

## Eating Disorders

Many student-athletes face a difficult paradox in their training regimes. They are encouraged to eat to provide the necessary energy sources for performance, yet they often face self- or team-imposed weight restrictions. Emphasis on low body weight or low body fat may benefit performance only if the guidelines are realistic, the calorie intake is reasonable, and the diet is balanced. The use of extreme weight-control measures can jeopardize the health of the student-athlete and possibly trigger behaviors associated with defined eating disorders.

National Collegiate Athletic Association (NCAA) studies show that at least 40 percent of member institutions reported at least one case of anorexia or bulimia in their athletic programs. Although these eating disorders are much more prevalent in women (approximately 90 percent of the reports were in women's sports), eating disorders also occur in men.

Eating disorders are often an expression of underlying emotional distress that may develop long before the individual becomes involved in athletics. It has been suggested that stress, whether it be from participating in athletics, striving for academic success, or pursuing social relationships, may trigger psychological problems, such as eating disorders, in susceptible individuals. Eating disorders can be triggered in such individuals by a single event or by comments from a person important to the individual. In athletics, such triggering mechanisms may include offhand remarks about appearance or constant badgering about an athlete's body weight, body composition or body type.

Eating disorders often experienced by student-athletes and their warning signs include:

**Anorexia Nervosa** - Self-imposed starvation in an obsessive effort to lose weight and to become thin. **Warning signs** - Drastic loss in weight, a preoccupation with food, calories and weight, wearing baggy or layered clothing, relentless, excessive exercise, mood swings, and avoiding food-related social activities.

**Bulimia** - Recurring binge eating usually followed by some method of purging such as vomiting, diuretic or laxative abuse, or excessive exercise. **Warning signs** - Excessive concern about weight, bathroom visits after meals, depressive moods, strict dieting followed by eating binges, and increasing criticism of one's body.

**Bulimarexia** - Anorexia nervosa with practice of one or more bulimic behaviors.

It is important to note that the presence of one or two of these warning signs does not necessarily indicate the presence of an eating disorder. Definitive diagnosis should be done by appropriate professionals.

Anorexia and bulimia lead to semi-starvation and dehydration, which can result in loss of muscular strength and endurance, decreased aerobic and anaerobic power, loss of coordination, impaired judgment and other complications that decrease performance and impair health. These symptoms may be readily apparent or they may not be evident for an extended period of time. Many student athletes have performed successfully while experiencing an eating disorder. Therefore, diagnosis of this problem should not be based primarily on a decrease in athletic performance.

Coaches, athletic trainers and supervising physicians must be watchful for student-athletes who may be prone to eating disorders, particularly in sports in which appearance or body weight is a factor in performance. Decisions regarding weight loss should be based on the following recommendations to reduce the potential of an eating disorder:

1. Weight loss should be agreed upon by both the coach and the athlete with appropriate medical and nutrition personnel;



2. A responsible and realistic plan should be developed by all individuals involved, and

3. Weight loss plans should be developed on an individual basis.

If a problem develops, thorough medical evaluation of the athlete suspected of an eating disorder is imperative. Once confirmed, behavior modification should emanate from professional guidance through nutritional, psychological and/or psychiatric counseling. Because eating disorders are a growing problem with serious health consequences, the establishment of professionally guided support groups, access to personal counseling and an assistance hotline should be considered on every campus.

Education about eating disorders is a good preventive measure. In 1989, the athletics department at each member institution received the NCAA project "Nutrition and Eating Disorders in College Athletics." These materials, which included videotapes and written supplements, should be reviewed by athletic administrators, coaches, medical personnel and athletes. In addition, in 1992, the American College of Sports Medicine began development of informational materials on the female athlete triad: disordered eating, amenorrhea, and osteoporosis. These materials also will be valuable resources for NCAA institutions, and can be requested by sending a self-addressed, stamped business size envelope to ACSM, c/o Triad, P.O. Box 1440, Indianapolis, IN 46206-1440.

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