

CLARIFYING STEROID-RELATED CONFUSION:

Sports orthopaedics expert Kevin Plancher, M.D., on positive uses for steroids in medicine

NY, NY and Greenwich, CT, June 2005 – Despite a flurry of information on steroids, too few of us actually understand what steroids are, what they can do *to* the body – and what they can do *for* it.

“The news on steroids is not all bad,” explains Kevin Plancher, M.D., a leading NY-area orthopaedist, sports medicine expert and official orthopaedic surgeon of the U.S. Ski and Snowboard teams. “In fact, some of the news is quite good.” Much of the current confusion over these drugs stems from the fact that the term “steroid” is used to describe numerous synthetic drugs that affect hormone levels in the body. “Of course, that means that steroids are used every day to effectively – and legally – treat a host of medical conditions,” Dr. Plancher says. “The key is in differentiating these drugs from the ones that are apt to do more harm than good,” he adds.

The “Good” Steroids

Corticosteroids differ chemically from the anabolic-androgenic steroids that are the talk of the sports media today. “Corticosteroids are vital to the practice of medicine,” Dr. Plancher notes. “Because they exhibit potent anti-inflammatory effects, they are used most commonly to treat arthritis, as well as short-term inflammation associated with orthopedic injuries,” he adds. “Corticosteroids are also widely used to treat asthma, in both inhalant and oral applications.” In addition, they are popular active ingredients in topical creams used to treat rashes and other skin disorders.

Even the “Bad” Steroids have a good side...

Anabolic Androgenic Steroids replicate male hormones in the body, and are among those drugs used illegally by athletes and bodybuilders to enhance their performance. Yet, even this class of drugs has a potentially beneficial medical use. “Anabolic steroids have a very limited scope of legal use here in the United States,” Dr. Plancher says. “But they can be helpful in a number of critical situations, and there is research underway to study their effects in still other problematic areas where current protocols are not yielding optimal results.”

For example, some patients suffering with long-term, serious illnesses can develop Chronic Wasting Disease, marked by drastic weight loss and an inability to gain it back – no matter how much they eat. “Anecdotally, we hear of patients who take Anabolic Androgenic Steroids to regain lean muscle after being diagnosed with Chronic Wasting Disease, and the evidence is positive,” Dr. Plancher notes. Similarly, pilot studies have been exploring the effectiveness of this class of steroids to assist in the rehabilitation of patients with COPD, and to address certain problems that can lead to infertility.

“We want to avoid the common misperception that all steroids are alike,” Dr. Plancher explains. “But at the same time, we also must stress that any time a patient is taking any kind of steroid, he or she should be closely monitored by a physician,” he adds. That’s because many of the same problems associated with Anabolic Androgenic Steroid abuse can also occur with other steroids. “Doctors whose patients are taking steroids, whether for arthritis, asthma, rehabilitation, or as an experimental treatment for a serious medical condition, should be watchful for a number of serious potential side effects,” he says. They include liver and kidney malfunction, cardiovascular problems due to increased levels of LDL (“bad” cholesterol), hypertension, and stunted growth in adolescents. Other potential risks are cosmetic, such as the development of severe acne, and psychological, such as depression or rage.

“Yet, all of these symptoms are far less likely to occur if a doctor is managing the quality, duration and dosage of the steroid therapy,” Dr. Plancher assures. “The key to successfully using these or any other drugs is to use the smallest dose of the best medication available to treat the exact duration of any given medical condition.”

Bio:

Kevin D. Plancher, M.D., M.S., F.A.C.S., F.A.A.O.S, is a leading orthopaedic surgeon and sports medicine expert with extensive practice in knee, shoulder, elbow and hand injuries. Dr. Plancher is an Associate Clinical Professor in Orthopaedics at Albert Einstein College of Medicine in NY. He is on the Editorial Review Board of the Journal of American Academy of Orthopaedic Surgeons and the American Journal of Medicine and Sports.

A graduate of Georgetown University School of Medicine, Dr. Plancher received an M.S. in Physiology and an M.D. from their school of medicine (cum laude). He did his residency at Harvard’s combined Orthopaedic program and a Fellowship at the Steadman-Hawkins clinic in Vail, Colorado where he studied shoulder and knee reconstruction. Dr. Plancher continued his relationship with the Clinic for the next six years as a Consultant. Dr. Plancher has been a team physician for over 15 athletic teams, including high

school, college and national championship teams. Dr.Plancher is an attending physician at Beth Israel Hospital in New York City and The Stamford Hospital in Stamford, CT and has offices in Manhattan and Greenwich, Connecticut.

Dr.Plancher lectures extensively domestically and internationally on issues related to Orthopaedic procedures and injury management. During 2001, 2002, 2003 and 2004 Dr.Plancher was named among the Top Doctors in the New York Metro area and was the New York State Representative for the Council of Delegates to the American Academy of Orthopaedic surgeons. For the past six years Dr.Plancher has received the Order of Merit (Magnum Cum Laude) for distinguished Philanthropy in the Advancement of Orthopaedic Surgery by the Orthopaedic Research and Education Foundation. In 2001, he founded "The Orthopaedic Foundation for Active Lifestyles", a non-profit foundation focused on maintaining and enhancing the physical well-being of active individuals through the development and promotion of research and supporting technologies. www.plancherortho.com.