



Tips and information for coaches:

What coaches, parents, and teammates need to know

Disordered eating and full blown eating disorders are common among athletes. For example, a study of Division 1 NCAA athletes found that more than 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 emphasize diet, appearance, size, and weight.

The benefits of sports are well-recognized: building self-esteem, staying in good physical condition, and setting a foundation for lifelong physical activity. Athletic competition, however, can cause severe psychological and physical stresses. When the pressures of athletic competition are added to societal norms that emphasize thinness or a certain body type, the risks increase for athletes to develop disordered eating. Listed below are some recognized risk factors for developing an eating disorder as an athlete.

Specific sports that can create risk for developing an eating disorder

- Gymnastics, swimming, diving, bodybuilding, and wrestling because athletes must “make weight” or maintain a certain body size to stay competitive
- Gymnastics, track and field, figure skating, dance, or diving sports because they focus on the individual rather than the entire team

Personal factors that could create risk for an athlete

- Inaccurate belief that lower body weight will improve performance
- Training for a sport since childhood or being an elite athlete
- Low self-esteem or self-appraisal, family dysfunction, family history of eating disorders, chronic dieting, history of physical or sexual abuse, peer and cultural pressures to be thin, and other traumatic life experiences
- Coaches who focus only on success and performance rather than on the athlete as a whole person
- Performance anxiety
- Social influences, including family and peer pressure about athletic ability and performance

Factors that protect athletes from developing eating disorders

- 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

Concerns specific to female athletes

Female athletes may be at risk of a triad of harmful consequences, including:

- disordered eating;
- loss of menstrual periods; and
- osteoporosis (loss of calcium resulting in weak bones).

The lack of adequate nutrition resulting from disordered eating can cause the loss of several or more consecutive periods. This in turn leads to calcium and bone loss, placing the athlete at greatly increased risk for stress fractures of the bones. These conditions are a medical concern, and taken together they create serious, potentially life-threatening health risks. While any female athlete can develop this 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 accompany the teenage years. Males may develop similar syndromes.

The University of Minnesota Tucker Center for research on girls and women in sports web site provides many links and a bibliography of papers related to the impact of eating disorders on women's health and athletic activity. <http://cehd.umn.edu/tuckercenter/resources/bibliographies/disordered-eating.html>



What coaches can and should do

*Compiled for the National Eating Disorders Association
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1. Take warning signs and eating disordered behaviors seriously! Cardiac arrest and suicide are the leading causes of death for people with eating disorders.
2. Pay attention to chronic dieting or slightly odd eating habits. Coaches should refer concerns to the school's student assistance program, responsible family member of the student, or a health professional with eating disorder expertise. Early detection increases the likelihood of successful treatment; left untreated a problem that begins as disordered eating may progress to an eating disorder.
3. De-emphasize weight. Whenever possible, avoid weighing athletes. Eliminate comments about weight. Focus on areas that athletes can control to improve performance. For example, focus on strength and physical conditioning, and mental and emotional aspects of performance. Improving mental and emotional coping skills carries no risk.
4. Don't assume that reducing body fat or weight will enhance performance. Weight loss or lower body fat may improve performance, but studies show this does not apply to all athletes. Performance should not come at the expense of the athlete's health.
5. Coaches and trainers should obtain basic education on recognizing signs and symptoms of eating disorders and understand the role they can play in preventing them—or helping athletes who have them. People with eating problems are often secretive about their eating habits. They develop coping skills to mask symptoms and to make believable excuses when their behavior is noticed or questioned. They are often ashamed, though they may be aware that the behavior is abnormal.
6. Athletes need accurate information about healthy weight, weight loss, body composition, good nutrition, sports performance, and the impact of bad nutrition. Information should include the common myths about eating disorders and challenge unhealthy practices. Make use of local health professionals with expertise in eating disorders and athletics who can help educate athletes.
7. Emphasize the health risks of low weight, especially for female athletes with menstrual irregularities or total cessation of menses. Refer athletes for medical assessments in these cases.
8. Understand why weight is such a sensitive and personal issue for both male and female athletes. Eliminate derogatory comments or behaviors about weight—no matter how subtle, slight, or “in good fun” they seem.
9. If an athlete has an eating disorder, don't automatically curtail his/ her participation unless warranted by a medical condition that is documented by a physician. Consider the whole person: physical and emotional/mental health when making decisions about an athlete's level of participation in his/her sport.
10. Coaches and trainers should explore their own values and attitudes regarding weight, dieting, and body image, and how their values and attitudes may inadvertently affect their athletes. They should understand their role in promoting a positive self-image and self-esteem in their athletes.

Guidelines and position statements related to sports and eating disorders from medical societies

The American Academy of Pediatrics Guidelines: Promotion of healthy weight-control practices in young athletes

These guidelines, published in 2005, provide 12 major recommendations, including advice for physicians about appropriate medical care for young athletes, nutrition, weigh-in procedures, healthy weight maintenance, weight loss, emotional support, body fat composition, and fluid intake.

Canadian Academy of Sport Medicine: Abandoning Routine Body Composition Assessment: A Strategy to Reduce Disordered Eating among Female Athletes and Dancers

<http://www.casm-acms.org/forms/statements/BodyCompDiscEng.pdf>

The committee's position is that routine body composition assessment be abandoned for all female athletes and dancers. They assert that when supplemented by nutritional counseling and eating disorder prevention programs, this change would be a valuable strategy towards reducing the incidence of the “Female Athlete Triad”: eating disorders, amenorrhea, and osteoporosis. Their position is based on a review of the scientific literature from which they conclude that there is a lack of evidence that body composition assessments lead to improved athletic performance.



Physiological impact of an eating disorder on athletic performance

Lisa Franseen, Ph.D., clinical sport psychologist writes about the physiologic effects of eating disorders on athletic performance.

http://www.usasynchro.org/Archived_content_from_import/athletes/health_7654/eating2.htm

Overall, the impact of an eating disorder is related to the severity and duration of the condition, individual health status, body stature, and genetics. Franseen lists the following common symptoms to watch out for. These symptoms can occur because of malnutrition, dehydration, electrolyte imbalance, and osteoporosis. Please see the full article for more details.

SYMPTOMS

- Fatigue
- Dizziness
- Loss in endurance
- Loss in coordination
- Loss in muscular strength
- Loss in speed
- Muscle cramps
- Overheating

The list below describes medical problems that can arise from specific eating disorders.

ANOREXIA NERVOSA

- Heart failure. This can be caused by slow heart rate and low blood pressure. Those who use drugs to stimulate vomiting, bowel movements, or urination are also at high risk for heart failure. Starvation can also lead to heart failure, as well brain damage.
- Brittle hair and nails; dry skin. Skin may dry out and become yellow, and the affected person can develop a covering of soft hair called lanugo.
- Mild anemia
- Swollen joints
- Reduced muscle mass
- Osteoporosis

BULIMIA NERVOSA

- Erosion of tooth enamel from the acid produced by vomiting
- Inflammation of the esophagus (the tube in the throat through which food passes to the stomach)
- Enlarged glands near the cheeks (giving the appearance of swollen cheeks)
- Damage to the stomach from frequent vomiting
- Irregular heartbeat
- Heart failure
- Electrolyte imbalances (loss of important minerals like potassium) that can lead to sudden death
- Peptic ulcers
- Pancreatitis (inflammation of the pancreas, which is a large gland that aids digestion)
- Long-term constipation

BINGE-EATING DISORDER

- High blood pressure
- High cholesterol
- Fatigue
- Joint pain
- Type II diabetes
- Diseased arteries
- Gallbladder disease
- Heart disease