Coastal Carolina University
Athletic Training Department
Policy and Procedure Manual
Eating Disorders
Revised/Reviewed 7/2011

INTRODUCTION:

1. The Department of Athletics at the Coastal Carolina University supports the development of healthy and responsible lifestyles for University student-athletes, with the goal of long-term enrichment and enhancement of their lives. Behaviors that threaten a healthy lifestyle include disordered eating.

2. The Department of Athletics recognizes that the origin of eating disorders reflect the interaction of biological, psychological, and sociological factors in the development of eating disorders. Due to the nature of college athletics, student-athletes in particular are at an increased risk of developing or sustaining patterns of disordered eating.

3. Depending on the extent of the disorder and the length of time the individual has engaged in such behaviors, the effects of disordered eating can range from mild to severe.
   - Medically, there is a potential for serious consequences in every system of the body. Disordered eating can have short-term and long-term health consequences.

   - Eating disorders are often associated with low self-esteem, obsessive thinking, and feelings of isolation. Psychologically, individuals with an eating disorder have an increased risk of depression and suicide.

4. Recovery from eating disorders can be a difficult process that takes time. In general, the longer the duration and frequency of disordered eating, the longer it will take for recovery to occur.

5. There is NOT substantial evidence linking weight/composition to superior performance. Body weight and composition is only one factor contributing to athletic performance.

6. Each student-athlete has a unique body type that is largely influenced by genetics. We wish to emphasize healthy personal improvement in nutrition, body composition, and fitness level, recognizing individual differences. Our goal is to educate the athletic department staff so they can recognize individual differences instead of relying on pre-published group norms.

GOALS:

1. To implement an effective multidisciplinary approach to the prevention, identification, and treatment of eating disorders. The Coastal Carolina University treatment team will consist of the following medical providers and athletic staff.

Winston McIver, MD	Athletic Medical Director
Dwayne Beam, ATC	Asst. AD/Sports Performance
Wendy Kiggins, RD	Clinical Dietician
Jenny Cassidy	Director of Counseling Services
Cari Rosiek	Senior Women's Administrator
Athletic Trainer	Variable per case
Counselor	Variable per case
Clinical Psychologists	Variable per case

   The Athletic Medical Director, the Athletic Trainer, and the Registered Dietician and/or Psychologist will oversee the student-athlete's compliance with regards to medical treatment, if necessary. Other physicians and/or medical providers may be consulted to assist the team or the student-athlete with the treatment, prevention and identification of the eating disorder, however, the Athletic Medical Director in conjunction with the Athletic Training Department will have the final decision with regards to athletic participation. When necessary and/or appropriate, medical referral outside of the university will also be made available by a social worker or psychologist to those student-athletes that need it.

2. To properly diagnose and provide treatment plans for student-athletes struggling with disordered eating.

3. To provide medical, nutritional, and/or psychological services to the student-athlete while respecting his/her privacy.

DEFINITIONS:

The following definitions are based on the criteria in the Diagnostic and Statistical Manual of Mental
Disorders-Fourth Edition (DSM-IV):

1. *Anorexia Nervosa*
   - Refusal to maintain body weight at or above a minimally normal weight for age and height (e.g., weight loss leading to maintenance of body weight less than 85% of that expected; or failure to make expected weight gain during period of growth, leading to body weight less than 85% of that expected.
   - Intense fear of gaining weight or becoming fat, even though underweight.
   - Disturbance in the way in which one's body weight or shape is experienced, undue influence of body weight or shape on self-evaluation, or denial of the seriousness of the current low body weight.
   - In postmenarcheal females, amenorrhea, i.e., the absence of at least three consecutive menstrual cycles.

2. *Bulimia Nervosa*
    - Recurrent episodes of binge eating. An episode of binge eating is characterized by both of the following:
        - Eating, in a discrete period of time (e.g., within any 2-hour period), an amount of food that is definitely larger than most people would eat during a similar period of time and under similar circumstances.
        - A sense of lack of control over eating during the episode (e.g., a feeling that one cannot stop eating or control what or how much one is eating.)
    - Recurrent inappropriate compensatory behavior in order to prevent weight gain, such as self-induced vomiting; misuse of laxatives, diuretics, enemas, or other medications; fasting; or excessive exercise.
    - The binge eating and inappropriate compensatory behaviors both occur, on average, at least twice a week for 3 months.
    - Self-evaluation is unduly influenced by body shape and weight.
    - The disturbance does not occur exclusively during episodes of Anorexia Nervosa.
3. *Eating Disorder Not Otherwise Specified (NOS)*

    This category is for disorders of eating that do not meet the criteria for any specific Eating Disorder.

    Examples include:
    - For females, all of the criteria for Anorexia Nervosa are met except that the individual has regular menses.
    - All of the criteria for Anorexia Nervosa are met except that, despite significant weight loss, the individual's current weight is in the normal range.
    - All of the criteria for Bulimia Nervosa are met except that the binge eating and inappropriate compensatory mechanisms occur at a frequency of less than twice a week or for duration of less than 3 months.
    - The regular use of inappropriate compensatory behavior by an individual or normal body weight after eating small amounts of food (e.g., self-induced vomiting after the consumption of two cookies).

BEHAVIORS:

The following list may serve only as a guideline for the recognition of disordered eating behaviors. Any one symptom alone may not indicate an eating disorder. Careful observation and awareness of a student-athlete's behavior will guide identification of an eating problem.

I. Anorexia Nervosa

Behavioral Signs:

1. Reports feeling "fat/heavy" despite low body weight
2. Obsessions about weight, diet, or appearance
3. Ritualistic eating behaviors
4. Avoiding social eating situations, social withdrawal
5. Obsession with exercise; hyperactivity- may increase workouts secretly
6. Feeling Cold
7. Perfectionism followed by self-criticism
8. Seems anxious/depressed about performance and other events
9. Denial of unhealthy eating pattern- anger when confronted with problem

10. Eventual decline in physical and school performance

Physical Signs:

1. Amenorrhea (Lack of Menstrual Periods)
2. Dehydration (Not related to Workout-Competition)
3. Fatigue (Beyond Expected)
4. Weakness, Dizziness
5. Overuse injuries, Stress Fractures
6. Gastrointestinal Problems
7. Lanugo (Fine hair on arms and face)
8. Hypotension (Low Blood Pressure)
9. Underweight
10. Flat Affect (Depressed/Withdrawn)

II. Bulimia Nervosa

Behavioral Signs:

1. Excessive exercise beyond scheduled practice
2. Extremely self-critical
3. Depression and mood fluctuations
4. Irregular weight loss/gain; rapid fluctuations in weight
5. Erratic performance
6. Low Self-Esteem
7. Drug or Alcohol Abuses
8. Binges or eats large meals, then disappears

Physical Signs:

1. Callous on knuckles
2. Dental and Gum Problems (Bad Breath)
3. Red Puffy Eyes
4. Swollen Parotid Glands (At the base of the Jaw)
5. Edema (Bloating)
6. Frequent sore throats
7. Low or average weight despite eating large amounts of food
8. Electrolyte abnormalities
9. Diarrhea, alternating with constipation
10. Dry mouth, cracked lips
11. Muscle cramps/Weakness

GUIDELINES:

1. If a coach wants a student-athlete to modify his or her diet, the coach will refer the student-athlete to the Asst. AD/Sports Performance. The assigned athletic trainer will work closely with the medical staff (Team Physician, Registered Dietician, and Strength & Conditioning Coach) and will help the student-athlete to utilize these resources.

2. Coaches are NOT to weigh student-athletes. Body weight/composition is private information shared only between the team physicians, athletic training staff, strength and conditioning staff, and athlete involved. **Pre-season weight monitoring during two-a-days for Football, Volleyball, and Men's and Women's Soccer teams in the Fall season are the exception to this rule so that proper monitoring of hydration status of the student-athlete participating in these sports are noted and the welfare and medical safety of the student-athlete is ensured and not compromised.**

3. If a member of the University Coaching or Athletics Staff has a concern, or if an individual(s) express concern to a University Athletic Staff member that a student-athlete may have a potential eating disorder or body image issue, these aforementioned concerns should be reported directly to the Asst. AD/Sports Performance. **All medical referrals will be coordinated through the Athletic Training Department only.**

Weight and Body Composition Goals and Measures

1. Frequent measuring of body weight can be harmful to student-athletes. With this in mind, the University Athletic Training Department in coordination with the University Exercise Science Lab has set up predetermined times for all student athletes to have their body composition checked. This will occur four times annually for all teams except Men's and Women's Basketball who will have it done three times annually. There will be further measures taken if it is felt necessary by the Team Physicians.

2. Student athletes have the right to access their own weight and body composition information. On a case –by-case basis, the Exercise Science Lab personnel may refrain from taking measurements or limit access that information if contraindicated for health reasons. (i.e. an athlete with disordered eating).

3. **Coaches and administrators will not at any time be given access to a student-athletes' weight or body composition measures.**

INTERVENTION PROTOCOL:

The Athletic Trainer will arrange to meet with the student-athlete to discuss the concerns raised regarding his or her disordered eating behavior. Based upon the objective information collected in the meeting, the following steps may be taken:

1. The student-athlete will be medically referred to University team physician for further objective findings and to determine suitable action. Facilitation of possible counseling and nutritional referral may be consulted and will be coordinated through the medical provider. All medical referrals made by the University Athletic Training Department will possess written consent from the student-athlete for release of pertinent information.

2. The University team physician will determine the athletic participation status of the student-athlete via telephone or email and in writing. Return to athletic participation will be determined by these aforementioned medical providers.

3. The Head Athletic Trainer will communicate on a need to basis with the coaching staff, team members, etc. to assist the student-athlete in dealing with this issue.

4. If a student-athlete has not been medically cleared or if further intervention is necessary, a team or panel *may* be assembled to develop a formal healthcare plan and written compliance contract with the student-athlete. The team may consist of the following members:
    - Student-Athlete
    - Student-Athlete's Chosen Representative
    - University Athletic Trainer
    - University Athletic Director or Senior Women's Administrator
    - University Team Physician or other medical professional

5. The healthcare plan and compliance contract developed by this team will include a process for determining the student-athlete's compliance with the contract and the consequences of non-compliance.

6. The student-athlete may or may not be cleared for athletic participation following review of this team.

Parental Involvement
The Coastal Carolina University Athletic Department reserves the right to inform parent(s)/guardian(s) of student-athletes who are suspended from athletic participation due to any health related or medically related injury and/or illness. With regards to this medical issue, the Athletic Director will be the athletic representative to inform the parent(s)/guardian(s).

The health and the medical welfare of the student-athlete will be the primary consideration and concern throughout the consultation and intervention process. Consequently, the Athletic Department reserves the right to withhold a student-athlete from sports participation to protect the interest of the student-athlete and the university. Medical confidentiality will apply to all information shared with the University Athletic Training Staff, the University Student Health Services, the University Counseling Services, and members of the Eating Disorder Team.

Reproduced and adapted from the *National Collegiate Athletic Association*, University of Detroit Mercy, Ohio State University, University of Northern Iowa, and the University of Southern Maine Eating Disorder Policies
Sources: Eating Disorders Awareness and Prevention; Laura Hill, Ph.D.