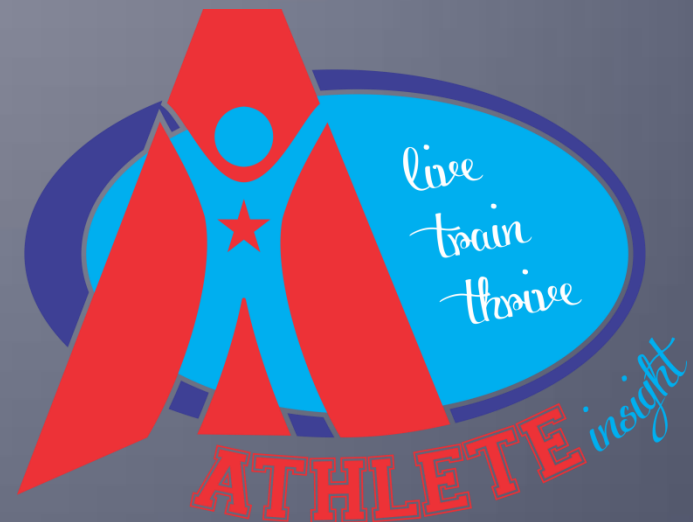


ATHLETES AND EATING DISORDERS: WHAT EVERY COACH NEEDS TO KNOW

Kate Bennett, PsyD
Clinical Sport Psychologist
Athlete Insight
www.livetrainthrive.com



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

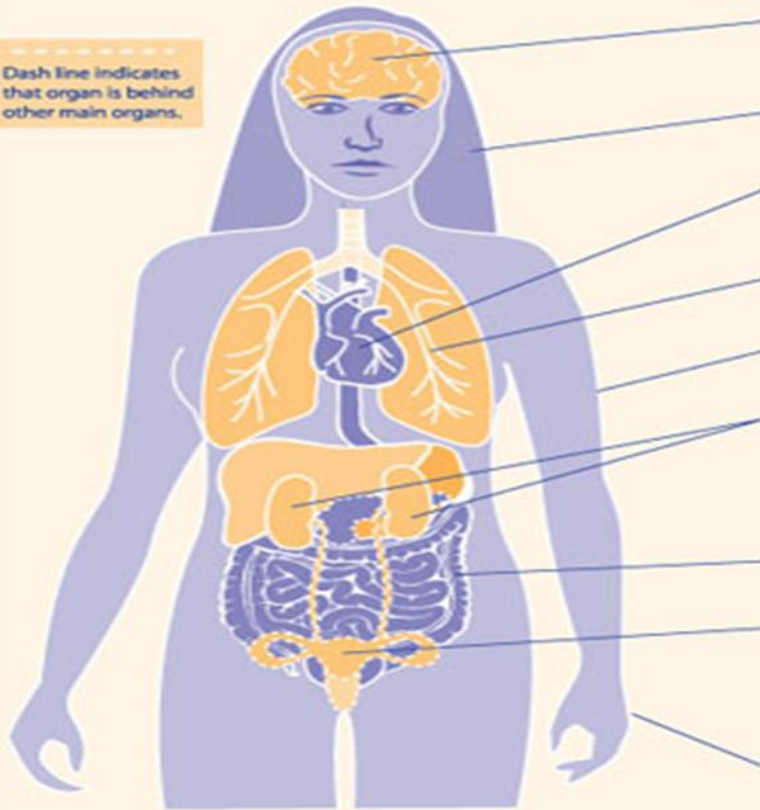
- *Key: Exercise is used to manipulate body shape/size*
 - *Performance goals come second to body-focused goals*
 - *Disregards key components of periodization*
- *Maintain a rigid exercise schedule*
 - *Prioritize exercise over significant life activities and relationships*
 - *Feel obligated and no 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

Dash line indicates that organ is behind other main organs.



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

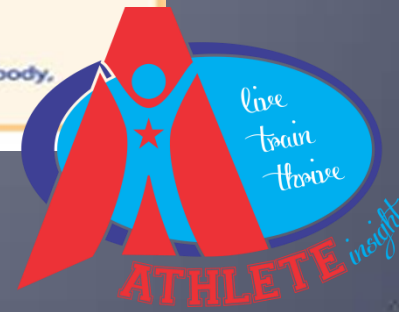
constipation, bloating

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

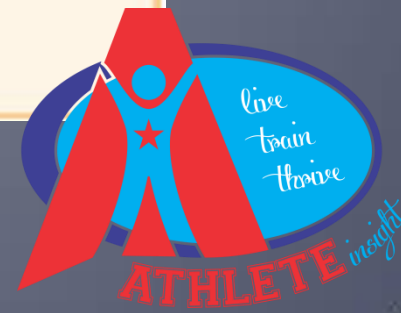
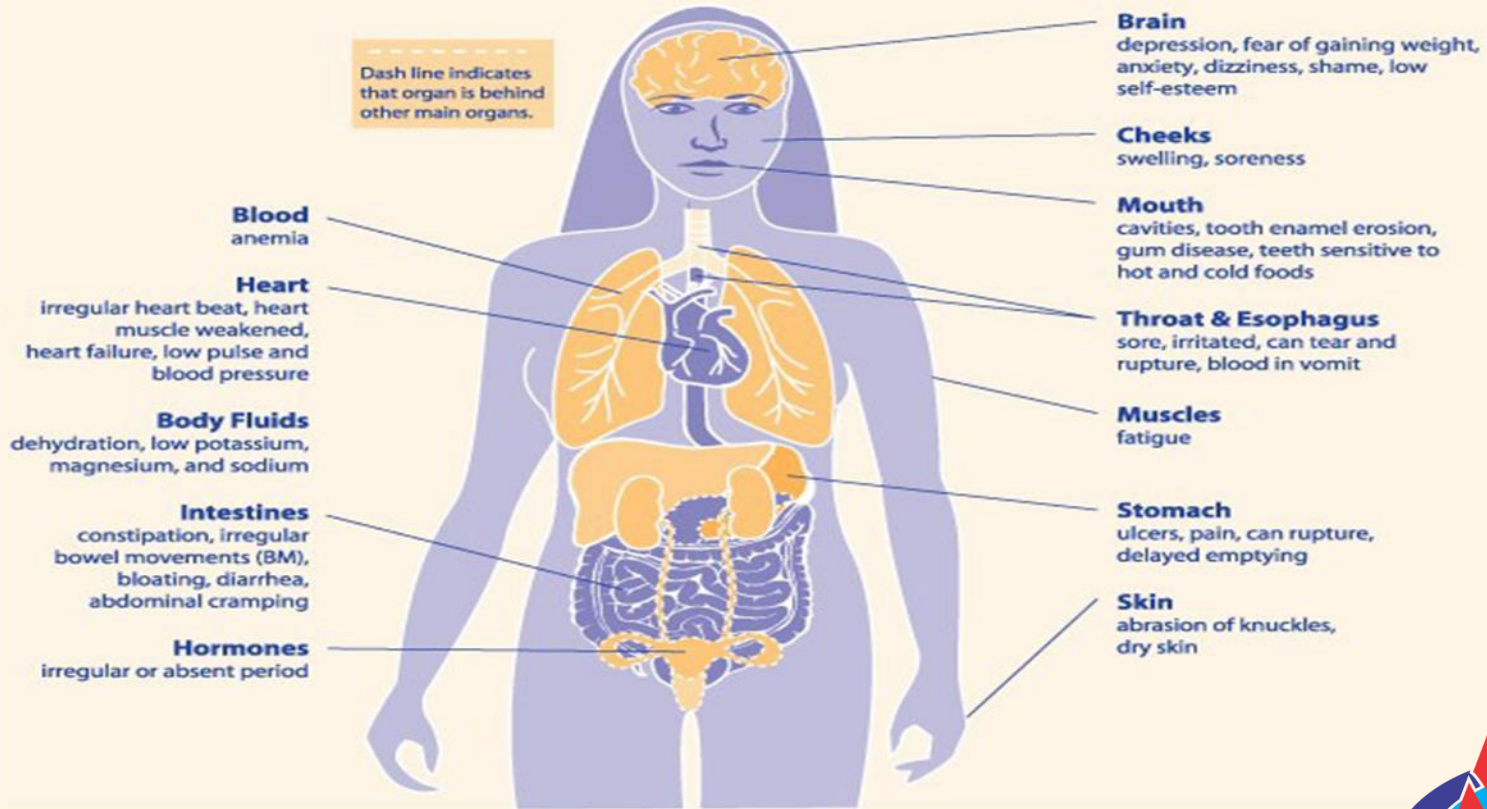
bruise easily, dry skin, growth of fine hair all over body, get cold easily, yellow skin, nails get brittle



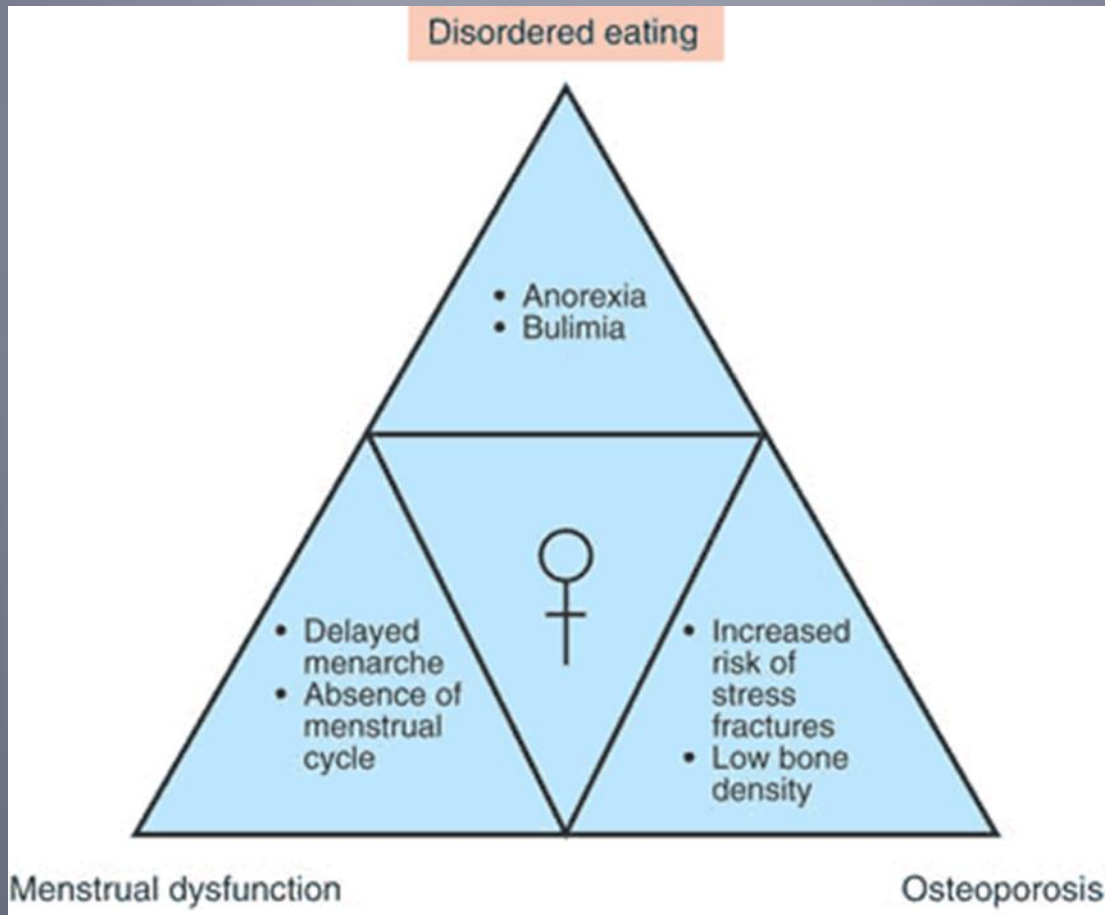
BN: HEALTH CONCERNS

How bulimia affects your body

Dash line indicates that organ is behind other main organs.



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:
DRKATEBENNETT@GMAIL.COM



ATHLETE INSIGHT SERVICES

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)*

drkatebennett@gmail.com

Facebook.com/AthleteInsight

@AthleteInsight

