High prevalence of medication use in professional football tournaments including the World Cups between 2002 and 2014: a narrative review with a focus on NSAIDs

Philippe M Tscholl,1,2 Martin Vaso,3 Alexis Weber,3 Jiri Dvorak1,3

ABSTRACT

The use of medication in international football has been monitored since the 2002 FIFA World Cup. Team physicians were asked to provide information on prescribed medication 72 h prior to each match for every player. 69% of adult male players reported using medication, with more than half the players using non-steroidal anti-inflammatory drugs (NSAIDs). Up to one-third of all players used NSAIDs prior to every match, regardless of whether they took the field or not. The mean intake of medication was significantly higher during the FIFA Women’s World Cup (0.85 vs 0.77 substances per player and per match in men, p<0.001), whereas the use of NSAIDs was similar to that for men. In the Under-20 and Under-17 male competitions, the use of medication was lower as 60% of players used some kind of medication and 43% of the players used NSAIDs during the tournaments. Despite the potential side effects of medication, especially of NSAIDs in the recovery process after a sports activity, there is no evidence of decreasing intake. The reported incidence is alarming, and moreover is most probably underestimated, since self-medication by the players or treatment already prescribed by club physicians is not included in the published reports. Future studies should focus on the daily dosage, time of treatment and especially the medical indication for painkilling agents to better understand the underlying factors.

INTRODUCTION

The FIFA Medical Assessment and Research Centre (F-MARC) was the first medical governing body in international sports to systematically document the use of medication; it has done so since the 1998 FIFA World Cup. For FIFA tournaments, data are collected in connection with doping control after each match. Team physicians are asked to provide information about “any medication taken by the players or administered to them in the 72 hours preceding the match … The team doctor shall also note down, on the basis of the information at his disposal, medications and food supplements taken by the players without medical prescription”.

Other sports governing bodies such as the IOC and the International Association of Athletics Federations (IAAF) followed suit but only for athletes selected for doping control.2–3

For this review, we present published data from 10 men’s, women’s and male adolescent FIFA World Cups4–8 (see table 1) and compare them with reports from other sports. This review, and the discussion of overmedication, should be viewed in the context of international campaigns warning against the harms of excessive medication.9

The 2002, 2006, 2010 and 2014 FIFA World Cups

The mean intake of medication in male professional football is consistent for all World Cups with 0.77 substances per player and per match (see table 1). The most frequently prescribed substance group was non-steroidal anti-inflammatory drugs (NSAIDs; see figure 1), representing 36% of all substances. β-2-Agonists were reported in 44 players (1.2% of all substances, see table 2) during the four tournaments. However, since β-2-agonists are usually taken during the entire season and do not require a therapeutic use exemption anymore, a national team physician might ignore its use in some players. The use of medication over time did not change significantly, neither in the amount nor in its distribution of substance groups.

FIFA Women’s World Cup and the Under-17 and Under-18 FIFA World Championships

The reported use of medication during the 2003 and 2007 FIFA Women’s World Cup was significantly higher than in the Men’s World Cups (0.85 vs 0.77, p<0.001) and than in adolescent football players participating in Under-17 (U-17) and U-20 tournaments (0.51, p<0.001; see table 1). Contraceptive agents were not included in the analysis. Whereas the incidence of the use of NSAIDs was similar between adult male and female players, significantly fewer NSAIDs were administered to adolescent players, suggesting increased consumption with age (see table 2).

In 14.9% of female players, oral contraceptive use was reported. This is less than what was reported by Alaranta et al10 for other team sport events (24%), and especially in speed, power and endurance events (40%).

NSAIDs and other analgesics

The NSAIDs category was the one that was most reported in every tournament (see figure 1). In total 54.5% of male players and 50.9% of female players participating in the FIFA World Cup used an NSAID at least once during the tournament; 43.3% adolescent players did so too. Hence, on average, more than seven male and female players per national team were using NSAIDs prior to every match, as were 4.5 players in U-17 and U-20 tournaments (see table 2). Ten per cent of the male
and female players were using more than one type of NSAIDs at one time, thus increasing the risk of side effects.

There was no difference in use of medication and NSAIDs, in particular between players participating in the match and substitutes who did not play at all; nor was there a correlation between injuries reported and reported use of medication. There was no difference in use of medication and NSAIDs, in particular between players participating in the match and substitutes who did not play at all; nor was there a correlation between injuries reported and reported use of medication. The medical team (ie, likely team physician) was an important influence as to the use of medication. As reported in the 2002 FIFA World Cup, one country reported using more than one type of NSAID per player per match throughout the tournament. Also, allopurinol—a gout medication reducing uric acid but thought to prevent skeletal and cardiac muscle damage—was prescribed to 40% of the players from one country during the tournament.

The high use of medication and NSAIDs in particular is not limited to international football. Similar use of medication has been reported during the Sydney Olympics in 2000, top-level track and field athletes, triathletes and also in collegiate athletes. An unpublished review of articles published between 2003 and 2010 found that power/sprint disciplines show a similar ‘substance profile’ as ball sports.

Table 1  Tournament information

<table>
<thead>
<tr>
<th>Tournament</th>
<th>Teams (n)</th>
<th>Players (n)</th>
<th>Matches (n)</th>
<th>Reports (n)</th>
<th>Medications prescribed (n)</th>
<th>Intake of medication (per player, per match)</th>
</tr>
</thead>
<tbody>
<tr>
<td>WC 2014</td>
<td>32</td>
<td>736</td>
<td>64</td>
<td>2944</td>
<td>2346</td>
<td>0.80</td>
</tr>
<tr>
<td>WC 2010</td>
<td>32</td>
<td>736</td>
<td>64</td>
<td>2944</td>
<td>2335</td>
<td>0.79</td>
</tr>
<tr>
<td>WC 2006</td>
<td>32</td>
<td>736</td>
<td>64</td>
<td>2944</td>
<td>2052</td>
<td>0.70</td>
</tr>
<tr>
<td>WC 2002</td>
<td>32</td>
<td>736</td>
<td>64</td>
<td>2944</td>
<td>2392</td>
<td>0.81</td>
</tr>
<tr>
<td>W-WC 2007</td>
<td>16</td>
<td>336</td>
<td>32</td>
<td>1344</td>
<td>1200</td>
<td>0.89</td>
</tr>
<tr>
<td>W-WC 2003</td>
<td>16</td>
<td>320</td>
<td>32</td>
<td>1280</td>
<td>1036</td>
<td>0.81</td>
</tr>
<tr>
<td>U-20 2007</td>
<td>24</td>
<td>504</td>
<td>52</td>
<td>2184</td>
<td>965</td>
<td>0.44</td>
</tr>
<tr>
<td>U-20 2005</td>
<td>24</td>
<td>504</td>
<td>52</td>
<td>2184</td>
<td>1248</td>
<td>0.57</td>
</tr>
<tr>
<td>U-17 2007</td>
<td>24</td>
<td>504</td>
<td>52</td>
<td>2184</td>
<td>1036</td>
<td>0.47</td>
</tr>
<tr>
<td>U-17 2005</td>
<td>16</td>
<td>320</td>
<td>32</td>
<td>1280</td>
<td>717</td>
<td>0.56</td>
</tr>
<tr>
<td>Total</td>
<td>248</td>
<td>5432</td>
<td>508</td>
<td>22,232</td>
<td>15,327</td>
<td>0.71</td>
</tr>
</tbody>
</table>

U, under; W-WC, Women’s World Cup.

Figure 1  Prescribed medication during the FIFA World Cup. N=9124 for the 2002, 2006, 2010 and 2014 FIFA World Cups; N=2236 for the 2003 and 2007 FIFA Women’s World Cup; N=3966 for the 2005 and 2007 FIFA U-17/U-20 World Championships (NSAIDs, non-steroidal anti-inflammatory drugs; U, under; W-WC, Women’s World Cup).
range of motion in ankles. This might be due to lower 
an increased incidence of residual instability and a decreased 
weight bearing and return to play compared with placebo after 
trolled trial has shown that NSAIDs permit earlier mobilisation, 

Tscholl PM, None.
Competing interests None.

Our review poses several salient questions: What is the indication 
for which one-third of players use NSAIDs prior to every 
match, particularly when this greatly exceeds the rate of reported 
juries during the FIFA World Cup? Is the high prescription 
practice due to a high number of non-time loss injuries, chronic 
and overuse injuries? Are painkilling medications used routinely 
by the players to overcome fatigue and muscle soreness due to 
physical overload, or even improve recovery? Or has it simply become 
‘part of the game’ for players and team physicians?

Competing interests None.

Provenance and peer review Not commissioned; externally peer reviewed.

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Table 2 Number of players using a substance prior to a match during the tournament

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(N=11 776)</td>
<td>(N=2944)</td>
<td>(N=2624)</td>
</tr>
<tr>
<td>Per match</td>
<td>Per cent</td>
<td>Per cent</td>
<td>Per cent</td>
</tr>
<tr>
<td>Any medication</td>
<td>5179</td>
<td>44.0</td>
<td>2029</td>
</tr>
<tr>
<td>Per cent</td>
<td>68.9</td>
<td>30.7</td>
<td>30.7</td>
</tr>
<tr>
<td>NSAIDs</td>
<td>3737</td>
<td>31.7</td>
<td>1604</td>
</tr>
<tr>
<td>Per cent</td>
<td>54.5</td>
<td>30.7</td>
<td>30.7</td>
</tr>
<tr>
<td>Injections*</td>
<td>422</td>
<td>3.6</td>
<td>234</td>
</tr>
<tr>
<td>Per cent</td>
<td>7.9</td>
<td>3.2</td>
<td>3.2</td>
</tr>
<tr>
<td>Analgesics</td>
<td>588</td>
<td>5.0</td>
<td>376</td>
</tr>
<tr>
<td>Per cent</td>
<td>12.8</td>
<td>5.4</td>
<td>5.4</td>
</tr>
<tr>
<td>β-2-Agonists</td>
<td>142</td>
<td>1.2</td>
<td>44</td>
</tr>
<tr>
<td>Per cent</td>
<td>1.5</td>
<td>4.0</td>
<td>4.0</td>
</tr>
<tr>
<td>Myorelaxants</td>
<td>395</td>
<td>3.4</td>
<td>225</td>
</tr>
<tr>
<td>Per cent</td>
<td>7.6</td>
<td>2.8</td>
<td>2.8</td>
</tr>
<tr>
<td>Any supplement</td>
<td>2985</td>
<td>25.3</td>
<td>984</td>
</tr>
<tr>
<td>Per cent</td>
<td>33.4</td>
<td>33.5</td>
<td>33.5</td>
</tr>
</tbody>
</table>

*Injections of corticosteroids and/or anaesthetics.
NSAID, non-steroidal anti-inflammatory drugs; U, under; WC, World Cup.

Knowledge translation and important questions

F-MARC campaigned to reduce the use of NSAIDs prior to the 
2010 FIFA World Cup by informing all team physicians about 
NSAIDs and their potential side effects on recovery processes 
after exercise bouts and on tissue healing. Despite this initiative, 
the reported intake of NSAIDs remained unchanged in 2010 
and 2014.

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