

A primer on mental health prescribing for athletes

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Mental health prescribing for athletes brings many important considerations.

Psychotherapy is usually regarded as first-line treatment for mild to moderate mental health symptoms and disorders, but medications may be needed for moderate to severe symptoms. In making decisions about whether to pursue pharmacotherapy, clinicians should consider the degree of distress or functional impairment, diagnosis, and athlete willingness to take medication. If medication is indicated, typically a combination of medication and psychotherapy is regarded as superior in efficacy to medication alone.

In a general sense, clinicians who are considering psychiatric medication prescriptions for athletes should take into account and strive to address all the psychological, general medical, sociocultural, and ecological factors that may affect the athlete's mental health to ensure that medication is not simply a "band-aid" solution. Cultural diversity and differences in access to and acceptability of medications are also important factors. The evidence for any prescribing recommendations comes predominantly from high income countries, which have different health services compared with low and middle income countries, where many athletes reside.

As a starting point, pharmacological treatment of mental health disorders in elite athletes should consider established treatment algorithms and clinical practice guidelines, such as those from national psychiatric associations, which have been shown to improve outcomes in the general population. However, additional considerations for athletes are necessary. These include any potential negative impacts of the medication on sport performance, any safety risks of the medication when used by athletes, and whether the medication is prohibited by any sport governing body, such as the World Anti-Doping Agency (WADA).

A recent international survey study of sports psychiatrists provides information about sports psychiatrists' considerations and prescribing preferences when working with athletes. Specifically, the side effects that reportedly most commonly impact sports psychiatrists' choice of psychiatric medications for athletes are: 1) sedation/somnolence; 2) weight gain; and 3) reduction in performance for any reason. This study also found that specific top choices of psychiatric medications for athletes included: bupropion for depression without anxiety; escitalopram for depression with anxiety, generalized anxiety

disorder, and social anxiety disorder; sertraline for obsessive-compulsive disorder, panic disorder, and post-traumatic stress disorder; melatonin for insomnia; methylphenidate extended release osmotic-controlled release oral delivery system for attention-deficit/hyperactivity disorder; aripiprazole for bipolar spectrum disorder (manic/hypomanic phase); lamotrigine for bipolar spectrum disorder (depressive and maintenance/prophylaxis phases); and aripiprazole for psychotic disorders. Themes across psychiatric medication preferences for athletes generally included that clinicians often try to use relatively activating medications and that they are vigilant about side effects that may limit performance.