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EDITOR'S CHOICE

Making the most of the Olympics

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The London Olympics are only 13 weeks away, and for those who care about such things the excitement is mounting. Its organisers have been keen to emphasise that the games will have something for everyone and will leave a lasting legacy. There are many reasons to doubt this. In a systematic review published in the *BMJ* two years ago (doi:10.1136/bmj.c2369), Gerry McCartney and colleagues found little evidence that major multi-sports events deliver health or socioeconomic benefits. But this week's feature by Sophie Arie provides a crumb of support for the notion of a public good from elite sports (doi:10.1136/bmj.e2556).

As Arie reports, asthma is common in the normal population, but it's very common among elite athletes—for example, more than one in five of the members of Team GB is affected by the condition. Concerns that this higher prevalence might exist because some athletes want to justify using performance enhancing β agonists have not been borne out. Current explanations focus more on the effects of intense exertion, cold air, and chlorine in swimming pools, as well as the detailed diagnostic evaluation that athletes undergo. It's interesting that there's a dose-response relation: higher level athletes have a higher prevalence of asthma. More curiously, and still unexplained, is the fact that athletes with asthma are more likely to win than those without.

Apart from the pleasure of seeing athletes perform at the highest level, how can their experience benefit the rest of us? Athletes and their medical advisers are motivated to get the very best out of their bodies. The emphasis on ensuring the right diagnosis, tailoring inhaler use, and targeting prevention can show what's possible, says Arie. She concludes that perhaps the most important legacy for all people with asthma is the new consensus that, for most of them, exercise is good. It builds lung function and improves quality of life. So the days of routinely advising children with asthma to avoid games should be long gone.

An accompanying video on bmj.com highlights, among other things, the problems of diagnosing exercise induced asthma in primary care, where it's hard to recreate the exercise trigger. Help is at hand from Christine Jenkins and colleagues, who describe their approach to the rational investigation of exercise related dyspnoea (doi:10.1136/bmj.e2734).

If people do take London's Olympics 2012 Organising Committee chair Sebastian Coe at his word and use the games as a spur to getting fit, there'll be more stress fractures to deal with in the coming weeks. In their Clinical Review (doi:10.1136/bmj.e2511), James Pegrum and colleagues remind us to suspect this problem, especially in women with lower limb pain and the "female athlete triad": low bone mineral density, low body mass index, and menstrual irregularity. The diagnosis is best confirmed by magnetic resonance imaging, and most fractures can be treated with rest and a modified training routine.

You can find these articles and a range of sports related content from the *BMJ*, its sister journal the *British Journal of Sports Medicine*, BMJ Learning, and the BMJ Evidence Centre on our new Olympics portal (www.bmj.com/olympics). You don't need a subscription to access the content, which is freely available until after the Olympics and Paralympics. Please do browse, share and discuss the content with your colleagues, and give us your feedback.

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