

WTF are IPEDs?

It's a new year. There will be new gym goers. Many of whom will be new to (and curious about) the drugs used in body building. Sometimes it's just nice to re-cover the basics. I must stress that unless you have at *least* two years of sensible nutrition and weight training under your belt, don't even consider any drug use. If you can't apply yourself to something properly first then it's clearly not for you. And neither are the drugs.

Image and Performance Enhancing Drugs are a collective term for a broad range of substances. They may promote muscle mass, improve sex drive, reduce body fat, alter skin tone or reduce wrinkles. Their effects are only temporary. So, whilst these drugs are not strictly substances of addiction, a psychological dependence can develop.

The name IPED is a pretty good 'does what it says on the tin' description. They did used to be called PIEDs for a while (Performance and Image Enhancing Drugs). I'm not certain if the change was due to the fact that Image is the priority for most users, or because 'PIEDs' sounds phonetically very dodgy, in a Jimmy Saville kind of way.

The most popular, in terms of both usage and public awareness, are steroids.

A biochemist would describe a steroid as an organic compound. They belong to a large class which include hormones. *Piss off, lab coat boy. Let's keep it simple, shall we?*

Some steroids are made naturally in the body and others are man-made. It makes no matter. In the same way there is no appreciable difference between a good actor playing the role of a policeman and an actual policeman. They both seem the same when they come knocking on the steroid receptors door, badge in one hand and a warrant in the other. They'll gain entry.

Hormones are messengers that travel about the body's transport system issuing instructions and trying to maintain control. Quite a lot like a policeman, then. The type of steroids I'm interested in are 'anabolic steroids'.

Strictly speaking, the correct term is Anabolic/Androgenic Steroids. They make muscles grow (anabolic) and have an impact on masculinity (androgenic). Often they're abbreviated simply to AAS. The growing muscle bit doesn't sound all bad, but not all androgenic aspects of steroids are desirable. Spotty skin, male pattern baldness and a hairy back are as unappealing as they sound. This is why some steroids are designed to be more anabolic than androgenic. Nandrolone (or 'Deca') is an example of this.

There are roughly 100 different anabolic steroids. Many of these don't differ very much from each other. They may be testosterone (or a similar chemical derivative) but engineered in such a fashion that makes the rate of absorption differ.

Some anabolic steroids are eaten as tablets or capsules, a small few may be applied directly onto the skin, but many are injected. There are a lot to choose from. Despite the fact they are supposed to do a similar job, there are a load of differing injectable compounds and esters.

Esters? Those who use steroids will have heard this term. This is a process where the active steroid compound has a varying number of fatty acids attached to it. Lab geeks call this a steroid which has been 'esterified'. It is part of what gives different steroids their different names. Testosterone propionate is a different ester of testosterone enanthate. They both are testosterone; they are just designed to be released into the blood stream at different intervals. A short acting ester will release the active steroid more quickly.

Testosterone propionate (or 'test prop' if you're cool like me and down with the kids) is a short acting example. It is often injected every other day. Testosterone undecanoate (or Nibido, to use this steroid's trade name) is a very long acting ester. Injection intervals can be up to every 10 – 14 weeks. That's quite a difference!

There are some medical uses for anabolic steroids, though their application is quite rare. Conditions include muscle wasting disorders (often associated with HIV and AIDS), some anaemias and, historically, for osteoporosis in postmenopausal women.

Most commonly anabolic steroids are prescribed as a hormone replacement therapy. The anabolic steroid Nibido is an example. This can be either for aging males with suboptimal levels of testosterone or for any aged adult male following the removal of a testicle (or two). This removal can be either surgical – in the event of testicular cancer – or traumatic. 'You've been framed' is full of toe curling, yet entertaining, traumatic examples, usually involving skateboards.

But as far as steroids and medicine go, that's about it. The medical profession seems to distance itself from anabolic steroids. The British National Formulary (BNF) is every prescriber's bible. All Medical Doctors, Pharmacists and Non-Medical Prescribers will have one. It contains detailed information of every medicine available for prescribing. I use mine a lot.

Regrettably, the section that covers anabolic steroids states "The protein-building properties of anabolic steroids have not proved beneficial in the clinical setting. Their use as body builders or tonic is unjustified; some athletes abuse them." ...Oh shit.

This is a problem because it simply isn't true. It is little wonder that people do not discuss their steroid use with their GP. And all too rarely will a steroid user have the option to have their health adequately monitored. They should. Instead they get information from the internet. They shouldn't. Unless you know where to look it can be a real mine field.

In the next edition I'll discuss the truth about real world IPED use.

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