STEROID RECOVERY

The Question You Have Been Carrying

Men who used for years often wonder, quietly, whether it cost them something. Two studies in Circulation now measure what changes in the heart, across groups of men rather than any one man. The news is not uniformly bad, and it is finally precise.

Swipe

WHAT IMAGING SHOWED

The Heart Pumped Less Strongly in Users

In 2017 a Massachusetts General team scanned 140 experienced weightlifters aged 34 to 54: 86 with at least two years of cumulative use, and 54 who had never used. Ejection fraction, the share of blood the left ventricle expels, averaged 52 percent in users against 63 percent in non-users.

THE QUIETER HALF

Slower Refilling, and More Plaque in the Arteries

Between beats the ventricle relaxes to refill. Early relaxation velocity averaged 9.3 centimeters per second in users against 11.1 in non-users. Coronary plaque, material built up in artery walls feeding the heart, was higher in users than in non-users, though some had none and some a great deal.

LIFETIME DOSE

Total Lifetime Exposure Tracked With Coronary Plaque

Each additional ten years of cumulative use corresponded to a rise of 0.60 standard deviation units in plaque rank, 95 percent confidence interval 0.16 to 1.03. That is an observational association, not a trial. Total exposure matters more than any single course.

THE DANISH COHORT

Eleven Years of Follow-Up in Danish Registries

A 2025 cohort followed 1,189 users and 59,450 matched controls for an average of eleven years. Heart attacks ran about three times as often, hazard ratio 3.00, and cardiomyopathy, disease of the heart muscle, 8.90. Observational, with no dose record, so not a personal risk figure.

STOPPED VERSUS CURRENT USERS

Men Off the Drug Had Better Heart Function

Users who had stopped averaged 58 percent ejection fraction against 49 percent in those still using, with better relaxation too. This compares different men at one moment, so it suggests recovery rather than proving it. Plaque already formed does not dissolve, and is treated.

WHY IT HAPPENS

The Mechanisms Are Ordinary Cardiovascular Medicine

Steroid use raises blood pressure, lowers HDL cholesterol, and thickens the blood by raising the red cell count. All of it is measurable: pressure, a full lipid profile, a blood count with hematocrit, an ECG. All of it is treatable, and treating it is standard internal medicine.

A REASONABLE FIRST STEP

What Is Never Measured Cannot Be Treated

No lecture, and no judgment about how you got here. Blood pressure, lipids, blood count, rhythm, and where warranted the heart muscle itself. One appointment, one physician, double board certified in Internal Medicine and Endocrinology. Ask the specialist about your own situation.