In 1988, a quorum of three psychiatrists, Daniel Begel, MD, Dan Glick, MD, and myself, created the Society for Sports Psychiatry. Since then, the Society has grown in number and spans the globe, thus the name change to the International Society for Sports Psychiatry.

Our initial mission was to define the field of sports psychiatry. This has been a humbling project, not only because we were starting from nothing, but also because of the closely held stigma associated with psychiatry—and mental health in general—in the athletic arena. The “rub-dirt-on-it-and-get-back-up” ethos, particularly in professional contact sports, does not mesh well with an athlete having a sense of mental or emotional frailty.

When, as a fledgling resident, I first gave a talk on the subject, my skeptical attending declared: “I cannot recall the last time I had a varsity athlete come through my door.”

It seemed important to define our niche as distinct from the already well-established field of sports psychology. We envisioned that, rather than focusing on performance enhancement, the sports psychiatrist’s work would ideally improve an athlete’s execution on the field, and would be about the evaluation and treatment of psychopathology in the athlete, whether it was a pre-morbid illness, a problem engendered by involvement in sport, or some combination of the two.

Ultimately, sports psychiatrists strive to educate, thus playing a role in prevention, and continue to gather data so that we might become more evidence-based in our approach.

In this issue of Psychiatric Annals, we examine several key areas of sports psychiatry. Jeff Victoroff, MD, and David Baron, DO, cover sports-related traumatic brain injury (TBI) (see page 365), an area which has received tremendous media attention, and even resulted in congressional hearings aimed at improving the problem.

Drs. Victoroff and Baron review the epidemiology and the clinical presentation of TBI, as well as describe the pathophysiology, the diagnostic process, and issues in treatment. The morbidity and mortality associated with the brain-injured athlete requires that we direct our attention to this troubling problem in the sports world.

Gen Kanayama, MD, PhD, and Harrison G. Pope Jr., MD, who collectively possess the greatest wealth of knowledge in the area of anabolic-androgenic steroid abuse, address the myths that have developed surrounding this serious and growing problem (see page 371). They delve into the epidemiology, testing, putative benefits, and dangers of these drugs.

David Conant-Norville, MD, focuses on treatment considerations for the ubiquitous phenomenon of attention deficit-hyperactivity disorder (ADHD) in the athlete, from children to adults, covering the gamut from the effects of exercise on brain development to the use of psychostimulants (see page 376).

The latter is illustrated through a case challenge, as is the area of TBI. In addition, to demonstrate the potential for the sports psychiatrist to assist an athlete in the enhancement of performance through behavioral techniques, Thomas Newmark, MD, illustrates three
cases in which he uses relaxation and imagery to help athletes overcome anxiety and other limitations.

Although we have begun our ascent to the summit, so to speak, we have a long way to go as we define the field of sport psychiatry and work to minimize the negative associations tough-minded athletes might have about psychiatry. This can be accomplished through psychoeducation, frequently capitalizing on the willingness of successful athletes to come forward with their personal struggles.

We have also made strides by increasing our accessibility to athletes and their coaches and trainers, sometimes planting ourselves directly in training rooms and on the athletic field, forming alliances with orthopedists, and using our own athletic experiences to heighten our empathy for and win the trust of this patient population.

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REFERENCES

about the guest editor

Antonia L Baum, MD, DFAPA, received both her undergraduate degree in biology and her medical degree from Brown University in Providence, RI, where she was also a resident in psychiatry. Dr. Baum completed two research fellowships at the University of British Columbia, Vancouver, Canada: one in reproductive psychiatry at British Columbia Women’s Hospital and another in eating disorders at St. Paul’s Hospital. Her third fellowship was in consultation-liaison psychiatry in the Department of Psychiatry, Fairfax Hospital, Georgetown University.

Dr. Baum has worked as a consultation-liaison psychiatrist, most recently for the Walter Reed National Military Medical Center. She is a therapeutic drug use exemption consultant to the Professional Golf Association and to Major League Baseball, where she has served as a staff physician for the Rookie Career Development Program. Dr. Baum also served the US Olympic Committee Working Group Safety in Sport, and is an Assistant Clinical Professor of Psychiatry and Health Sciences at the George Washington University School of Medicine and Health Sciences.

A founding member of, Chair of Special Projects for, and Vice President of the International Society for Sports Psychiatry, Dr. Baum is a Distinguished Fellow of the American Psychiatric Association.

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