

Welcome to this CPD video, which gives the suggested examination technique for patients using image or performing enhancing drugs.

First, undertake a general examination of the patient.

They may appear excessively muscular with a low body fat percentage, but this is not to be relied upon as is not present in all users.

Next, look for acne on the chest, back, tops of arms and the back of the neck. Acne is usually, but not exclusively facial sparing, unlike teenage acne in IPED users.

Next, you may see some injection marks in the gluteal muscle, lateral quadriceps, outer latissimus dorsi or inferior pole of the deltoid muscle. There may be some lipodystrophy on the abdomen or thighs from subcut injections.

Note, patients may seek a consultation when encountering complications of injections, so they may see cellulitis or abscess formation in the skin. These are most typically found around the gluteal areas.

Next, when checking the patient's hands you may be able to see significant callous formation from repeated weightlifting or other sporting activities.

Following this, take a blood pressure. One of the side effects of anabolic steroids is to increase blood pressure, and this can be quite markedly raised. However, this effect is quite transient in the short term and returns to normal on cessation of anabolic steroids in most users.

Close examination of the chest should be undertaken with assessment of an apex beat. Patients may have gynaecomastia, the apex beat is displaced laterally this could suggest cardiomegaly. Cardiac auscultation should also be included.

Following this, examine for liver edge. IPED users have an increased risk of Hep B and C from sharing of needles, vials and other contaminated IPED products. Inflammation of the liver might be present, however a lack of a palpable liver edge is not reassuring. Fibrosis in long term users may be possible and may only be ascertained through scan.

Palpation of renal angle is unlikely to reveal any significant pathology, as is examination of the ankles for any oedema. These are both late signs in the young and fit. Absence of these signs is again not reassuring.

Completion of examination should include a urine dip to exclude any significant proteinuria or the presence of blood in the urine. Blood tests

should be arranged including an FBC LFT, U&E, LIPIDS and TFT. The patient should also undergo ECG which may reveal clues about approaching cardiac concerns such as resting tachycardia or early hypertrophic changes.

This concludes the examination. Thank you very much.