**Performance Enhancing Substances**

A performance enhancing substance (PES) is any substance taken in non-pharmacologic doses specifically for the purpose of improving sports performance. This includes substances taken in supratherapeutic doses or without therapeutic indication, those taken for weight gain or weight loss, those used to increase oxygen carrying capacity, and any agent used to mask detection of, or minimize, the side effects of another PES. Examples include anabolic androgenic steroids (AAS), steroid precursors or prohormones, human growth hormone (hGH), creatine, stimulants such as ephedrine and caffeine, erythropoietin (EPO), diuretics, laxatives and nutritional supplements. This article will focus on the more commonly used substances in the pediatric population.

**Epidemiology**

Boys are 2-3 times more likely to use PES than girls and those that use alcohol, tobacco and other illicit drugs are also more likely to use PES. PES use is more common in athletes than in non-athletes, especially those involved in sports that rely mostly on strength, power and speed. However an estimated 30-40% of adolescents that use PES do not participate in a school sport, but instead take them to improve their physical appearance and self-esteem. Usually these substances are acquired from a physician, health food stores, at the gym, or the Internet.

Prevalence rates vary somewhat from study to study but in general show: 4-6% of adolescent boys, 11-35% of adolescent girls, 30-40% of college athletes, 1-3% of junior high students, 4-6% of adolescent boys, 11-35% of adolescent girls, 30-40% of college athletes. Anabolic Androgenic Steroids (AAS) are synthetic testosterone derivatives taken orally, transdermally, or by injection that have anabolic and anti-catabolic, as well as emotional effects, which promote muscle building. They are classified as schedule 3 controlled substances. AAS have been shown to increase strength and lean body mass through muscle hypertrophy as well as the formation of new muscle fibers. They also have numerous adverse effects which involve nearly every body system (see table at right). Steroid precursors or prohormones are testosterone precursors taken in an attempt to increase testosterone levels and achieve effects similar to AAS. Studies have shown that they do neither. They do, however, have many of the same side effects as AAS.

**Stimulants**

The stimulants most commonly used as PES are ephedrine and caffeine. Ephedrine is the active ingredient of the herb ephedra, which was banned by the FDA in 2004 after being linked to numerous deaths. Ephedrine, however, is still accessible in over-the-counter cold medicines. These substances work as PES by increasing heart rate, contractility and blood pressure, increasing central nervous system stimulation and decreasing the perception of exertion during activity. Caffeine, especially, has been shown to increase performance in endurance sports although its influence on shorter bursts of exertion during activity. Caffeine, especially, has been shown to increase heart rate, contractility and blood pressure, increasing central nervous system stimulation and decreasing the perception of exertion during activity. Caffeine, especially, has been shown to increase heart rate, contractility and blood pressure, increasing central nervous system stimulation and decreasing the perception of exertion during activity. Caffeine, especially, has been shown to increase heart rate, contractility and blood pressure, increasing central nervous system stimulation and decreasing the perception of exertion during activity.

**Nutritional Supplements**

The term nutritional supplement generally refers to substances such as protein/amino acid preparations, trace elements, vitamins, minerals and herbal preparations. Creatine, a complex, non-essential amino acid, is the most popular supplement used as a PES. It is thought to increase muscle mass and strength, shorten recovery times during workouts and increase training load overall. It does appear to improve strength and performance in short-duration, anaerobic events but has little effect on endurance activities. Also, up to 30% of people seem to be “non-responders” to creatine, likely because they have already maximized creatine stores in the body through dietary intake. Commonly reported side effects include weight gain through water retention, muscle cramps, diarrhea and rarely impaired renal function. The larger problem with nutritional supplements is that they are not regulated by the FDA. This means that manufacturers do not have to prove the safety or efficacy of their products. Multiple studies have shown that stated ingredients are often missing or present at levels much higher than what has been reported on the label. Also, steroids and stimulants have been shown to be present in up to 25% of nutritional supplements.

**Side effects of Anabolic Androgenic Steroids (AAS)**

- **Cardiovascular**
  - Increased LDL
  - Decreased HDL
  - Thrombus formation
  - Coronary vasospasm
  - Hypertension
- **Hepatic**
  - Elevated LFs
  - Cholestasis
  - Hepatocellular adenomas
- **Reproductive/Endocrine**
  - Testicular atrophy
  - Decrease spermatogenesis
  - Gynecomastia
  - High pitched voice
  - Amenorrhea
  - Breast tissue atrophy
  - Deepened voice
  - Citoromegaly
  - Hirsutism
- **Infectious**
  - Soft tissue & muscular abscesses
  - HIV/Hepatitis risk
- **Musculoskeletal**
  - Increased likelihood of tendon rupture
  - Physseal arrest
- **Dermatologic**
  - Severe acne
  - Striae
  - Premature balding
- **Psychiatric**
  - Mood swings
  - Hypomania
  - Mania
  - Depression
  - Increased libido
  - Aggression
  - Addiction
  - Withdrawal

**Prevention**

Drug testing is widely used as a deterrent at the collegiate, professional and amateur elite levels of sports but is more problematic in the school-aged population because of time constraints, high cost, and a relatively low yield of positive tests which occurs for a variety of reasons. On the other hand, education, in the form of interactive classroom and training activities led by coaches and peer leaders that teach kids about the side effects of PES and ways to reject offers to use them, have been shown to decrease the reported use of these substances.

**Other tips for physicians in dealing with the use of PES**

- Encourage discussion of PES during yearly pre-participation exams.
- Be honest – Acknowledge that some PES do work, but emphasize that many of these gains are incremental improvements that may help elite athletes much more than the typical school-aged athlete.
- Discuss the side effects that are most likely to have an immediate impact on the adolescent’s appearance or performance.
- Screen for use of other substances (alcohol, tobacco, illicit drugs).
- Describe alternative ways to improve performance - nutrition or utilizing a certified strength and conditioning coach.
GUIDELINES FOR PARENTS

Performance Enhancing Substances

A performance enhancing substance (PES) is any substance used in a way in which it wasn’t intended or prescribed, specifically for the purpose of improving sports performance. This includes substances taken in higher than normal doses or without a true medical reason, those used to gain or lose weight, those taken to help the body use oxygen more efficiently, and any agent used to cover up the use of, or minimize, the side effects of another PES. Examples include steroids, human growth hormone (hGH), creatine, stimulants such as ephedrine and caffeine, erythropoietin (EPO), water pills, laxatives and nutritional supplements.

WHO IS MOST LIKELY TO USE PES?
- Boys more than girls
- Kids that use alcohol, tobacco and other drugs
- Athletes more than non-athletes
- Football, baseball and basketball players, gymnasts, wrestlers, weightlifters and track athletes
- Kids that are trying to improve their physical appearance

WHERE DO KIDS GET PES?
- From their physician
- At the gym
- On the internet
- Health food stores

HOW DO THEY WORK?
Most PES are taken to build muscle and increase strength. Steroids, hGH and creatine have all been shown to improve strength to varying degrees in studies of adults. Stimulants and steroids can also increase energy levels, allowing for more frequent, prolonged or intense workouts. hGH and creatine have been shown to increase athletic performance in short-duration exercise such as sprints, while stimulants tend to help more with endurance events.

WHAT TO LOOK FOR IF YOU SUSPECT YOUR CHILD IS USING PERFORMING ENHANCING SUBSTANCES
- Rapid gain in strength or muscle bulk
- Severe acne on the face, chest and back
- Premature balding
- Stretch marks
- Growth of breast tissue, shrunken testicles, high-pitched voice (boys)
- Menstrual irregularity, deepened voice, excess hair growth, loss of breast tissue (girls)
- Mood swings/aggressive behavior/depression

What about supplements?
Many times nutritional supplements are thought to be safe because of their name. Unfortunately, these substances are not regulated by the FDA and therefore little is known about the actual ingredients they contain. Oftentimes supplements list misleading information on their labels and lack some or all of the stated ingredients. Studies have shown supplements are sometimes contaminated with steroids or stimulants.

Prevention
Most states, including Ohio, do not test for PES at the high school level and below because it is expensive and relatively few positive tests are found. If you are concerned that your child may be using PES, explain the negative effects that can result, emphasizing disqualification from sport and the adverse effects to physical appearance. If the child is actively trying to improve performance, make an appointment with a registered dietitian to discuss proper nutrition or to have him/her work with a certified strength and conditioning coach to make sure workouts are structured in the most beneficial way.

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This information is available on the Ohio AAP website www.ohioaap.org