

POSITION PAPER ON CARDIAC SCREENING

Updated 2010

Medical, Scientific and Welfare Committee

In 2010, the GAA's Medical Scientific and Welfare Committee updated its position paper on cardiac screening following the completion of a two year research programme in which nearly 300 GAA players were examined in an attempt to assess the effectiveness of various screening methods.

Following consideration of the results of the GAA's research programme and the most up-to-date international best practice guidelines, the Medical, Scientific and Welfare Committee of the GAA have advised that the most effective way to identify potential risk is for players over the age of 14 to undergo cardiac screening on one occasion. It is also advised that this process be repeated before the age of 25.

Of all the cardiac screening tools, one of the best predictors of sudden death risk is a positive questionnaire. There is a lack of scientific consensus on the overall value of further screening.

Those who choose to pursue further screening however should be aware of the following:

- Testing should be done in a centre where ECGs/ECHOs are being reported by experienced sports cardiologists
- There is a significant percentage that will have an abnormality which may require further evaluation
- A small percentage may end up uncertain as to whether it is safe for them to participate or not

Players should consult with their team or family doctor if they wish to get further screening.



Cumann Lúthchleas Gael

Cardiac Screening Protocol

Name	_____	Club	_____
Address	_____	Team	_____

Date of Birth	_____		
G.P.	_____	G.P. Address	_____

Questionnaire

1. Do you have a brother, sister, cousin, parent or grandparent who died suddenly and unexpectedly under 45 years of age due to heart disease or no known cause?

Yes **No (Please Circle)**

2. Have you had a sudden blackout where you have lost consciousness and fallen to the ground for no good reason particularly in association with exercise?

Yes **No (Please Circle)**

3. Have you been diagnosed with a heart condition?

Yes **No (Please Circle)**

4. Do you develop front of chest tightness with exercise that prevents you continuing?

Yes **No (Please Circle)**

5. Do you get sudden onset very rapid heart beating that occurs for no obvious reason and which makes you feel unwell?

Yes **No (Please Circle)**

Physical Exam

1. BP _____
 2. Heart Rate _____
 3. Cardiac Auscultation _____
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ECG

Result _____

Refer to Mater **Yes** **No** (*Please Circle*)

Refer criteria for ECG's

- a) QRS complex longer than 120 milliseconds
- b) QT interval longer than 460 milliseconds
- c) T wave inversion other than in leads AVR, V1 and Lead 3
- d) Rhythm other than sinus rhythm
- e) Delta waves