

AUASM 2026

Anxiety in Elite Athletes

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Financial Disclosures

- Author, UpToDate (Wolters Kluwer)

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By the end of this session, you will be able to:

- Recognize common signs and symptoms of anxiety disorders in elite athletes
- Provide patient education using evidence-based interventions (ACT and CBT)
- Utilize first line medications
- Know when to refer

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Case 1: Rigid Ryan

High Prospect, Struggled in 3 Starts



Doing More to "Feel Ready"

- Expanded pre-start routine
- Extra throwing between starts
- Often questions coaches and teammates about his mechanics and how he looks on the mound
- Can't eat on start days
- Insomnia

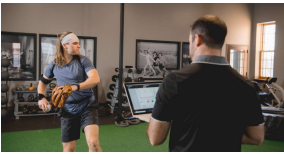


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Case 2: Careful Chris

Pitcher Post-UCL Repair



Doing Less to "Be Safe"

- Asks to slow the program down and reduce throwing effort
- Frequently touches and straightens his elbow
- Asks "Do you think I am ready?"
- Requests frequent elbow checks from staff



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Pattern Recognition: Faulty Assumptions



- "Anxiety means something is wrong or unsafe"
- "I need to get rid of this discomfort in order to perform"
- "It is possible to get rid of this discomfort"
- "I need to know *FOR SURE*"



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Pattern Recognition: Safety Behaviors

- OVERCONTROL
- AVOIDANCE
- REASSURANCE SEEKING



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The “Sell”: Get Ready to Compete on A Game, B Game, C Game . . .

- "Every time you sit with the discomfort and keep going anyway, you're building C-game capacity. You're teaching your brain that it can compete under those conditions — and eventually those conditions stop feeling so threatening."



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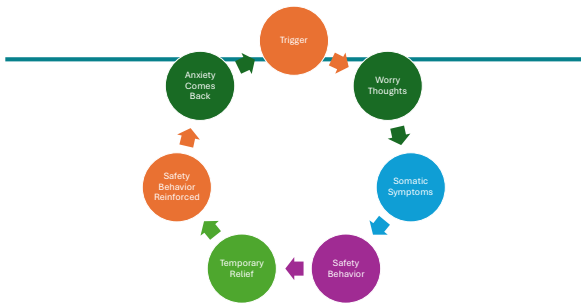
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VA Mental Health App: ACT Coach



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THE BRAIN IS GENERATING FALSE ALARMS

- Your alarm is going off for steam or burned toast
- Your body is acting like you are in danger, but you are not.
- Instead of fighting the alarm, stay in the room long enough for your brain to learn that there is no fire
- Over time, your alarm system will recalibrate



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ANXIETY IS SELF-LIMITING IF YOU STAY WITH IT LONG ENOUGH (EXPOSURE)

- “The goal is not to feel calm; the goal is for your brain to learn that you can handle it”
- Ask patient to stop or delay the safety behaviors
- Rigid Ryan: stick to the recommended workouts
- Careful Chris: continue with throwing progression



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EXPOSURE FOR SOMATIC SENSATIONS

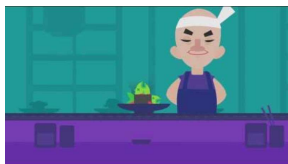


- Breathing through a straw
- Spinning around in chair
- Car with heater on
- Jumping jacks/burpees
- Hyperventilating
- Rehab setting: Graded exposure to feared movements

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Tolerating Thoughts



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Cognitive Defusion/Distancing: Changing Relationship to Thoughts



- Elicit anxious thoughts: “What are you afraid of? What do you predict will happen? What is your worst case scenario?”
- Notice and label
- “I am having the thought that...”
- Willingness to tolerate thoughts is a form of exposure
- White room analogy

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Reassurance Seeking

Rigid Ryan

- “how do my mechanics look to you?”
- “how do I look on the mound?”
- “what are you noticing about my pitching?”
- “I need to feel ready”

Careful Chris

- “Is my elbow tight?”
- “Can you check it again”
- “I need it to feel like it used to”
- Self-checking the elbow

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Rigid Ryan’s Anxiety Cycle (Overcontrol)

- Trigger: Start day. “What if I have another bad outing?”
- Attempts to **control his anxiety by increasing preparation volume**
- Overcontrol masquerades as “**preparation and being a hardworker**”
- Short-term sense of control → **long-term worsening fatigue + anxiety**
- Ignores internal/external cues to rest (**rigidity**)
- Overtraining and injury

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Careful Chris' Anxiety Cycle (Avoidance)

- Trigger: rehab progression; “What if I get hurt again? What if I cannot compete at the same level that I used to?”
- Attempts to control anxiety by **reducing exposure to perceived risk**
- Avoidance masquerades as “**being smart/careful**”
- Prevents **corrective learning** (that the arm can tolerate stress)
- Rehab stalls out



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Before starting meds . . .

- **Screen for bipolar disorder**
- Screen for substance abuse (AUDIT-C, CUDIT-R)
- Screen for eating dis/REDS (SCOFF, EDI, **LEAF-Q**, **BEDA-Q**)
- Cardiac screening if indicated
- Use measures to track response (e.g. PHQ 9/GAD 7)



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First Line: SSRIs

Athlete specific considerations:

- **Fluoxetine: most studied in athletes.** No impairment of strength, VO₂max, or cycling in multiple RCTs
- **Escitalopram: #1 choice of sports psychiatrists for GAD**
- **Emotional blunting** may affect competitive drive
- Avoid citalopram (QTc prolongation)
- Avoid paroxetine (anticholinergic and discontinuation syndrome)

What to tell patient:

- **Most side effects are transient** and improve within 2-4 weeks—encourage persistence through initial period
- **Timing matters:** Morning dosing for insomnia; evening dosing for fatigue/sedation
- **Take with food** to minimize GI symptoms
- **Monitor hydration** given increased sweating
- **Do not stop abruptly**, especially before competition
- **Sexual side effects are common**—discuss openly and consider alternatives if problematic
- **Weight changes** should be monitored, particularly in weight-class sports
- **Report activation symptoms** (agitation, restlessness, worsening anxiety) immediately, especially in first 2 weeks



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QTc Prolongation and SSRIs

General Principles

- Generally low-risk population
- Routine ECG screening and risk stratification before initiating
- Avoid prescribing more than one drug with QTc prolongation risks
- For athletes with 2+ risk factors, repeat ECG one week after start and dosage changes

Risk Factors for QTc Prolongation

- Age >65 years
- Female sex
- Concomitant use of another QT-prolonging drug or a drug that inhibits its metabolism
- Cardiac disease
- Excessive dosing
- Electrolyte disturbances



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When to refer

- Concern for bipolar disorder
- Suicidality
- Eating disorders
- Psychosis
- PTSD
- Failing first line treatments
- Complex comorbidity
- Patient preference



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Free Resources

VA Mental Health Apps, especially ACT Coach

International OCD Foundation Anxiety in Athletes Website



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Contact Julie with QUESTIONS



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