

Lecture 25

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Anabolic Steroids

- Having more muscle nuclei is crucial for growth
- Primary androgen interacting with skeletal muscle tissue is TESTOSTERONE
- Must bind to androgen receptors
- Must have enough androgen receptors
 - o Otherwise you just have to come up with ways of disposing of it
 - o Without activation of the motor unit, there's no adaptation, just disposal (consider age and exercise levels)
- Androgens are a set of chemicals that can produce great effects and side effects
 - o Can be abused
 - o Do people who take steroids know what they're doing? Not always
 - o This leads to the debate: should they be banned in sports?
 - My opinion: yes and no...but honestly whatever
- Steroids is a personal choice
- Victimless crime when talking to an athlete's own health
- [I feel the argument of the usage of steroids is definitely up to each person, is it good? Bad? Depends completely on the person]
- [Jensen: "all of these opinions are completely qualitative"]
- Liver controls lipid levels
 - o Depending on dosage, oral anabolic steroids affect your profile
- Oral steroids: portal circulation
- IM (intramuscular) steroids: systemic circulation
- Left ventricular hypertrophy
 - o Steroid use associates with a slight thickening of the wall
 - o This would be problematic but for the reality of it:
 - You'd have to do an awful lot of drugs
 - If you adjust for the whole body muscle mass, the heart isn't much bigger