

Sports Psychiatry: Discipline and Fields of Activity

Sportpsychiatrie und -psychotherapie: Fachdisziplin und Tätigkeitsfelder

Sports psychiatry is a still young medical specialization and discipline of the two psychiatric specialties, child and adolescent psychiatry, and adult psychiatry.

As a cross-sectional subject, sports medicine combines the sports medical knowledge of the medical specialties and disciplines (4). Sports psychiatry are therefore also part of sports medicine.

Sport and exercise in prevention and therapy of mental illnesses as well as mental health and illnesses in competitive sports are established fields of activity of sports psychiatry (12).

Sport-specific mental illnesses in popular sport, for example, muscle dysmorphia and sport addiction, as well as certain substance use disorders, are also often considered fields of activity for sport psychiatrists. However, mental illness in recreational sports cannot be represented in the two established fields of practice. It is therefore proposed to expand the fields of activity of sports psychiatry by a third field of activity.

Classification of Sports Medicine and Sports Psychiatry

Reference is made in the following to the classification of sports medicine in further and continuing education by the German Society for Sports Medicine and Prevention - German Association of Sports Physicians (4):

Sports psychiatry can be regarded as that part of theoretical and practical sports medicine which studies the influence of exercise and sport, as well as the lack of exercise, on the mentally healthy and ill person of all ages, so that the knowledge gained can be used both in the diagnosis and therapy of mental illnesses and in their prevention and rehabilitation, as well as for the benefit of sport.

Athletes of all performance levels are the focus of sports medicine and also of sports psychiatry. The health-relevant „maintenance dose of exercise“ from a preventive point of view is becoming increasingly important for physical and mental illnesses in our society, which is characterized by a lack of exercise. Like sports medicine, sports psychiatry is concerned with the preventive, therapeutic and rehabilitative possibilities of sport and exercise, in addition to diagnostics.

Preventive and therapeutic effects of sport and exer-

cise are well documented for mental health and mental illness (7) and have, for example, found their way into the S3 guideline/national health care guideline on unipolar depression (5).

People with severe mental illness are at higher risk for cardiovascular disease (3). Chronic physical illness and poorer access to somatic health care are among the reasons cited for the sometimes significantly lower life expectancy of people with mental illness (13). Exercise is Medicine® and the preventive and therapeutic effects of sport and exercise have also been shown to be effective in improving physical health (6).

In sports psychiatry, the prevention, detection, and treatment and rehabilitation of sports injuries and sports damage are equally important. Physical, psychological and social stresses and risks in recreational and competitive sports and their resulting „sports injuries“ and „sports damage“ to mental health are equally important to consider.

In competitive sports, it was assumed until a few years ago that there could be no serious mental health problems. It is now well established that mental health complaints and illnesses are common health problems in competitive sports (10). The courageous interviews of athletes in recent years also taught us that their mental strength does not guarantee mental health. Mental health, physical health, and performance cannot be considered separately in sport (1). Mental stress and illness increase the risk of injury and decrease performance. In turn, injuries and lack of athletic success are risks to mental health (10).

Sports psychiatry as a discipline of psychiatry, should therefore also be involved in the cross-sectional subject of sports medicine with its knowledge of sports medicine.

Popular Sports

Sport and exercise in mental illness and mental health and illness in competitive sport have established themselves as fields of activity for sport psychiatry (12).

However, the circumscription of the fields of activity of sports psychiatrists is not yet handled uniformly within the psychiatric professional societies and independent societies of sports psychiatry.

Muscle dysmorphia and sports addiction or the use of so-called Image and Performance Enhancing Drugs (IPEDs) in popular sports are examples of sport-specific, psychological disorders and diseases that are also frequently perceived as fields of activity of sports psychiatrists. Anabolic steroids [anabolic-androgenic >

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steroids, AAS] are among best-known IPEDs. The „doping problem“ is mainly perceived in competitive sports, but is deeply rooted in popular sports. Lifetime prevalence of AAS use has been reported at 6.4% (men) and 1.6% (women) (11), and is unlikely to be solely attributable to competitive sport.

Disordered eating and eating disorders, body image disorders, and sport and exercise are often inseparable. Institutions specializing in eating disorders, medical specialists, and psychotherapists have always been concerned with the exercise and sports behavior of their patients as well. The expertise of sports psychiatrists in the treatment of patients with eating and body image disorders can also be helpful here and possibly also reduce the hurdle to patients seeking qualified treatment.

Sports Psychiatry Education and Training

The International Society for Sports Psychiatry (ISSP) offers the ISSP Certificate of Additional Training in Sports Psychiatry (9). The International Olympic Committee Medical and Scientific Commission has recently begun offering the „IOC Program in Mental Health in Elite Sport“ (8).

The Swiss Society for Sports Psychiatry and Psychotherapy (SGSPP) began to implement a three-level curriculum in 2020, the first of its kind, which aims to provide specific expertise in the fields of activity of sports psychiatrists, building on the continuing education of the two psychiatric specialties (2). However, the curriculum

is equally aimed at sports physicians (level 1) and psychological psychotherapists (level 1+2).

Further discourse on sports psychiatric continuing education should be conducted jointly with sports medicine. For example, it would be conceivable to implement sport psychiatric continuing education partially within sport medicine. This would underline that sports medicine content is important for sports psychiatrists and vis-à-vis the „sports medicine“ knowledge of child, adolescent and adult psychiatry in a cross-sectional subject that bundles the sports medicine knowledge of the medical specialties and disciplines.

Conclusion

Sports psychiatry is a medical specialization and discipline of child, adolescent and adult psychiatry, the content of which is also in the cross-sectional subject of sports medicine and should be even more involved in sports medicine in the future.

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