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# Adverse Events and Reasons for Analgesic Uses in Youth

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## Introduction

One of the most commonly prescribed medications in sports medicine is an analgesic, such as non-steroidal anti-inflammatory drugs (NSAIDs) or paracetamol. Their use in athletes has also drawn more attention in recent years. International guidelines for analgesic pain management in elite, and mostly senior, athletes have been developed3, and it is becoming more and more important to maintain athletes' health through appropriate analgesic use. Sadly, this is not yet the situation for young athletes, who have received less attention regarding the usage of analgesics, especially at the non-elite level. A five times greater frequency of adverse events, such as gastrointestinal bleeding, hematuria, and cardiovascular problems, has been linked to NSAID use in athletes. Even short-term use of opioids is linked to a risk of addiction and cognitive impairment, while long-term use of paracetamol may result in renal functional problem and hepatotoxicity. The use of analgesics by young athletes to mask pain and prevent injury has been reported in the past raising concerns about a possible rise in injury risk and the progression of current injuries [1]. There hasn't yet been a systematic study done to compile the evidence on the use of analgesics in youth athletes, despite signs that the use is common and that there may be health issues related to it.

Any comprehensive sports medicine practitioner should also be knowledgeable with exercise physiology, emergency medical care, and other standard medical procedures. This chapter covers the breadth of sports medicine for the physiatrist, covering topics such as the general role and medicolegal aspects of being a team doctor, sporting event administration with a focus on emergency preparedness, athletic conditioning and training principles, injury prevention and functional rehabilitation, biomechanics of sports, pharmacology in sports, emergency assessment and care of the athlete, common medical and neurologic conditions in athletes, and more.

Clinicians who are aware of sports preparedness are better able to cope with requirements for participation in sports and offer a useful pre-participation sports test. This debate takes into account the various medical issues that can occur when treating young athletes. The female athlete triad, iron deficiency anaemia, sports anaemia, overuse injuries to the musculoskeletal system, obesity, sudden cardiac death, return to learning following a concussion sustained while participating in sports, epilepsy, asthma, diabetes mellitus, gastrointestinal disorders, genitourinary disorders, and dermatological conditions in athletes are among them[2-4].

## Discussion

These athletes may suffer unfavourable consequences if they do not adequately prepare for a particular sport activity or handle injuries. Athletes

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The evaluation of the respiratory, circulatory, and musculoskeletal systems should be the main focus of the physical examination. Examinations of the abdomen, the nervous system, the eyes, the ears, and the throat (ENT) should also be performed. An eye exam is also provided. Among the most frequent abnormalities identified during the physical examination are high blood pressure and issues with visual acuity [5,6].

### Conclusion

Hemoglobin concentration, which determines anaemia, depends on the total mass of circulating haemoglobin and the plasma volume, both of which are rarely tested routinely in clinical medicine. The phrase "sports anaemia" often refers to the development of anaemia in a participant in physical activity or training that causes hemodilution and plasma volume expansion. Children love to play sports, but as their youth progresses, the majority (particularly females) stop playing sports and don't get involved in competitive sports activities. Sports attrition is the term for leaving a sport before the official season is up. According to research, this normally begins around age 10 and peaks between ages 14 and 15. By the time they reach early adolescence, almost half of young athletes who participate in school-sponsored sports quit, more so in sports like gymnastics and less frequently in sports like American football.

One must question the widespread practise of giving young athletes various chemicals so they can have a potential ergo lytic and/or aesthetic advantage so they can "win at all costs" and look good at the same time. This is important when considering the overall problem of sport doping for our children and adolescents. The social fixation with sporting success shouldn't have a negative impact on our kids' mental and physical wellbeing.

Numerous gastrointestinal problems, diseases, and disorders have been studied in relation to physical activity and sports. Athletes might be encouraged to abide by a number of guidelines to enhance their GI function and lessen GI distress while participating in sports and exercise. Avoiding hypovolemia (maintaining healthy hydration) is one of them. Others include avoiding highfiber meals, overeating before exercise, and using medicines like alcohol, caffeine, and antibiotics in moderation.Loss of motor and sensory function is noted below the level of lesion injury; additionally, hydrocephalus impairs cerebral function; the presence of increased intraventricular pressure and dilatation results in complications such as motor cortex injury; and spasticity is noted above the lesion's level of damage. If an athlete has hydrocephalus with a ventriculoperitoneal (VP) shunt, this has a significant impact on their functional level and their capacity for participating in sports.

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# **Conflicts of Interest**

None.

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