

Warm up

Far more important than life or death...

P McCrory

There is a remarkable preoccupation with obesity in the lay media where this problem is seen as being responsible for most, if not all, of the medical problems of modern day society. One only has to open any tabloid newspaper or glossy magazine and it is clear that the ability to calculate a body mass index and buy yet another modern day guru's diet book is the only answer to such problems. Yet again, we seem to have overlooked recent history.

If you can cast your minds back 20 years ago, the Finns showed that with an education programme concentrating on reducing hypertension, smoking, and dietary saturated fat, the cardiovascular mortality could be significantly reduced.^{1,2} The North Karelia project was a major step forward in modern public health. Unlike the Framingham study and other long term epidemiological monitoring studies, the Finns went further in demonstrating the role of public and community education in reducing the burden of medical illness.

Even though we pursue the dream of sports medicine, we must never lose sight of our role as physicians involved in the care of athletes of all ages and skills. Many of these skills reflect a general/family practice tradition and expertise in this area must remain a cornerstone of sports medicine. In the real world, very few specialist sports physicians will be paid a huge salary looking after elite teams. Such jobs are few and far between, and the incumbents in such jobs tend to stay there until the inevitable purges of staff that accompanies professional sport.

Despite the overwhelming need that seems to possess some sports physicians when the bright lights of TV cameras are turned on to explain their athletes' medical problems to the world at large, the vast majority of sports and exercise medicine "specialists" will be working

anonymously involved in caring for the general public who either want to recover from an injury or exercise more to improve their health. It is this latter group where we have much to offer. Exercise, however, is but one aspect of this holistic care.

We do have other options to pursue that may improve the health of society. Over the past few years there has been an increased understanding on how trigger events can precipitate acute coronary events.³ These events include heavy physical work, unusual mental or emotional stress, anger, and overeating. A few reports have also identified that at a population level, events such as earthquakes and wars may increase the rate of myocardial infarction.^{4,5}

Far more important however is sport. Some enterprising groups have correlated increased cardiovascular mortality with the outcome of local and national football teams.^{6,7} At a local level, male mortality (not female mortality strangely) from myocardial infarction and stroke was increased on days when the local professional football team lost at home.⁷ This study, carried out in the north of England, followed the fortunes of Newcastle United, Sunderland, Middlesborough, and Leeds United football clubs for five years over which time the findings remained consistent. Some uncharitable observers noting these teams would not be surprised that stress levels amongst male fans could be increased given their recent performances.

Even more striking at a national level, was the Dutch study that showed that male mortality in all parts of the country increased on the day of a match where the national team lost an important game against France on a penalty shootout.⁶

So we now have a new cardiovascular risk factor to teach medical students – being a fan of a losing local or national

football team. On a positive note, this also gives us other options to reduce mortality, at least in men. We could medicate the entire male population with say beta blockers on a weekend (especially if their chosen team is in the bottom half of the Premier League). For asthmatics and other folks intolerant of beta blockers, they presumably would either have to lower their football stress levels by following one of the top three teams or else give up football entirely.

We can take this further by simply banning the chronically underperforming teams. We could delegate this power to the Health Minister to simply close down teams that finish in the bottom half of the table and hence pose an unacceptable risk to the fan's health.

This becomes a bit trickier at a national level, especially in countries such as England where there is an unrealistic expectation that the various national sporting teams are likely to win on any given day. The experience of the last 40 years is that English sporting success at the highest levels is the exception rather than the rule. Conversely in Australia, sporting stress levels are generally lower because of both the high likelihood of winning as well as the widespread consumption of our national anxiolytic liquid—Fosters. One solution for England is to always play teams that they are likely to beat. This may prove a more difficult task than one might expect.

Br J Sports Med 2005;**39**:311

REFERENCES

- 1 Puska P, Tuomilehto J, Nissinen A, *et al*. The North Karelia project: 15 years of community-based prevention on coronary heart disease. *Ann Med* 1989;**21**:169–73.
- 2 Puska P, Salonen J, Nissinen A, *et al*. Change in risk factors for coronary heart disease during 10 years of a community intervention programme. *Br Med J* 1983;**287**:1840–4.
- 3 Servoss S, Januzzi J, Muller J. Triggers of acute coronary syndromes. *Prog Cardiovasc Dis* 2002;**44**:369–80.
- 4 Suzuki S, Sakamoto S, Miki T, *et al*. Hanshin-Awaji earthquake and acute myocardial infarction. *Lancet* 1995;**345**:981.
- 5 Miesel S, Kutz I, Dayan K, *et al*. Effect of the Iraqi missile war on the incidence of acute myocardial infarction and sudden death in Israeli citizens. *Lancet* 1991;**338**:660–1.
- 6 Witte D, Bots M, Hoes A, *et al*. Cardiovascular mortality in Dutch men during 1996 European football championship: longitudinal population study. *Br Med J* 2005;**321**:1551–4.
- 7 Kirkup W, Merrick D. A matter of life and death: population mortality and football results. *J Epid Comm Health* 2003;**57**:429–32.

Expression of concern about content of which Dr Paul McCrory is a single author

This paper is authored by Dr Paul McCrory. During 2021 and 2022 there was an investigation by BJSM and BMJ which found that some of his work was the product of publication misconduct. Such misconduct includes plagiarism, duplicate publication, misquotation and misrepresentation in publications in respect of which he was listed as the sole author.¹ We are placing a notice to readers on all content in relation to which he is identified as the sole author to alert them to the conclusions of our investigation.

© Author(s) (or their employer(s)) 2022. No commercial re-use. See rights and permissions. Published by BMJ.
Br J Sports Med 2022;**0**:1. doi:10.1136/bjsports-2022-106408eoc



REFERENCE

- 1 Macdonald H, Ragavooloo S, Abbasi K. Update into the investigation of former BJSM editor-in-chief Paul McCrory. *Br J Sports Med* 2022.