

# **A Performance & Image Enhancing Drugs (PIEDs) Webinar**

## **How to identify non-prescribed Anabolic-Androgenic Steroid (AAS) Use**

### **Red Flags, Screening and Assessment**

Presented by

**Dr Beng Eu**

**11 November 2020**



**HUMAN**  
ENHANCEMENT  
DRUGS NETWORK

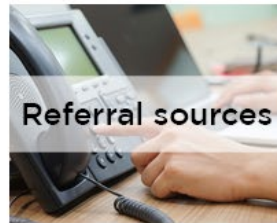
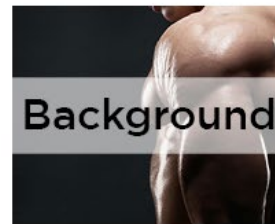


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# GP Guide to harm minimisation for patients using non-prescribed Anabolic-Androgenic Steroids (AAS) and other Performance And Image Enhancing Drugs (PIEDs)

The Guide and PIEDs webinars are available [here](#) on the Sydney North Health Network (SNHN) website



Project Team: Dr Katinka van de Ven, Dr Beng Eu, Dr Eva Jackson, Dr Esther Han, Dr Nicole Gouda, Craig Parsons, and Pat Simmonds

# PERFORMANCE AND IMAGE ENHANCING DRUGS WEBINARS

- ◆ **Introduction to PIEDs: What, why, and how?** - Types of Performance and Image Enhancing Drugs (PIEDs) - Prevalence, why people use non-prescribed Anabolic-Androgenic Steroids (AAS) and methods of administering.
- ◆ **How to identify non-prescribed Anabolic-Androgenic Steroid (AAS) use** - Red flags, screening, and assessment.
- ◆ **How to manage non-prescribed Anabolic-Androgenic Steroid (AAS) use** – Adverse effects and managing withdrawal.
- ◆ **How to manage a patient who does not want to stop non-prescribed Anabolic-Androgenic Steroids (AAS)** – engaging pre-contemplative patients and harm minimisation.

# SPEAKER INTRODUCTION

## DR BENG EU

**GP and Co-director of Prahran Market Clinic, Melbourne**

**Dr. Beng Eu has provided health advice to people using AAS for the last 25 years.**

**His work in general practice has a focus on LGBT health, sexual health, sports medicine and HIV medicine.**

**Beng;**

- ◆ **Receives referrals through the steroid education program ‘Your Community Health’ in Victoria.**
- ◆ **Has been involved in AAS education for GPs and is involved in research in this field.**
- ◆ **Appeared in the 2018 SBS Insight program ‘Sizing Up Steroids’.**



# LEARNING AIM AND OUTCOMES

**Learning Aim** – How to identify non-prescribed AAS use and what to do about it

## Learning Outcomes

- Identify non-prescribed AAS use
- Recognise red flags for AAS use
- Understand how to engage patients and screen for adverse effects



# ABOUT NON-PRESCRIBED USE OF AAS



- ◆ AAS (Anabolic-androgenic steroids) are used to achieve increased muscularity or performance
- ◆ They comprise of testosterone and other AAS and are sometimes used with other PIEDs (performance and image enhancing drugs) – like growth hormone, peptides, Selective Androgen Receptor Modulators (SARMS) or post-cycle therapy
- ◆ The supplies are usually obtained from non-medical supplies through illegal supply chains
- ◆ This group of individuals are reluctant to seek medical advice for treatment of adverse effects, and also reluctant to disclose their AAS use, so it is important to actively identify them so that health advice can be provided

# WHO USES NON-PRESCRIBED AAS?

- ◆ Mainly men but not exclusively so
- ◆ Aged 20-40 more common but SSAD shows 3% of use amongst 12-18 yo secondary school students
- ◆ Most sports ban its use – so not used in formal competition
- ◆ Used in bodybuilding and power sports
- ◆ Used in people wanting to gain muscularity or performance with their physical activity



# WHO DO WE LOOK OUT FOR?

- ◆ Anyone who looks like a bodybuilder





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- ◆ Anyone who has symptoms which could be a side effect



# WHO DO WE LOOK OUT FOR?

- ◆ Anyone who looks like a bodybuilder
- ◆ Anyone who has symptoms which could be a side effect
- ◆ Anyone who might be going to a gym regularly and is interested in looking muscular and fit



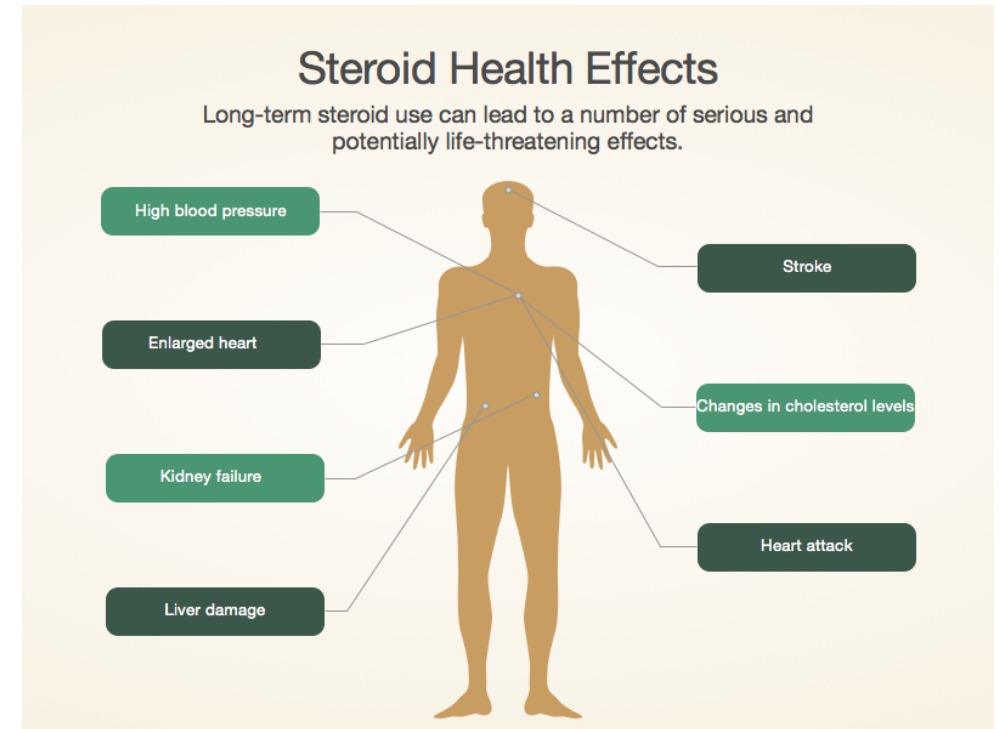
# HOW TO ENGAGE AND OFFER ADVICE

- ◆ Opportunistic screening- health checks, STI check, BP check
- ◆ Ask open ended questions without mentioning steroids – use terms like supplements, substances to assist. Even use peptides, SARMS as lead in.
- ◆ Discuss additional monitoring as something being offered as a preventive health measure and reassure patient of non-judgmental health care principles.



# IDENTIFYING RED FLAGS

- ◆ Young person (<21) may experience long term suppression of T
- ◆ In someone with increased cardiovascular risks
- ◆ Someone who describes a history of low T
- ◆ Older men with risk of prostate cancer
- ◆ Someone with mental health disorder
- ◆ Risky injecting or other associated behaviours (eg. Risky sexual practices)
- ◆ Someone with abnormal liver or renal function
- ◆ Long term continuous use





# SCREENING HISTORY



- ◆ Useful to get details of substances , how long they have been used for, cycles.
- ◆ General medical history- CV risk, other substances- eg. alcohol, IDU
- ◆ Fhx of cancers, mental health, CV health
- ◆ Any adverse effects of use in the past
- ◆ If injecting, then safe injecting knowledge
- ◆ Goals of use

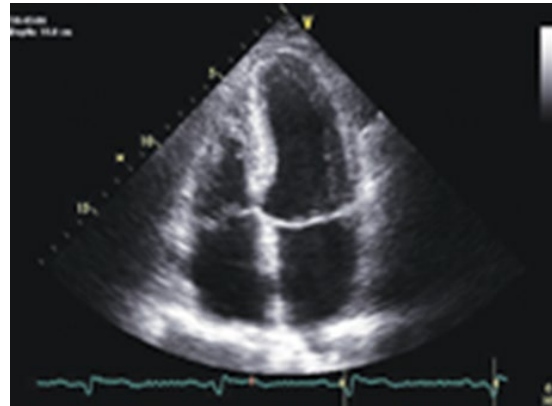
# SCREENING - EXAMINATION

- ◆ Ht, Wt, BP
- ◆ Targeted examination depending on patient -  
?gynaecomastia, cardiac issues, hepatomegaly, skin for  
acne, balding
- ◆ Mental health assessment if appropriate



# TESTING AND FOLLOW UP

- ◆ FBE,
- ◆ LFTs, U + E
- ◆ Testosterone, (FSH,LH)
- ◆ Lipids
- ◆ (?STI, hepatitis screen)
- ◆ (? PSA)
- ◆ (?ECG, Echocardiogram)



# TESTING AND FOLLOW UP

- ◆ Book in for follow up consultation 2-4 weeks after initial contact
- ◆ Review results, further discussion about adverse effects of AAS
- ◆ Follow up on any problems- ?repeat test, advice to cease AAS, referral for management



# SUMMARY

- ◆ Non-prescribed AAS are used by bodybuilders, power sports participants as well as gym-goers wanting to achieve some gains
- ◆ This population do not always disclose this practice due to fear of judgmental attitudes of health professionals and others
- ◆ It is important to engage them opportunistically when able and provide advice and health screening
- ◆ By engaging in these measures, there is also opportunity to encourage them to modify or cease their use of AAS

# Sydney North HealthPathways

List of pathways related to PIEDs

## Addiction and Drug Misuse

[Alcohol](#)  
[Benzodiazepines](#)  
[Cannabis](#)  
[Codeine - Chronic Use and Deprescribing](#)  
[Drug Seekers](#)  
[Methamphetamine \(Ice\)](#)  
[Opioids](#)  
[Opioid Treatment Program \(OTP\)](#)  
[Problem Gambling](#)

## Addiction and Drug Misuse Requests

[Drug and Alcohol Treatment](#)  
[Drug and Alcohol Support](#)  
[Drug and Alcohol Advice](#)  
[Problem Gambling Counselling](#)

## Mental Health

[Anxiety in Adults](#)  
[Depression in Adults](#)

## Sexual Health Requests

- [Sexual Health Review](#)
- [HIV Support](#)

## Eating Disorders

[Eating Disorders](#)  
[Eating Disorders Specialised Review](#)



<https://sydneynorth.communityhealthpathways.org>

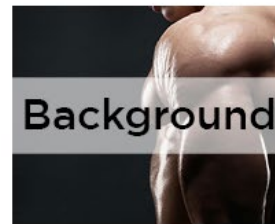
Primary care username:  
**healthpathways**

Primary care password:  
**gateway**

For more information contact  
[healthpathways@snhn.org.au](mailto:healthpathways@snhn.org.au)

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