number of boxers who fought professionally in Australia in 2002 was 277. Of this number, 72% have had less than 11 bouts, 17% 12–25 bouts, 11% 25–50 bouts, and 0.7% more than 50 bouts. Not surprisingly, the two boxers with more than 50 bouts have had careers of 19 and 32 years.

Table 3 illustrates the comparisons for the relative historical boxing participation information where available from the United Kingdom and Australia. This is expressed as the number of registered professional boxers per 100,000 of the male population. Unfortunately, no accurate historical or current registration figures were available from the United States for comparison.

The figures in table 3 suggest that there has been no decline in participation rates from 1931 until 2002. The mean (SD) number of boxers per 100,000 of the male population has changed over the course of time. From these results, we conclude that the incidence of boxing related CTBI will diminish in the current era of professional boxers, as their exposure to repetitive head trauma is less in spite of the fact that boxing participation per head of population remains steady. In addition, we presume that, as the preparticipation medical assessments become increasingly sophisticated, detection of early and potentially pre-symptomatic cases of CTBI will be detected and the boxers counselled against future participation in boxing. Already in both the United Kingdom and the State of Victoria, Australia, preparticipation and serial magnetic resonance scans are mandatory, and, in Victoria, both ApoE genotyping and computerised cognitive screening are also required at initial registration and cognitive retesting on a three yearly basis.

**DISCUSSION**

Despite media perception that professional boxing is decreasing in popularity, our review of the available local and international data provides no support for the suggestion that relative participation in professional boxing has declined over the past 70 years. Comparison of registered boxers in the United Kingdom where there is long term documentation of Australian figures in determining prevalence rates of chronic boxing related brain injury. Unfortunately, similar demographic data are not available from the United Kingdom.

Boxing exposure, as a surrogate for repetitive concussive and subconcussive head trauma, has long been considered a risk factor for CTBI. It can be seen that career length, round numbers, and the mean number of boxing bouts per career have steadily reduced over time. It follows therefore that the incidence of CTBI should similarly decrease, assuming that this is the only risk factor for this condition. Jordan et al have proposed new criteria for high risk professional boxing exposure (12 bouts or more) and low risk boxing exposure (12 bouts or less). Boxers with high exposure are thought to be at greater risk of neurological and cognitive impairment, although this proposition has not yet been adequately tested.

Although a specific genotype has been postulated as an additional risk factor for CTBI, there is no scientific evidence to suggest that the incidence of ApoE-4 in the at risk boxing population has changed over the course of time.

An additional aspect of boxing exposure and one that is difficult to measure is sparring. There are few data on sparring history in either amateur or professional boxers, and sparring history may need to be factored into risk stratification methods as described above.

Except for the current Australian boxing records, exposure data were obtained from the medical literature. We acknowledge that comparing statistical records with retrospective data has limitations secondary to sample bias in the latter. However, there seems to be little doubt that boxing exposure has declined over the century.

Overall, the prevalence of CTBI among currently active and recently retired professional boxers remains to be determined. As has been previously noted, large scale epidemiological studies of well defined boxing populations using modern neurodiagnostic methods to assess the frequency of CTBI are non-existent. Provision of accurate data becomes increasingly important as negative public opinion about boxing grows, along with concerns of long term risks of boxing and the need for boxers to meet ever more stringent registration requirements.

### Table 3

**Comparison of relative participation in boxing over time**

<table>
<thead>
<tr>
<th>Country/year</th>
<th>Male population</th>
<th>No registered boxers</th>
<th>Boxers per 100 000 male population</th>
</tr>
</thead>
<tbody>
<tr>
<td>UK/1931</td>
<td>22 060 000</td>
<td>592</td>
<td>2.79</td>
</tr>
<tr>
<td>UK/1951</td>
<td>24 118 000</td>
<td>481</td>
<td>1.99</td>
</tr>
<tr>
<td>UK/2002</td>
<td>28 579 869</td>
<td>814</td>
<td>2.84</td>
</tr>
<tr>
<td>Australia/2002</td>
<td>9 908 963</td>
<td>277</td>
<td>2.79</td>
</tr>
</tbody>
</table>

**What is already known on this topic**

- Professional boxing is known to cause CTBI, and boxing exposure, as a surrogate for repetitive concussion, is considered to be a primary risk factor.
- The reported prevalence figures for CTBI are largely based on retrospective studies which have major methodological flaws or are drawn from populations in which exposure to the sport is anecdotal thought to be very different from today.

**What this study adds**

- Boxing exposure, as measured by bouts and length of career, has decreased significantly over the century.
- If this is assumed to be a primary risk factor, the incidence of boxing related CTBI should diminish in the current era, despite consistent participation rates.
COMMENTARY

One might expect that professional boxing is a dying art, but this is refuted by the findings of this paper. It is, however, encouraging to note the significant risk reduction in terms of exposure to head injury. This coupled with increased clinical, neuropsychological, radiological, and genetic monitoring and screening should, at least, have a significant effect on the incidence of chronic traumatic brain injury in this sport.

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