ATHLETES AND EATING DISORDERS: WHAT EVERY COACH NEEDS TO KNOW

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TRUE OR FALSE:

YOU CAN TELL BY LOOKING AT AN ATHLETE WHETHER OR NOT HE/SHE HAS AN EATING DISORDER.
TYPES OF EATING DISORDERS

- Anorexia Nervosa
- Bulimia Nervosa
- Binge Eating Disorder
- Other Specified Eating Disorder
  - Atypical Anorexia
  - Purging Disorder
  - Night Eating Syndrome
- Unspecified Feeding or Eating Disorder
ANOREXIA NERVOSA

- Malnutrition
  - Restricting intake
  - Compensatory behaviors
- Distorted body image
- Preoccupation with weight, size, and shape
- Pathological fear of weight gain
- Women: Amenorrhea
- Atypical Anorexia: Psychologically anorexic despite not appearing physically underweight
TRUE OR FALSE:

ANOREXIA NERVOSA IS A MORE COMMON CAUSE OF DEATH THAN DEPRESSION.
BULIMIA NERVOSA

• Bingeing
• Purging
  • Vomiting, exercising, abusing over-the-counter medications, and abusing insulin (diabulimia)
• Distorted body image
• Preoccupation with weight, size, and shape
• Appear “healthy”
TRUE OR FALSE:

IT IS LESS COMMON FOR AN ATHLETE TO DEVELOP AN EATING DISORDER WHEN COMPARED TO A NON-ATHLETE.
ATHLETES VS. NON-ATHLETES

• **Risk**
  – *Controlled for age: No statistical significance between athletes and non-athletes* (Torstveit, Rosenvinge, & Sundgot-Borgen, 2008)

• **Athletes: More severe ED symptomology when detected**
  – *Higher levels of menstrual dysfunction* (Coelho, Soares, & Ribeno, 2010)
CHAT QUESTION:

WHAT FACTORS, UNIQUE TO SPORT CULTURE, MIGHT AFFECT THE DEVELOPMENT OF AN EATING DISORDER?
RISK FACTORS

General
• Media
• Relationships
• Culture
• History of dieting
• Body dissatisfaction
• Age
• Identity
• Personality
• Genetics
• History of trauma
• Negative affect

Sport Culture
• Team environment
  – Coach & team influence
• Team uniform
• Seasonal status
• Sport type
  – Endurance Sports
• Performance level
• Injury
• Overtraining
• Frequent weight cycling
• Early start in the sport
CHAT QUESTION:

WHAT SIGNS AND SYMPTOMS WOULD YOU LOOK FOR IF YOU SUSPECTED THAT AN ATHLETE WAS STRUGGLING WITH AN EATING DISORDER?
SIGNS AND SYMPTOMS

- Decreased or erratic athletic performance
- Changes in weight or body shape
- Obsession with body shape and size
- Changes in behavior and/or isolation around meal time
- Irritability or moodiness
- Difficulty concentrating during practice or performance
- Conflicts with coaches or teammates
- Chronic or overuse injuries
- Efforts to train when injured or overly tired
- Ritualistic behaviors regarding food and exercise
  - Distressed when not able to oblige
CHAT QUESTION:

DISORDERED EATING BEHAVIORS ARE COMMON IN SPORT CULTURE. HOW DO YOU DETERMINE IF AN ATHLETE CROSSED THE THRESHOLD FROM PERFORMANCE-DRIVEN FOOD BEHAVIORS TO EATING DISORDERED?
FOOD: OPTIMIZATION VS. PATHOLOGY

• Normal behaviors
  – Attend meticulously to diet and weight
  – Weigh food before meals
  – Avoid certain food groups
  – Plan carefully for meals
  – Maintain food logs
  – Weigh self and measure body composition regularly

• Pathological behaviors
  – Exercise to control weight beyond normal training load
    • Lack gradual progression and suddenly increase training load
    • Increase load without a clear goal
    • Train secretively
  – Engage in extreme/fad diets without a clear goal
  – Engage in typical ED behaviors
EXERCISE BEYOND TRAINING

• **Key:** Exercise is used to manipulate body shape/size
  – Performance goals come second to body-focused goals
  – Disregards key components of periodization

• **Maintain a rigid exercise schedule**
  – Prioritize exercise over significant life activities and relationships
  – Feel obligated and no longer enjoys the activity
  – Exercise to point of endangering health

• **Feel distressed if unable to exercise**

• **Tolerate monotonous, repetitive exercise routines**

• **Obsess about numbers (HR, yards, calories)**
AN: HEALTH CONCERNS

Anorexia affects your whole body

Brain and Nerves
- can’t think right, fear of gaining weight, sad, moody, irritable
- bad memory, fainting, changes in brain chemistry

Hair
- hair thins and gets brittle

Heart
- low blood pressure, slow heart rate, fluttering of the heart (palpitations), heart failure

Blood
- anemia and other blood problems

Muscles and Joints
- weak muscles, swollen joints, fractures, osteoporosis

Kidneys
- kidney stones, kidney failure

Body Fluids
- low potassium, magnesium, and sodium

Intestines
- constipation, bloating

Hormones
- periods stop, bone loss, problems growing, trouble getting pregnant. If pregnant, higher risk for miscarriage, having a C-section, baby with low birthweight, and post partum depression.

Skin
- bruise easily, dry skin, growth of fine hair all over body
- get cold easily, yellow skin, nails get brittle
BN: HEALTH CONCERNS

How bulimia affects your body

**Brain**
- depression, fear of gaining weight, anxiety, dizziness, shame, low self-esteem

**Cheeks**
- swelling, soreness

**Mouth**
- cavities, tooth enamel erosion, gum disease, teeth sensitive to hot and cold foods

**Throat & Esophagus**
- sore, irritated, can tear and rupture, blood in vomit

**Body Fluids**
- dehydration, low potassium, magnesium, and sodium

**Muscles**
- fatigue

**Intestines**
- constipation, irregular bowel movements (BM), bloating, diarrhea, abdominal cramping

**Stomach**
- ulcers, pain, can rupture, delayed emptying

**Blood**
- anemia

**Heart**
- irregular heart beat, heart muscle weakened, heart failure, low pulse and blood pressure

**Hormones**
- irregular or absent period

**Skin**
- abrasion of knuckles, dry skin
FEMALE ATHLETE TRIAD

More information: Fuel Aotearoa
http://fuelaotearoa.co.nz/
PERFORMANCE CONCERNS

- **Intense dieting:** Decrements in VO2 max
- **Inadequate carb intake:** Early glycogen depletion, fatigue, and increased usage of protein as fuel
- **Inadequate protein intake:** Muscle weakness, wasting, and increased susceptibility to injury
  - Inability to build and repair muscle tissue
- **Dehydration:** Fatigue, poor performance, and early glycogen depletion
- **Symptomatic of disordered eating:** Malnourished, dehydrated, depressed, anxious, and preoccupied with food and body
  - Decreased concentration + Erratic emotions + Mental fatigue + Physiological effects = Poor performance
COACH’S ROLE

• Develop a body-positive and performance-focused environment
• Take an active role in supporting health
• Educate yourself, your staff, and your team
  – Athlete Insight: Free consultation
    • www.livetrainthrive.com
  – NEDA: Coach and Athletic Trainer Toolkit
    • https://www.nationaleatingdisorders.org/sites/default/files/Toolkits/CoachandTrainerToolkit.pdf
  – NCAA: Managing the Female Athlete Triad
    • http://www.ncaa.org/wps/wcm/connect/public/ncaa/ssi/resources/eating+disorders+resources/female+athlete+triad

• Respond intentionally to “Ideal Athlete” behaviors
  – Excessively exercise, perfectionistic, overly compliant, high achieving, obsessive-compulsive tendencies, and high thresholds for pain tolerance
EXPRESSING CONCERN TO AN ATHLETE

- *Introduce the issue and engage the athlete*
  - *Use “I” statements*
  - *Ask for more information*
  - *Play detective if met with resistance*
- *Provide resources*
- *Discuss next steps*
  - *Refer directly to a medical provider and a mental health professional*
- *Arrange for follow-up*
QUESTIONS?

FOR A LIST OF THE REFERENCES CITED IN THIS PRESENTATION, PLEASE SEND AN EMAIL TO:
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WWW.LIVETRAINTHRIVE.COM

Sport Psychology
• Breathing/Relaxation
• Concentration
• Goal Setting
• Imagery/Visualization
• Mindfulness
• Motivation
• Routines
• Self-talk

Clinical
• Eating Disorders/Body Image/Exercise Concerns
• Anxiety
• Career Transition
• Depression
• Identity/Self-Esteem Issues
• Perfectionism
• Relationships Concerns
• Trauma (sport and non-sport)

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