

Take heart

Heart attacks are very rare in squash, but the recent tragedy of a young squash player who died while competing has highlighted the issue. Dominic Bliss finds out what the risks are and how you can minimise them

Harry Faulkner died playing the sport he loved. In February he was competing in a Hertfordshire County League squash match when he suffered a fatal heart attack. What makes this event even more tragic is that he was only 18 years old.

Harry, who was competing for Berkhamsted Squash Club, complained of indigestion before his match but agreed to soldier on. Halfway through he suddenly turned grey, stepped off court and collapsed. He was pronounced dead a short time later in hospital.

Harry isn't the first player to die of heart problems during a squash match, nor will he be the last. However, in the vast majority of cases it is older players who succumb to heart attacks. All sports, from the most pedestrian such as golf to the most intense and dynamic such as squash, have experienced many deaths from cardiac arrest among players middle-aged and older.

Take Ian Wright, for example, the former secretary of Kent Squash. In 2009

he died at the age of 74 while playing a racketball match. The same year 59-year-old Ted Seaman was playing squash at East Glos Club, in Cheltenham, when he suddenly slumped to the court floor after a heart attack. Fortunately, his opponent gave him mouth-to-mouth resuscitation and a defibrillator was used to shock his heart back into action.

"The first thing I knew about it was when I woke up in hospital and there were doctors all around me," Seaman remembered of his ordeal. "I hadn't felt any pain or dizziness beforehand, so there were no warning signs. I just collapsed and that was it."

While these cases are disturbing, given the players' ages, they are not that shocking. It's when younger, professional athletes, in the peak of physical condition, succumb to heart attacks that people really start to take notice.

In professional squash perhaps the most famous incident was Torsam Khan, older brother of the mighty Jahangir Khan. Torsam, from Pakistan, reached no.13 in

the world rankings. However, in November 1979, at the age of 27, he was competing in a tournament in Australia when he died of cardiac arrest. Jahangir, who was 15 at the time, was so upset by his brother's death that he considered quitting the sport altogether. Instead, he decided to pursue a career in squash as a tribute to Torsam.

Squash is by no means any higher-risk than other vigorous sports. Take Fabrice Muamba, for example, a 23-year-old midfielder, formerly of Bolton Wanderers FC. In March last year, while playing an FA Cup match, he suffered cardiac arrest and collapsed on the pitch. He has since recovered and retired from professional football.

While heart attacks are tragic, it's important to put them into perspective and not to allow these rare incidents to put off potential players from taking up squash.

Dr Richard Godfrey is senior lecturer in physiology and sports science at Brunel University. He emphasises that the

Bolton and Tottenham footballers look on in horror as Bolton midfielder Fabrice Muamba is given life-saving treatment on the Spurs pitch after suffering a heart attack



benefits of vigorous exercise “massively” outweigh any risks. “There are very few situations where exercise should be avoided, particularly when you’re talking about young people,” he says.

Although cardiac problems do kill young people – the charity Cardiac Risk in the Young (CRY) says that around 12 British people under the age of 35 die every week from a previously undiagnosed heart condition – vigorous sport is not necessarily the catalyst.

“Sport itself does not lead to cardiac arrest,” CRY insists, “but can trigger a sudden death by aggravating an undetected abnormality.”

Dr Godfrey concurs. He says a squash player’s heart will reap many more advantages from playing (stronger heart muscle, better circulation, clearer arteries etc) than disadvantages. However, there are certain players who need to be aware that in certain rare conditions squash could bring on a heart attack: middle-aged people, for example, who have not exercised for many years, but who throw themselves into intense squash without any preparation. The sudden vigorous exercise can put enormous strain on the heart. It’s also possible they may have developed coronary heart or artery disease during their years of inactivity.

“Everyone knows squash is a very high-intensity sport,” says Dr Godfrey, who played club squash himself for West of Scotland in his younger days. “Get fit before you start playing and build up slowly to intense play. Don’t get fit by playing squash, get fit to play squash.”

There are also risks if you’re suffering from a common virus such as flu. Vigorous exercise can affect the myocardium (a layer forming the wall of the heart), which in turn might cause the heart muscle to

become inflamed. “If you have a bad viral infection, with aching joints and flu-like symptoms, you should not exercise for a week,” Dr Godfrey advises. “Nothing high intensity until you’re clear of it. Then leave it a few more days longer before you start exercising again.”

Unfortunately, there is very little in the way of early warning signs. Dr Godfrey says that if someone in your immediate family has suffered heart problems, then you should consider being screened yourself. Otherwise, you should be concerned if you suddenly start developing breathlessness while playing squash, or if you feel light-headed. Chest pain is a sign of trouble, too, especially if it persists.

With younger players, early warning signs are even tougher to spot. However, there are medical tests available. CRY currently tests around 12,000 young people every year using a simple and non-invasive procedure called an electrocardiogram (ECG).

There are several life-threatening nasties they are looking for, ranging from cardiomyopathies, myocarditis and coronary artery anomalies to Wolff-Parkinson-White syndrome and ion channelopathies. There isn’t room in this article to explain all the medical symptoms, diagnoses and treatments. More information can be found on [CRY’s website at www.c-r-y.org.uk/medical_conditions.htm](http://www.c-r-y.org.uk/medical_conditions.htm).

So should squash players consider having an ECG, just to be safe? The European Society of Cardiology and the International Olympic Committee both recommend cardiac screening for any young person taking part in competitive sport. In countries such as Italy, screening is obligatory for youths taking part in

HOW TO MINIMISE THE RISKS OF A HEART ATTACK

Dr Richard Godfrey is senior lecturer in physiology and sports science at Brunel University. A former club squash player, he works at the university’s Centre for Sports Medicine and Human Performance. Here he offers advice on minimising the risk of a heart attack on court:

- Make sure you’re physically fit before playing matches
- Warm up properly before competition
- Don’t play when you have a fever or viral illness. Generally, if you have cold symptoms above the neck, it’s okay to do light exercise. If the cold symptoms are below your neck, it’s not okay
- Make sure you’re well hydrated before you play and keep a water bottle behind the court. Dehydration can make blood more viscous and lead to circulatory collapse
- If you suffer the following symptoms, then stop playing and consult your GP: chest pains or angina that won’t subside; unaccustomed breathlessness; lightheadedness.

organised sport. In the UK, however, it is voluntary.

CRY carries out ECG tests all over the country, often at schools or sports clubs where the procedure is free. Dr Steve Cox, the charity’s director of screening, encourages players who compete in regular matches to get tested (for more information visit www.testmyheart.org). He cites the example of Italy, where compulsory screening has reduced sudden cardiac death in the young by 90 per cent.

Lauren Selby is one of several top British players who have undergone screening. She stresses just how easy the whole procedure was. “All I had to do was find a screening near me and book it online via the CRY website,” she says. “The screening only took 15 minutes once I was there.”

World no.4 Alison Waters was also keen to publicise CRY’s services. “Everyone should get tested,” she said. “People should be made aware of CRY.”

Unfortunately, this is all too late for Harry, who will be missed by the British squash fraternity. Since his death many clubs have dedicated victories and trophies to the young man. At the finals of the National Championships, staged just days after his death, Harry was honoured by spectators who applauded for a full minute in memory of him.

WHAT IS AN ECG?

The charity Cardiac Risk in the Young (CRY) offers free or very cheap screenings in the form of an electrocardiogram (ECG). The procedure, which is painless and non-invasive, takes 10 minutes with results given straight afterwards.

The aim is to measure the electrical conduction pathways around the heart. Small electrode stickers are placed on your chest, with wires connecting to an ECG machine which gives a printout of the heart’s electrical activity.

Should any abnormalities be discovered, a secondary test (also painless and non-invasive) called an echocardiogram is offered. This takes 20 minutes and uses ultrasound to examine the structure of the heart. Using a video screen, the muscle thickness and chamber size of the heart are measured.



An ECG examination