



How to Talk to Your Doctor About Heart Screening For Athletes, especially men over 35

Provided by the Kris Yip Memorial Foundation

Why This Matters

The number one cause of sudden cardiac death in male athletes over 35 is coronary artery disease (CAD). Most athletes who are affected do not have symptoms. Training can mask warning signs and normalize fatigue, shortness of breath, or chest pressure. Being fit does not mean being protected.

Strong isn't safe. Get your heart checked.

Red Flag Symptoms (Don't Ignore These)

Even if they seem “minor”, “occasional”, or “just training fatigue”:

- Unusual shortness of breath for your effort level
- Chest pressure, tightness, or heaviness (even mild)
- Sudden or unexplained drop in performance
- Dizziness, near-fainting, or nausea during exertion
- Palpitations or irregular heart rhythm

If it's new, different, or unexplained - it matters.



How to Start the Conversation

You can say:

“I train at a high level and want to make sure my heart is safe to continue pushing. The number one cause of sudden cardiac death in athletes over 35 is CAD, which can be silent. I’d like to discuss a cardiac risk assessment and screening.”

If your concern is minimized:

“I understand I may not fit the typical risk profile, but CAD in athletes often presents differently. I would feel more confident continuing my training if we ruled out underlying disease.”

Advocating for yourself is strength, not an overreaction.

Important to Understand

For well-trained athletes, the following tests are often normal even when CAD is present:

- Cholesterol levels
- ECG
- Exercise stress test
- Echocardiogram (echo)

These tests are still useful - but they do not reliably detect early CAD in athletes.

Screening Tests to Ask About

Test	Purpose	Why it Matters
Coronary Calcium Score (CS)	Detects calcified plaque in coronary arteries	Best early indicator of silent CAD in athletes >35
Coronary CT Angiography (CCTA)	Visualizes coronary arteries directly	Excellent for detecting non-calcified, early disease
ECG / Stress Test / Echo	Assess rhythm, function, and exercise response	Helpful, but may appear normal in fit athletes with CAD

If CS or CCTA are unavailable, ask about referral options or cardiac risk clinics.

Remember

You know your body.

You know your performance baseline.

If something feels off - that is real data.