

Eating Disorders in Athletics

Disordered Eating

Includes all forms of problems from diets to anorexia and bulimia to excessive exercising.

1. Overeating, under eating, binge-eating, unhealthy diets, eating low nutrient-dense foods
2. Eating at unusual times
3. Can be compounded by not getting proper amount of sleep

What is the Female Athlete Triad?

A condition that is composed of disordered eating, amenorrhea, and osteoporosis. This can lead to irreparable damage and even death.

What are some causes of Disordered Eating?

1. Desire to be thin (competitive thinness; rival is very thin)
2. Misconception that a thinner athlete will have a competitive advantage
3. Match societal norms of 'thin is better'
4. Perceived loss of control in life
5. Pressures of life (school, sport, family, friends, etc.)
6. Traumatic event
7. Attention seeking device

What are some physical signs of Disordered Eating?

1. Amenorrhea: loss of menstruation (3 consecutive periods)
 - a. Can be brought on by poor nutrition and intense training
 - b. Result in pituitary tumors, hormonal imbalance, etc.
2. Osteoporosis: Loss of bone mass and bone tissue.
 - a. Bones become fragile and fractures are commonplace
 - b. Amenorrhea can lead to a loss of 5% of bone mass in one year
 - c. Some bone mass cannot be regained and will permanently affect the quality of life
3. Dehydration
4. Gastrointestinal problems
5. Hypothermia (intolerance to cold)
6. Stress fractures
7. Significant weight loss
8. Muscle cramps, weakness & fatigue
9. Dental and gum problems; body odors

What are some psychological or behavioral signs & symptoms?

1. Anxiety and/or Depression
2. Verbal expression of feeling fat
3. Excessive exercise regime
4. Excessive use of bathroom (particularly after meals)
5. Difficulty in focusing and remembering
6. Preoccupied with eating and weight
7. Avoids functions where eating is expected
8. Use of diet aids (laxatives, pills)

What is the problem?

1. Disordered eating is the *symptom* of some other problem.
2. Striving for perfection (descriptive of an athlete and of disordered eating)
3. Trying to get attention and please significant others
4. Engaging in disordered eating because of the team culture and/or peer pressure

Effects of eating disorders on the team

1. In some cases just being around the athlete is disturbing because of his/her behavior (vomiting, body odors, agitation, eating habits)
2. One or more athletes get caught up in 'helping' their teammate
 - a. It is not your responsibility to provide care and counseling to the DE athlete.
 - b. You are not qualified to treat the disorder and can make the situation worse by trying
3. Disordered eating habits can lead to behavioral contagion
 - a. Competition among athletes to see who can lose the most weight
 - b. Share secrets of how to lose weight quickly
 - c. Several team members might use unhealthy means to lose weight
4. Can lead to cliques within teams (players trying to be supportive of ED person versus athletes who feel the situation is out of control and disruptive to the team)

What to do if you suspect an eating disorder

1. Share your concerns with the coach or athletic trainer
2. If you initiate a conversation with the athlete, the approach is important
 - a. Message is that you care and are concerned about his/her health
 - b. Don't be critical of his/her behavior; Be concerned about his/her health
 - c. Private discussion to minimize discomfort
 - d. Urge the athlete to talk with the coach or trainer, counseling center, or Dr. Ziegler, etc.
3. If the athlete does not want to go to an adult to discuss the situation, suggest that you go with him/her
4. If he/she still refuses, you should initiate the conversation with your coach
5. The message to the athlete should include (a) eating disorders in college athletics is greater than most people think (20-30%), (b) the need for a mental health professional to help the athlete understand the causes behind the eating disorder; (c) create positive thinking about the treatment process
6. Once a CSU faculty/staff/coach is aware of the potential problem, the trainer is contacted
7. The team doctor is brought in to meet with the athlete to determine next steps
8. Treatment options depend on the athlete's medical coverage
 - a. If parental insurance covers treatment at the Cleveland Clinic that would be the first choice.
 - b. Some insurance policies only cover medical care within a 100 mile radius of work so other arrangements must be made
 - c. Parents usually are notified when payment for treatment is an issue
9. Immediate referral to a psychologist with a specialty in eating disorders is rare
 - a. Appointments are made with CSU's Counseling Center to provide the athlete with initial support until a specialist can be located and schedule confirmed
10. Conversations with psychologists and counselors are confidential. This information will not be released to coaches without properly notifying the athlete. This may happen if the therapist is concerned for the well-being of the athlete.

Treatment Options

1. Refusing treatment is NOT an option
 - a. Athletes may be placed on medical leave (injury)
 - b. Restricted in terms of participation in practices/competitions
 - c. Participation in practice/competition dependent on whether the athlete is following the treatment plan
2. Athlete's health is primary concern, not sports participation
3. Treatment by a professional is warranted and includes: cognitive, behavioral, emotional and nutritional counseling
4. If your coach continually talks about weight, let the trainer or Dr. Ziegler know so that the coach can be provided with new information on the role of coaches in unknowingly contributing eating disorders
5. Treatment generally includes multiple counseling sessions to determine underlying reasons for the eating disorders and to help the athlete develop new life perspectives and coping skills (e.g., how to cope with feelings versus binge eating)
6. Treatment usually includes working with a dietician to regain control of eating
7. Most eating disorders are handled on an outpatient basis. Severe eating disorders may require residential treatment

Eating Disorders

Did you know:

- 20-30% of college athletes have some form of disordered eating.
- Freshmen and transfer students who have difficulty adjusting to college may rely on eating disorders to gain some 'control' in their lives.
- Injured athletes are susceptible because they don't want to gain weight during rehabilitation.
- Athletes who have reached a plateau in performance will try anything to improve
- Behavioral contagion with other athletes on team is possible.
- Female Athlete Triad: Disordered eating, Amenorrhea, Osteoporosis (can be fatal)

Eating Disorder Signs and Symptoms	Examples of Underlying Causes
<p>Bulimia:</p> <ul style="list-style-type: none"> • Pre-occupation with food • Compulsive episodes of over eating, followed by purging • Self-induced vomiting • Excessive use of diuretics or exercise • Occurs 2 times/week for 3 months 	<p>Bulimia:</p> <ul style="list-style-type: none"> • Poor self-esteem • Achievement conflict • Rejection • Difficulty expressing emotions • Feeling inadequate • Poor coping skills • Anxiety, depression • Impulsive/compulsive • Feel guilty about behavior • Looking for attention
<p>Anorexia:</p> <ul style="list-style-type: none"> • Eating an insufficient amount of calories and nutrients to fuel body • Fatigue likely; strength loss • Injury recovery slower • Loss of concentration • Dizziness • Dehydration, constipation • Restless/hyperactive • Amenorrhea • Problems associated with vomiting (dental erosion, internal hemorrhaging, lacerations on the esophagus, vomiting becomes an automatic response) • Intolerance to cold • Wears layers of clothing for warmth • Hair loss • Strange body odor • Lack of emotions 	<p>Anorexia:</p> <ul style="list-style-type: none"> • Perfectionist • Over compliant • Uses body shape and weight as signs of control in his/her life • Few friends • Denies seriousness of situation • Weight related self-talk (I'd kill to lose 10 pounds)
<p>Treatment Options</p> <ul style="list-style-type: none"> • Contact coach or trainer • Professional care is a MUST • Eating disorder specialist preferred • Treatments are multi-faceted (cognitive, behavioral, emotional and nutritional counseling) • Some restrictions in sport participation may occur in severe cases 	<p>What you should do:</p> <ul style="list-style-type: none"> • Do not enable the disorder • Contact an adult on campus (coach, trainer, etc.) • If you talk with the athlete focus on your concern for his/her health • Encourage him/her to talk with adult <ul style="list-style-type: none"> ○ Offer to go with him/her for the initial discussion • Do not allow the eating disorder to rule the team.