



FIT TO MANAGE?

John Barnwell's coaching career was truncated by a serious car crash when he was on his way home from a charity dinner arranged with a view to raising funds for cancer research. He was lucky to survive an impact which left the rear-view mirror embedded in his skull. Trying to analyse the underlying causes of the accident, he put much of it down to the sheer intensity of the managerial role at football clubs.



John Barnwell as manager of Wolverhampton Wanderers FC parades the League Cup after the 1-0 win against Nottingham Forest FC in 1980.

Ten years ago, the former player (his career included seven years at Arsenal FC) was invited to become chief executive of the League Managers' Association, an organisation established in England in 1992. Within six months, he saw how the Wimbledon manager, Joe Kinnear, suffered a heart attack during a league visit to Sheffield Wednesday and was fortunate that the home club had highly qualified medical staff on hand.

"Coupled with my own experience," John Barnwell comments, "it made me realise that health care for managers and coaches was necessary. Most of us are former players and, when you're playing, you get used to looking after yourself and having a lot of things done for you. When you become a manager, you can easily find yourself 20 years older and, instead of looking after yourself, you're concentrating on looking after everybody else. Health prob-

lems can easily go undetected and be allowed to escalate.

"You're tempted to think that the club will look after you – and some do. But by no means all. In any case, in 1992, the mean figure for tenancy at a managerial job in the league was two years and seven months. At the moment, the figure has already dropped to one year and seven months. In terms of long-term health care, a manager is, basically, on his own."

John's response was to try to implant a system offering preventive health care to managers. As it happened, it was Kevin Keegan who put him on the trail of Dorian Dugmore, a cardiovascular specialist who, after emigrating to Canada, had been repatriated by Adidas to spearhead a project aimed at company executives. Ten league managers visited the Wellness International Medical Centre in Stockport, near Manchester, during a pilot scheme. Its success led to the birth of the 'Fit to Manage' project.

Even though some of the initial reactions were of the "Why do I need that if I'm perfectly fit?" variety, over 80 managers have taken advantage of a scheme currently being funded by the English Premiership. One of the most persuasive arguments in the project's favour was actually the case involving a high-profile coach at a high-profile club who didn't take advantage of the scheme. Rearranged club commitments forced him to cancel three appointments at



Johan Cruyff (second from left) filmed an anti-smoking campaign after undergoing heart surgery while in charge at FC Barcelona.



the Wellness Centre and, before a fourth could be made, he required emergency surgery for a life-threatening heart condition.

Dr Dorian Dugmore is also Secretary General of the World Council For Cardiovascular & Pulmonary Rehabilitation and a board member of the

European Society of Cardiology's Working Group for Sport Cardiology, Exercise Physiology and Cardiac Rehabilitation, apart from being a former player, qualified coach and head coach of the Great Britain team at the World Student Games. Medicine Matters asked him to describe his work on the 'Fit to Manage' project...

aneurysm of the aorta during a Liverpool game. These are some of the high-profile examples: there are many, many more.

The 'Fit to Manage' scheme set up by the Football League Managers Association (LMA) at the behest of John Barnwell was initially funded by the Professional Footballers Association (PFA) and, more recently, by the English Premiership. It has been specifically designed to address the lifestyle and cardiovascular health of the football manager. Cardiovascular screening of ex-athletes (nearly all managers being former footballers) has shown us that the most common cause of sudden death is due to degenera-

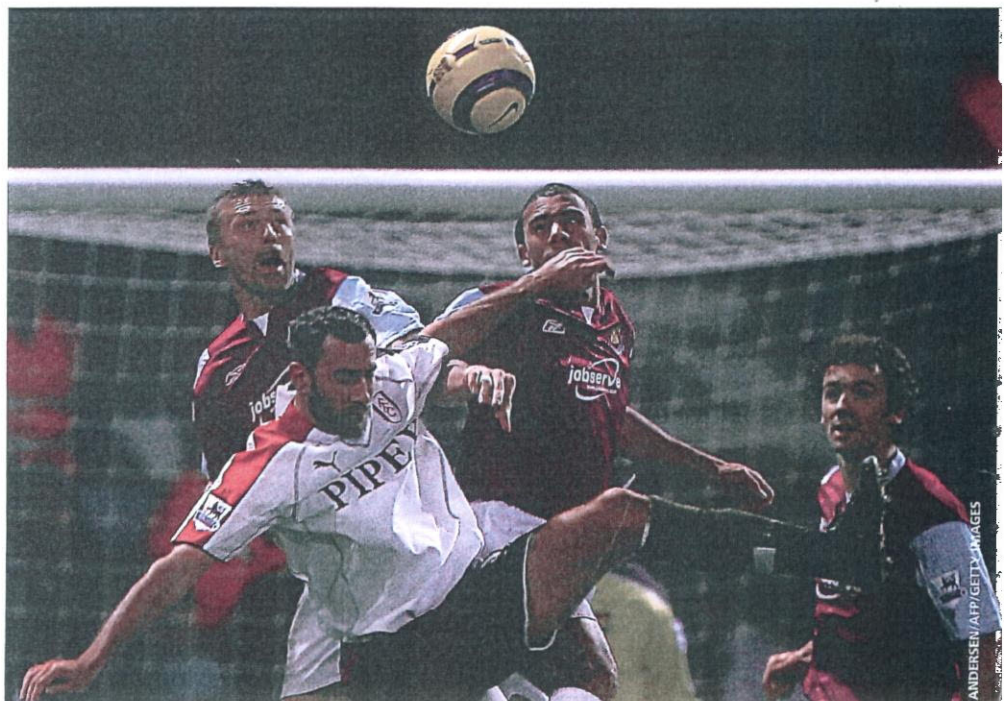
Cardiovascular risk in English football league managers A CAUSE FOR CONCERN?

The stresses and pressures associated with the management of an English league club have been highlighted recently in the media. Average working weeks range from 80-87 hours, with maximum levels reaching 100 hours. Add to this constant TV, radio and newspaper scrutiny at Premier level. Often, just fighting to survive puts managers in the limelight more than ever before.

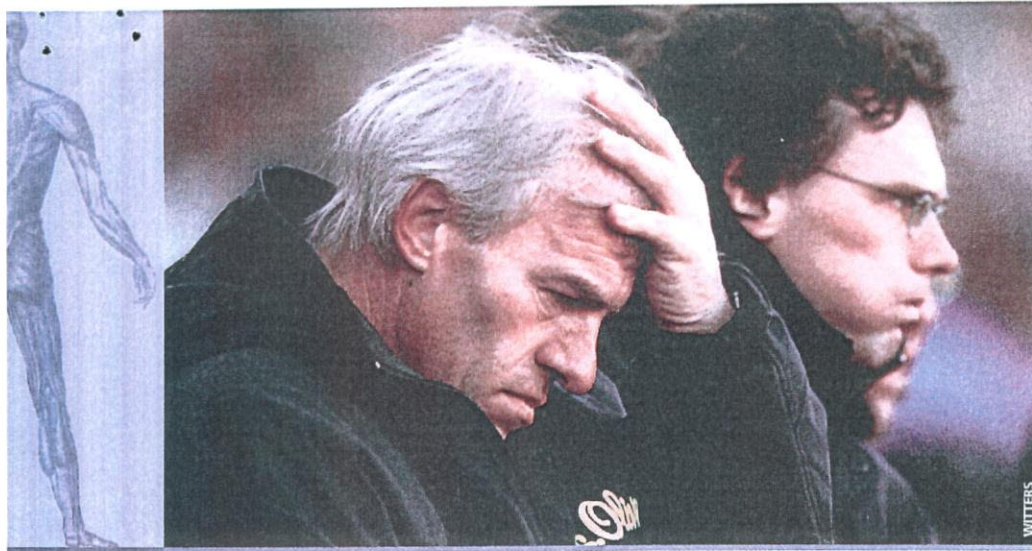
The lifestyle associated with such pressure often means long hours on the road, eating poorly – often with a 'fast food' diet high in saturated fats and low in nutritional value. Add in a lack of planned exercise, the relentless pressure to win coupled with a fear of losing your job if you don't, and you have a cocktail that is potentially damaging to your health.

The last 20-30 years have yielded clear evidence of cardiovascular risk/events among league managers. Jock Stein's sudden death from a myocardial infarction following the Scotland v Wales game in 1985; heart

attacks suffered by Joe Kinnear and Barry Fry; Graeme Souness, and Johan Cruyff both receiving coronary artery bypass surgery and Gérard Houllier suffering a dissected



Coaches in the English Premier League undergo cardiovascular tests these days.



Nevio Scala and his assistant Michael Henke had some nervous moments when BV Borussia Dortmund played away to Eintracht Trier in the German Cup in 1997.

tive ischemic heart disease (Thompson P.D., *Exercise and Sports Cardiology*, 2001). Indeed, significant atherosclerotic narrowing of the coronary arteries (> 75% in 2-3 major vessels) has been found in the majority in sudden deaths in older athletes (Northcote et al, *Sudden Death and Vigorous Exercise*, 1986).

A major challenge is emerging: the need for ex-footballers who become managers and coaches to take better care of their lifestyle and cardiovascular health. This identifies a further need for such individuals to be guided towards making the transition from sports-related health and fitness as players, to lifestyle-related health and fitness as managers and coaches. This is being currently addressed through the provision of the Warwick Business School's 'Certified (Football) Management Diploma'. It focuses on key elements of successful football management, especially health/fitness issues.

These include reduced participation in regular exercise; the nutritional balance between calories burned and expended in post-playing days, which often leads to weight gain; and alterations in blood lipid levels and other biochemical markers that can affect cardiovascular risk (e.g. increased adrenaline and cortisol levels during games). The need to balance the demands of management with personal family life was also among the issues reflected in a recent TV documentary, showing that the clinical/physiological costs of managing a top game were higher in the two managers

undergoing electrocardiographic/ blood pressure ambulatory monitoring during a game, compared with being pushed to exhaustion on the treadmill one week earlier in a clinical setting.

Of the first 54 managers (mean age of 49) enrolled in the 'Fit to Manage' scheme, 24 (44%) recorded diagnosed cardiovascular abnormalities and/or significant risk which included atrial fibrillation, atrial flutter, aortic stenosis, significant ventricular ectopy, (couplets, triplets, runs), coronary artery disease, angioedema and hypercholesterolemia. These were recorded despite overall fitness levels being acceptable for age/sex (mean peak $VO_2 - 43 \text{ mls.O}_2.\text{kg.min}$).

The previous discussion raises a big question: Who cares for the carers? Should managers – together with those appointing them and influencing their performance – be strongly encouraged to establish provision to look after their health as a standard clause in future contracts? Such an approach employed across Europe can only help to influence others in the game, including recreational footballers and spectators, to reduce the burden of illness associated with lifestyle/cardiovascular disease. The latter is emphasised in the recent recommendations of the European Society's working group on sport cardiology for competitive sports participation in athletes with/ without cardiovascular disease.



Scotland manager Jock Stein and coach Andy Roxburgh move the goalposts during a training session prior to the EURO'80 qualifier against Norway in October 1978.