

DMRDynamics

David M. Reiss, M.D.

Psychiatry

Adult Psychiatry

Borderline Disorders

Medical-Legal Evaluations

Qualified Medical Examiner

Agreed Medical Evaluations

With Offices in **California** in:

San Diego, Fresno, Oxnard,
Huntington Beach, Palm Springs,
San Clemente, Bakersfield

Licensed in: **California, New York,
Massachusetts, Vermont, Connecticut,
Pennsylvania, WV and ND**

Interim Medical Director

Providence Behavioral Health Hospital
Holyoke, MA (11/01/2011 – 02/29/2012)

Direct Phone: 262.477.9242

(262 4PSYCH2)

San Diego Office:

619.280.3422

Fax: 619.280.3406

DMREISS@GMAIL.COM

www.DMRDynamics.COM

Mailing Address:

P.O. Box 9684

Rancho Santa Fe, CA

92067-4684

Street Delivery Address:

7778 Tierra Tesoro

San Diego, CA 92127

Staff Psychiatrist, Rotating

The Brattleboro Retreat

Brattleboro, VT (3/2014 – 12/2014)

The Vulnerabilities of Professional Athletes and Entertainers

Talented individuals with media exposure, including professional and college athletes as well as actors, singers, and others in the entertainment industry, are by virtue of their environment and circumstances, are at increased risk for exercising poor judgment which all too often leads to dysfunctional, self-destructive, and even dangerous behaviors. An individual's actions then jeopardize not only their own well-being and career potential, but also adversely impact those who engage their services, such as sports franchises, companies, colleges, media outlets, sponsors and individual investors. It must be recognized that there are specific circumstances and potential difficulties that face these individuals and organizations, including but extending beyond substance abuse, into areas of physical and emotional health, pain management, interpersonal relationships, character development and media image.

It is particularly important to understand the vulnerabilities of athletes who are inherently exposed to physical injury and both acute and chronic pain.

It is well documented that chronic pain, of itself, often leads to depression.

It is also well known that analgesic medications, particularly opioids and similar drugs, are chemically "depressogenic" and while relieving pain, can actually increase the risk of depression and acting out of impulsive behaviors.

Less well known, but demonstrated by recent studies, are the effects of 1) subtle TBI (Traumatic Brain Injury) and CTE (Chronic Traumatic Encephalopathy), and 2) side-effects of anti-depressant medications that are often prescribed to individuals who are suffering from chronic pain.

Very recent studies of autopsy results of military veterans who committed suicide have shown a striking prevalence of physiological evidence of subtle TBI in the brains of personnel who have committed suicide, even in those who had never suffered or

reported a significant or “serious” injury. It is currently postulated that the recent increase in suicides among veterans of Iran and Afghanistan wars may be partially due to cumulative subtle effects upon the brain of repetitive concussive exposure that does not cause overt injury – such as the impact of IED’s that do not cause a physical wound (when personnel is secure within a protected vehicle, etc.), but still exposes the individual to a concussive force that “rattles” the brain, without causing loss of consciousness or reported acute symptomatology.

Clearly, this may very well also be the case in those involved in athletic competition of any type (particular football, wrestling, etc.), not only in those who have suffered diagnosed concussions but in situations in which there have been multiple episodes of “minor” concussive impacts that do not merit immediate medical attention, but may lead to a cumulative/chronic condition of brain dysfunction, contributing to depression and behavioral impulsivity.

While it is widely accepted that anti-depressant medications (SSRI’s, SNRI’s – Prozac, Zoloft, Lexapro, Effexor, etc.) can help reduce symptoms of depression and aid in pain management; and it is well known that in a small percentage of susceptible individuals, those same agents can trigger acute suicidal ideation, agitation and/or paranoia – there is growing evidence that while increasing serotonin, and thereby alleviating depression and certain obsessional conditions, these agents also cause a suppression of dopamine, which can lead to *increased* impulsive and addictive-type behaviors and poor judgment – especially in persons who have focused their lives around excitement, risk and “getting the rush” but who become chemically unable to experience the emotions that they thrive upon. There is data suggesting that addictive behaviors (such as pathological gambling, as well as use of illicit drugs) can arise anew or be exacerbated in patients being treated with these agents. Thus, there are as (of yet poorly understood) risk factors involved in the prescription of these commonly-used anti-depressant medications in individuals who may also be dealing with the disinhibitory effects of other factors (i.e., increased likelihood of poor judgment and impulsive behavior due to chronic pain, depression, and use of analgesic medications).

Obviously, the addition of any illicit drugs or alcohol into this “mix” increases the overall level of risk exponentially.

Thus, in addressing the totality of medical, neurological, psychological, interpersonal and behavioral problems of active and veteran athletes, the situation is infinitely more complicated than simply providing a prescription focused on one specific area of symptomatology, or having different specialists each address their own area of expertise without a careful integration of approaches. There must be a comprehensive evaluation of all medical, physiological, psychological and psychosocial factors and implementation of an individualized treatment protocol accompanied by close, frequent and sophisticated informed monitoring of all aspects of the person’s response regarding both the primary problems (overt and subtle medical, neurological and/or psychiatric pathology) and potentially complicating side effects of prescribed treatment protocols.

Issues Needing to be Addressed:

➤ **Personal character development**

- The vulnerability of talented individuals due to often having been seen as “different” and treated “preferentially” in both positive and negative ways since a young age, often disrupting optimal development of character and sound judgment
 - This can lead to an insufficient development of autonomy and independence, and over-reliance and dependency upon others, both benign and pernicious
 - Understanding the tasks and challenges of personal character development, especially in regards to autonomy and independence
 - Differentiating between personal character and public persona
 - Developing effective public/stage/ring persona
 - The vulnerability of talented individuals due to exposure to negative elements in the course of their professional careers
 - **The particular vulnerability of talented individuals who are coming from backgrounds of deprivation, discrimination, family dysfunction and/or abuse**
- The transition from “superstar” to “retired star/athlete” or being relegated to a supporting role can be very difficult, especially for a person who has functioned at a very high level throughout their career, probably since childhood. While (as already noted) some become very dependent/co-dependent, others go in the opposite direction.
- Quite often, “stars” are treated differently from school years through professional years, and the transition to retirement can be difficult in many areas of psychosocial functioning.
 - Especially for a “star” who has always been a leader, some persons with strong leadership traits learn early in life to “hide” their physical and emotional pain, both on the field/stage and in the locker room; and they gain significant respect and reinforcement for doing so.
 - After retirement or loss of “star status” that dynamic changes, with the person no longer receiving the support and reinforcement for “hiding”

pain that was present on the field/stage and in the locker room during his career.

- Similarly, persons with very strong leadership qualities often are successful specifically because they are capable of making “difficult” decisions quickly, independently, and without needing extensive “consultation” with others.
 - The malignant side of this is that when a person with that personality configuration becomes depressed, they may similarly make a very dangerous or even fatal decision quickly, independently and without consultation – and without warning signs.

➤ **Interpersonal relationships with:**

- Peers
 - Integrating competition and camaraderie / mutual protection
 - Coaches, administrators, promoters, investors, etc.
 - Media
 - Fans
 - Understanding the psychology of fans
 - “Entourage”
 - Friends
 - Personal/Intimate Relationships
 - Family
- **Use and abuse of performance and physique enhancing substances, including anabolic steroids, peptides, nootropics, and other agents.**
- **Optimal pain management and safe use of medications to treat acute and chronic pain.**

➤ **Substance abuse and addiction**

- Recognition of addiction as a multi-faceted disorder requiring a comprehensive approach involving the integration of medical, psychological and spiritual perspectives.
- State of the art, effective treatments for all types of addictive substances, including alcohol, cocaine, and narcotics as well as other painkillers.
- Understanding and treating behavioral addictions, including pathological gambling and sexual addiction.
- Carefully evaluating the prescription of medications in the treatment of addictive disorders, as well as targeted psychological, behavioral and social interventions.