The "Beautiful Game" and The Link With Addiction

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THE" BEAUTIFUL" GAME AND THE LINK WITH ADDICTION

England in need of a draw tonight to secure their place in the Euro 2012 quarter finals.
The opportunity to represent at international level is every sports person's dream so we can sympathise with the frustration for the likes of Kyle Walker, Frank Lampard, Gary Cahill and Gareth Barry who due injury will only be watching from the sidelines.

Of course, injury in competitive sport is part and parcel, but how many of us consider the impact of repetitive mild head trauma and the longer term effects on the brain? One of the key elements in the 'beautiful game' is the 'header'; players can strike the ball with their head dozens of times during a game and tens of thousands of times over their career.

Chronic Traumatic Encephalopathy (CTE), a progressive degenerative disease associated with repeated mild brain trauma such as a head-clash or from repeatedly heading the ball, has received little publicity to date, despite the dangers. It leads to lasting cognitive and behavioural effects; in particular, higher instances of addiction and depression. The most severe case of CTE was former England international, Jeff Astle, who died in 2002 with the coroner confirming that his death was caused by repeatedly heading the ball over his career. His wife said that he 'became increasingly agitated and suffered from eating disorders and behavioural disorders'.

Doctors Asken and Schwartz measured both the likelihood of concussive head trauma and the effects of heading the ball repeatedly during a footballer's career. Their study of players in the 1993 Olympic football tournament found that 89% were found to have a history of head injury and 54% had suffered from concussion. With regard to heading of the ball, it is estimated that a player will head the ball, on average 9 times per practice session and 7.85 times per game. A player such as John Terry is likely to head the ball three times as much as that. The official Euro 2012 ball weighs 15.2 ounces and is hit at speeds of up to 74mph. This impact is 'similar to the repetitive blows to the head sustained in boxing', a sport for which CTE even has its own name, pugilistic dementia.

Dr Michael Lipton of Montefiore Medical centre studied the brains of 32 amateur footballers who underwent a special type of brain scan known as diffusion tensor imaging, which is good for visualising nerve and brain tissue. The 32 volunteers who underwent the scans were asked to say how often they headed the ball during football training and play.

This revealed that players who were "frequent headers" had obvious signs of mild traumatic brain injury on their scans. The part of the brain most affected was the medial temporal lobe, associated with addictive behaviour, depression, emotions and impulse control. The researchers believe the injuries build up over time, and Dr Lipton stated that "Repetitive heading could set off a cascade of responses that can lead to degeneration of brain cells." The damage only occurred in players who said they headed the ball at least 1,000 times in a year. Although this might sound like a lot, it amounts to a few times a day for

a regular player, say the researchers.

Alastair Mordey, Programme Director at The Cabin Chiang Mai, a pioneering treatment centre in Thailand, has worked with footballers, rugby players and boxers. He feels that because so little is done to screen players during their careers, the most important thing that players can do is seek effective treatment.

“Most treatment centres rarely consider the brain. A big part of treatment of addiction and depression is not looking at what is wrong with the client but what is wrong with their brain. Addiction is defined as a neurological disorder, in particular addiction the reward, motivation and memory circuits of the brain. In addiction the motivation or reasoning centres of the brain (located in the frontal lobe) become damaged making addicts impulsive and unable to reason things through properly. With brain injury that reasoning ability is already impaired due to organic damage inflicted from an outside source (such as a brain injury).”

At The Cabin, counsellors use behavioural therapies such as positive thinking exercises and visualisations, mindfulness meditation and intensive physical exercise which have been proven to improve the strength of connections between different neural pathways in the fore-brain and the mid-brain which regulate activities like mood and impulse control. With this knowledge it is possible to treat addicts with mild to moderate brain injury without the need for excessive medication as therapy stimulates the growth of new neuronal pathways and strengthens underused pathways in the brain circuits damaged by addiction and brain injury.

Editor's Notes:

• Alastair Mordey (BA hons, RDAP, ADAP) is the Programme Director at The Cabin Chiang Mai, an addiction treatment centre based in Chiang Mai, Thailand. He is a certified and accredited addiction counsellor with over 10 years’ experience working in treatment services.
• The Cabin Chiang Mai is Asia’s most respected Drug and Alcohol treatment centre. Established in 2009, with two facilities and a secondary treatment Sober House located in Chiang Mai, the Cabin has treated over 300 men and women from around the world with a programme completion rate of 96% and a recovery rate amongst the highest in the world.