

Athletes and Eating Disorders:

What Coaches, Trainers, Parents, and Teammates

Need to Know

Involvement in organized sports can offer many benefits, such as improved self-esteem and body image, and encouragement for individuals to remain active throughout their lives. Athletic competition, however, can also be a factor contributing to severe psychological and physical stress. When the pressures of athletic competition are added to an existing cultural emphasis on thinness, the risks increase for athletes to develop disordered eating. In a study of Division 1 NCAA athletes, over one-third of female athletes reported attitudes and symptoms placing them at risk for anorexia nervosa. Though most athletes with eating disorders are female, male athletes are also at risk especially those competing in sports that tend to place an emphasis on the athlete's diet, appearance, size, and weight requirements, such as wrestling, bodybuilding, crew, and running.

Risk Factors for Athletes:

- Sports that emphasize appearance, weight requirements or muscularity. For example: gymnastics, diving, bodybuilding or wrestling.
- Sports that focus on the individual rather than the entire team. For example: gymnastics, running, figure skating, dance or diving, versus teams sports such as basketball or soccer.
- Endurance sports such as track and field/running, swimming.
- Overvalued belief that lower body weight will improve performance.
- Training for a sport since childhood or being an elite athlete.
- Low self-esteem; family dysfunction (including parents who live through the success of their child in sport); families with eating disorders; chronic dieting; history of physical or sexual abuse; peer, family and cultural pressures to be thin, and other traumatic life experiences.
- Coaches who focus primarily on success and performance rather than on the athlete as a whole person.

Three risk factors are thought to particularly contribute to a female athlete's vulnerability to developing an eating disorder: 1) social influences emphasizing thinness, 2) performance anxiety and negative self-appraisal of athletic achievement. A fourth factor is identity solely based on participation in athletics.

Protective Factors for Athletes:

- Positive, person-oriented coaching style rather than negative, performance-oriented coaching style.
- Social influence and support from teammates with healthy attitudes towards size and shape.
- Coaches who emphasize factors that contribute to personal success such as motivation and enthusiasm rather than body weight or shape.
- Coaches and parents who educate, talk about and support the changing female body.

The Female Athlete Triad includes 1) disordered eating, 2) loss of menstrual periods and 3) low bone mass or osteoporosis (loss of calcium resulting in weak bones). The lack of nutrition resulting from disordered eating can cause the loss of several or more consecutive periods. This in turn leads to calcium and bone loss, putting the athlete at greatly increased risk for stress fractures of the bones. Each of these conditions is a medical concern. Together they create serious health risks that may be life threatening. While any female athlete can develop the triad, adolescent girls are most at risk because of the active biological changes and growth spurts, peer and social pressures, and rapidly changing life circumstances that go along with the teenage years.

The International Olympic Committee has published recommendations for reducing the risk of the Female Athlete Triad, available at http://multimedia.olympic.org/pdf/en_report_517.pdf.