

Eating disorders and disordered eating in sport

An introduction for coaches
and sports professionals

**National Centre for Sport and
Exercise Medicine East Midlands**

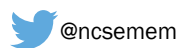
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Find out more about eating disorders
and disordered eating in sport:

www.eatingdisordersinsport.org



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Key messages

- Eating disorders and disordered eating are common among athletes. Around one in five female athletes and one in 12 male athletes are affected.
- Eating disorders can have a negative impact on athlete health and wellbeing, as well as sports performance.
- Early identification of eating problems in athletes is important in ensuring a full recovery.
- Coaches and sports professionals play an important role in the identification and management of disordered eating among athletes.

This booklet presents an introduction to disordered eating and eating disorders among athletes. It provides practical advice for identifying eating problems in the sport context. Athletes with suspected eating problems should be encouraged to seek support from a qualified professional.

Find out more:

www.eatingdisordersinsport.org



Introduction

Sport participation can improve physical and psychological wellbeing and enhance academic and occupational achievements. However, success in competitive sport can take many years of dedication and single-mindedness.

Elite athletes need to be both physically and psychologically resilient to cope with the stress and pressures of competitive sport. For a small proportion of athletes, the stress of competitive sport can elicit mental health difficulties.

Achieving success in sport often requires a close attention to diet and weight.

Differentiating between what is 'normal' for an athlete in the context of their sport and identifying those with potentially disordered eating habits is challenging.

An emphasis on achieving a specific body shape and weight can promote disordered eating behaviours in some athletes.

Around one in five female athletes and one in 12 male athletes meet the criteria for a clinical eating disorder; and nearly half of the athlete population engage in disordered eating practices. It is therefore important to minimise the risks and promote early detection.

Coaches and sports professionals play a key role in the development of aspiring sportsmen and women. They can have an important role in detecting the early warning signs of potential eating problems and in providing a supportive and positive context for athletes to recover.

Disordered eating

Disordered eating refers to a wide range of abnormal eating behaviours and attitudes.

This can include obsessive, irregular and chaotic eating behaviours, such as:

- Abstaining from eating for long periods of time (more than eight hours) or skipping meals
- Cutting out major food groups, engaging in rigid eating practices, under-eating, and/or frequent self-weighing behaviours
- Purging behaviours such as excessive exercise or laxative abuse
- Occasional binge eating episodes

Disordered eating can still have a significant impact on the individual's quality of life, health, wellbeing and athletic performance.

Importantly, disordered eating attitudes and behaviours are strongly linked to the subsequent development of a clinical eating disorder. Identifying disordered eating early can help prevent a more severe eating disorder.

Is athlete eating behaviour normal?

Maintaining a high level of attention towards dietary practices and weight is not unusual for athletes. Nutrition can be an important factor in facilitating recovery from sport and ensuring readiness for competition.

Similarly, weight can have an important influence on performance, particularly in sports that emphasise appearance (aesthetic sports such as gymnastics), leanness (endurance sports such as running) or weight categories (lightweight rowing).

However, when the focus on food is not performance related, but instead driven by appearance concerns, a fear of fatness or associated with negative emotions, it may indicate disordered eating.



Clinical eating disorders

There are four categories of clinical eating disorder:

- Anorexia Nervosa
- Bulimia Nervosa
- Binge Eating Disorder
- Other specified feeding or eating disorder

Clinical eating disorders represent a serious risk to athlete health and wellbeing.

There are many reasons why individuals develop an eating disorder. They can affect individuals of any age and gender, but are most commonly seen among young females.

There are some aspects of the sporting environment that can contribute towards unhealthy eating and exercise practices.



Anorexia Nervosa (AN)

Characteristics

- Food restriction, leading to a significantly low body weight (for age, gender, and developmental stage)
- Considerable preoccupation with food and body weight, including an intense fear of weight gain despite low weight
- Self-esteem and self-worth is closely linked to body weight and shape

What signs and symptoms should I look out for?

- Strict rules about food
- Weight loss (gradual or sudden)
- Fear of fatness
- Athletes engaging in extra training beyond what has been prescribed by their coach
- Increased fatigue, incidence of injuries and susceptibility to infection

“It started off with just restricting, I never ate a hot meal ever, I just used to eat cereal all the time, and then like the odd bit of toast. From there it went to nothing fatty at all. I wasn’t really that bothered about calories, it was more the fat.”

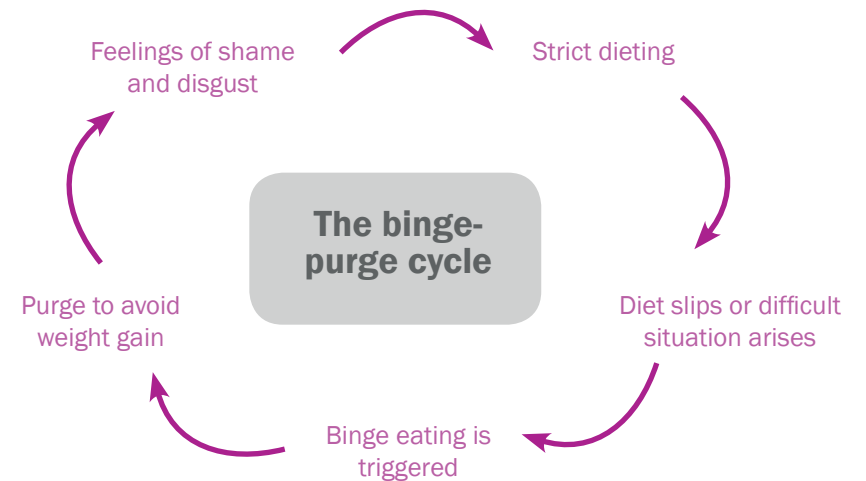
Bulimia Nervosa (BN)

Characteristics

- Recurrent episodes of binge eating: consuming very large amounts of food in short periods of time and feeling out of control, followed by compensatory behaviours to prevent weight gain
- Compensatory behaviours might include self-induced vomiting, laxative abuse, diuretic misuse, fasting, or excessive exercise
- This binge-purge cycle occurs at least once a week for three months
- Self-esteem and self-worth is closely linked to body weight and shape

What signs and symptoms should I look out for?

- Low mood and poor self-esteem
- Fluctuations in weight; preoccupation with food, weight and calories
- Disappearing after meal times; evidence of secret eating behaviours
- Gastrointestinal problems; evidence of vomiting unrelated to illness
- Additional exercise behaviour beyond training programme



Binge eating disorder (BED)

Characteristics

- Recurring episodes of binge eating with episodes marked by feelings of lack of control. However, no compensatory behaviours are engaged in.
- Individuals are likely to experience feelings of guilt, embarrassment, distress or disgust
- Binge eating episodes occur at least once a week for three months

Binge eating disorder is distinct from 'overeating'. The volume of food consumed is often much larger, and bingeing is also associated with significant psychological distress.

What signs and symptoms should I look out for?

- Eating very quickly, and when not hungry
- Evidence of hiding food or empty packets
- Significant weight gain
- Low mood and self-esteem

“The binges are pretty extreme. It’s eating non-stop all day, like packets of biscuits, loads of chocolate bars, and loads of packets of crisps.”

Other specified feeding and eating disorders

The final group of clinical eating disorders is a residual category to capture non-typical eating disorders.

Importantly, these disorders can be just as serious in terms of their impact on athlete health and performance.

This category includes:

- Significant food restriction, but body weight still lies within, or above, the normal range
- Purging behaviours in the absence of binge-eating episodes
- Individuals who chew and spit out large amounts of food
- Eating large quantities of food at night



Risks to athlete health

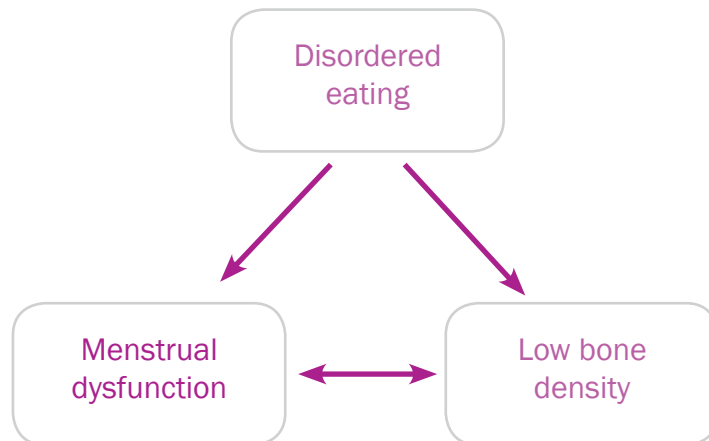
The Female Athlete Triad describes the impact of disordered eating on menstrual function and bone health.

Females who consume an insufficient amount of food are more likely to experience irregular (or absent) menses, and are at an increased risk of bone injuries such as stress fractures.

However, for both male and female athletes, disordered eating and eating disorders also negatively impact on:

- gastrointestinal health
- cardiovascular health
- immune function
- growth and development
- metabolic rate
- ability to concentrate

The Female Athlete Triad



Identification

Early intervention for eating problems is important for facilitating recovery. Early access to treatment minimises the health risks for athletes and can facilitate an earlier return to training and competition.

Coaches and sports professionals are in an ideal position to identify disordered eating because of their regular and close interactions with athletes.

What should I look out for?

- Weight loss may indicate restricted food intake. However, restriction is not always a feature of disordered eating.
- Changes in eating behaviour and attitudes, including cutting out major food groups
- Engaging in additional exercise, beyond what has been prescribed by their coach

- Changes in psychological wellbeing, for example becoming increasingly emotional, fatigued, irritable, anxious and socially withdrawn
- Reduced performance in training and/or competition
- Physiological issues such as electrolyte imbalances, frequent injury and illness, poor recovery from exercise sessions and loss of strength

If you notice any signs and symptoms that you are concerned about, it is important to discuss this with the athlete if you feel able. For adolescent athletes, it may be appropriate to involve a welfare officer and/or to discuss your concerns with the athlete's parent or guardian. Athletes with suspected eating problems should be encouraged to seek support from a qualified professional.

Advice for sports professionals

As a coach/sports professional, you can:

1. Recommend and support healthy eating for health and performance among your athletes, with the support of nutritionally qualified personnel.
2. Discuss other factors to improve performance prior to recommending weight loss. If it is necessary to set a weight loss objective, this should be supported by medically and nutritionally qualified staff. Weight loss should rarely be the sole target, but should be contextualised alongside other performance goals. Weight loss objectives are not recommended for developing athletes.
3. Try to avoid making critical comments around athletes' weight or appearance as this can promote body dissatisfaction and potentially trigger disordered eating in vulnerable athletes.
4. Avoid public weighing as this can be a difficult experience for athletes. Where weight monitoring is essential, this should be done privately, compassionately and with the support of medical and nutritional personnel.
5. Be aware of the risk factors for athletes, particularly in your sport. Early detection of eating problems requires awareness of potential triggers, but also actively looking out for potential signs and symptoms.
6. Try to foster an emotionally supportive relationship with your athletes to promote psychological wellbeing and to encourage early disclosure of any difficulties or concerns.

Introducing regular screening for disordered eating in your athletes may also be useful.

Treatment and support

Approaching an athlete with a suspected eating problem can be daunting and coaches often feel that the topic is 'off limits' because of its personal nature.

Important points to bear in mind include:

- Ensure you approach the athlete privately, sensitively and in a non-judgemental or critical way
- It can be useful to avoid the term 'eating disorder', but instead focus on the athlete's health and wellbeing
- Be prepared for denial; the athlete may not yet recognise that they have a problem

If an athlete continues to deteriorate and refuses to seek support you may have to suspend them from competition and training. The decision to seek support has to come from them, but you can reiterate that you will support them throughout the recovery process.

Athletes should be encouraged to seek support through their GP, who may then refer the athlete to a specialist eating disorder service. Treatment will be offered on an inpatient or outpatient basis, depending on the nature and severity of the disorder.

Find out more:

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