Athletes and Eating Disorders

Quick Points

- Foods are neither ‘healthy’ nor ‘unheathy’.

- Athletes need to eat often and with variety.

- Eating disorders have the highest mortality rate amongst the psychiatric disorders – as many as 20% of those affected die.

- Individuals with an eating disorder may not recognize the seriousness of their illness and/or may be ambivalent about changing / recovering.

ED Myths and Reality

Myth – Men don't get eating disorders. It's mainly teenage girls from middle-class families.

Reality – Eating disorders can happen to anyone - females are more likely to be affected but over the last 10 years males are developing eating disorders at faster rates and for binge-eating, the percentage of males almost equals that of females. In terms of age, most with eating disorders are between 12 and 25, but recently 8 to 12 year olds as well as those over 50 are increasingly being affected. Eating disorders also cross gender, racial, ethnic, cultural and socioeconomic lines – no group is immune.

Difficulty continues in identifying who is affected because fewer recognize the problem or seek help than need it.

Myth – A person's appearance gives a good indication of whether they have an eating disorder.

Reality – A person with an eating disorder can be of any body size or shape. Health cannot be defined by how much a person weighs or by how they look. Athletes in particular may appear to be incredibly fit even though struggling with an eating disorder. Because the person may not look 'sick', they may be less likely to reach out for help or be taken seriously when they do. And neither can appearance be used to judge if the person has recovered.

Myth - Eating disorders are a matter of choosing to look a certain way, wanting to fit in with our culture's pressure to be thin.

Reality – Eating disorders are not a choice even though pressures to look a certain way may initially be one of the many influences. More predominant factors are biology and genetics, with genetics contributing as much as 40 to 50% of the risk factor. Eating disorders are complex and typically morph into an obsessive-compulsive condition rooted in much deeper unresolved emotions and physiological complications, which compel the eating disorder forward. A person cannot will themselves out of this complexity so messages like 'just eat' are actually harmful.

Myth – Eating disorders are all about food.

Reality – Eating disorders are most commonly expressed via distorted behavior around food – including both restricting and bingeing. However, exercise is often affected with sufferers becoming obsessed with exercising. A distorted body image is also typical.

Myth - You can never exercise too much.

In most cases exercise can be very beneficial. However, too much exercise along with not enough calorie absorption in the body is harmful, causing problems such as dehydration and fatigue, injuries such as shin splints, cartilage damage and stress fractures, and diseases like osteoporosis, amenorrhea and arthritis.

Myth - Weight loss always improves sport performance.

Reality - Weight is just one factor which may affect sport performance. Some athletes may benefit from weight loss, while others will benefit from weight gain or maintenance. Just like how training programs are individualized to take into account the strengths and areas of improvement for various athletes, there is no one-size-fits all approach for weight. Since there are so many factors that can enhance the performance of an athlete, it is recommended that coaches and trainers work within their scope in developing strengths and conditioning exercises to improve performance, rather than focusing on weight as this may increase the risk of developing or worsening an eating disorder.

Myth – Eating disorders are caused by dysfunctional families.

Reality – In the past, parents were often blamed for their child's eating disorder but research has dispelled this myth. Families affected by eating disorders are usually in considerable distress and may appear 'dysfunctional' but it is because of how destructive eating disorders are. Indeed families are usually encouraged to be part of the recovery process because they can be the sufferer's best ally in treatment.

Similarly, people with an eating disorder are not engaging in these behaviours to try to hurt their family, so assumptions that the person is just being 'stubborn' or 'controlling' are simplistic and inaccurate.

Myth – Recovery from an eating disorder is rare.

Reality – Recovery, though challenging, is absolutely possible. It can take months or years, but with treatment that includes re-training thinking patterns, many eventually recover and go on to live a life free from their eating disorder.

Criteria for Eating Disorders

Our relationship with food exists on a continuum.

Healthy/Normalized	Distorted Eating	Eating Disorders

Being distorted in eating is not the same as having an eating disorder. However, having an eating disorder definitely includes having distorted eating.

According to the Diagnostic and Statistical Manual of Mental Disorders (DSM-V) there are five diagnosable eating disorders:

1. Anorexia Nervosa (AN)
2. Bulimia Nervosa (BN)
3. Binge Eating Disorder (BED)
4. Otherwise Specified Feeding and Eating Disorder (OSFED)
5. Avoidant/Restrictive Food Intake Disorder (ARFID)

Anorexia Nervosa

1. Restriction of energy intake relative to requirements leading to a significantly low body weight in the context of age, sex, developmental trajectory, and physical health.
2. Intense fear of gaining weight or becoming fat, even though underweight.
3. Disturbance in the way in which one's body weight or shape is experienced, undue influence of body weight or shape on self-evaluation, or denial of the seriousness of the current low body weight.

Bulimia Nervosa

- Recurrent episodes of binge eating characterized by BOTH of the following:
  - Eating in a discrete amount of time (within a two hour period) large amounts of food.
  - Sense of lack of control over eating during an episode.
- Recurrent inappropriate compensatory behavior in order to prevent weight gain (purging).
- The binge eating and compensatory behaviors both occur, on average, at least once a week for three months.
- Self-evaluation is unduly influenced by body shape and weight.
- The disturbance does not occur exclusively during episodes of anorexia nervosa.

Binge Eating Disorder (BED)

- Recurrent episodes of binge eating. An episode of binge eating is characterized by both of the following:
  - eating, in a discrete period of time (for example, within any two hour period), an amount of food that is definitely larger than most people would eat in a similar period of time under similar circumstances
  - a sense of lack of control over eating during the episode (for example, a feeling that one cannot stop eating or control what or how much one is eating)

- The binge-eating episodes are associated with three (or more) of the following:
  - eating much more rapidly than normal
  - eating until feeling uncomfortably full
  - eating large amounts of food when not feeling physically hungry
  - eating alone because of feeling embarrassed by how much one is eating
  - feeling disgusted with oneself, depressed, or very guilty afterwards

- Marked distress regarding binge eating is present.

- The binge eating occurs, on average, at least once a week for three months.
- The binge eating is not associated with the recurrent use of inappropriate compensatory behaviour (for example, purging) and does not occur exclusively during the course Anorexia Nervosa, Bulimia Nervosa, or Avoidant/Restrictive Food Intake Disorder.

Otherwise Specified Feeding & Eating Disorder (OSFED)

Does not meet the full criteria for Anorexia, Bulimia or Binge Eating.

There are **five forms** of OSFED:

- **Atypical Anorexia Nervosa**: All criteria are met for anorexia, however the individual's weight is within or above the normal range
- **Binge Eating Disorder:** All of the criteria for BED are met, except at a lower frequency and/or for less than three months.
- **Bulimia Nervosa**: All of the criteria for Bulimia Nervosa are met, except that the binge eating and compensatory behaviour occurs at a lower frequency and/or for less than three months.
- **Purging Disorder:** Frequent purging behaviour occurring in order to influence weight or shape. No binge eating present.

- **Night Eating Syndrome:** Frequent episodes of eating after awakening from sleep or after an evening meal that is not influences by environmental or social norms.

Avoidant/Restrictive Food Intake Disorder

Persistent failure to meet nutritional/energy needs with one or more of the following:

1) significant weight loss
2) significant nutritional deficiency
3) dependent on enteral feeding or oral supplements
4) interference with psychosocial functioning

Does not meet the criteria for AN or BN and not explained by any other mental health disorder.

Signs & Symptoms of Eating Disorders

Coaches and fitness professionals are on the front lines of athletes' lives. Often they are first to notice changes in mood, behaviour and performance indicating that someone may be struggling with an eating disorder or is developing one. Being aware of the following symptoms will help you more readily identify an athlete with an eating disorder.

Eating disorders are the most deadly of all mental illnesses. A 2011 study in *JAMA Psychiatry* found for example that a young person with anorexia is **twelve times** more likely to die than his or her healthy classmate. These researchers concluded that cardiac arrest and suicide are the leading causes of death among people with eating disorders.

It is important to identify disordered eating, excessive exercise or an eating disorder as soon as possible since early detection is one of the best predictors of full recovery. Family can be an important part in the treatment process for all ages, and especially for youth. The longer an eating disorder goes untreated, the more difficult the recovery. In addition, if not addressed early on, disordered eating habits can become pervasive not only for the individual but for the team.

Signs & Symptoms you may notice:

Attitude/Feelings
- changes in mood
- inability to take rest days without feeling guilty
- poor body-image
- preoccupation / focus on weight and shape
- body checking, inspection and/or self-evaluation

Physical Signs:
- changes in body shape / weight
- injuries
- acute signs such as fainting, dizziness, dehydration
- cold, mottled hands and feet and/or swelling of feet

Eating Behaviours:
- rigid food rules, eating beliefs, rituals around eating
- not eating in public or with the rest of the team

Other:
- withdrawing from friends / teammates
- excessive training exceeding coaches' recommendations
- performance decrements in sport and/or school

For a more comprehensive list of signs and symptoms, see appendix.

Nutrition Information: Educate yourself on your athlete's nutrition needs

Athletes need to eat often.

Everyone knows that resting for six days straight and then cramming a week's worth of training into a single day is ineffective. So too is restricting food during the day and then eating all food at dinner time.

Encourage your athletes to have something to eat every 2 to 4 hours, especially around training times. A routine of frequently eating small amounts will give your athletes the fuel they need and also promote good digestion, as opposed to eating large amounts of food infrequently, a habit which can make athletes feel sluggish.

Eating frequently is important in evening hours as well. Athletes should be encouraged to have an evening snack, especially after evening training sessions, and to avoid going longer than twelve hours overnight without food. Similarly, athletes need to be encouraged to eat prior to early morning training. A long period of time without eating followed by exercising promotes lowered metabolism and decreases performance of high intensity exercise.

Athletes need variety.

Just like how each exercise and drill you plan has a different benefit, athletes need a variety of nutrients and ingredients to fuel and recover from training. Unless your athlete has a food allergy, they should not be restricting gluten, dairy, carbohydrates or any other food. If you or your athletes are not sure of the best approach, encourage them to speak to a registered dietitian.

Your athletes should be eating significant amounts of carbohydrates from grains, fruit and starchy vegetables over the course of the day. Carbohydrates are the primary fuel for muscles and the brain. Insufficient carbohydrates can lead to poor muscle recovery, feeling sluggish, tired or irritable, or to having trouble concentrating and focusing. Carbohydrates should make up one quarter to one half of an athlete's plate at all meals, depending on the intensity of their training.

Protein is important for lasting energy and for muscle repair. Great protein sources are meat, fish, eggs, legumes, tofu, milk, yogurt, cheese, nuts and seeds. Encourage your athletes to include a source of protein with all meals and snacks. Protein and carbohydrates are best consumed together so that your athlete can reap the benefits of both quick energy and lasting energy. While protein powder can be an option, your athlete will get more nutrients from whole food sources of protein. Reliance on protein

powders and bars can often lead to protein intakes that are much higher than necessary and carbohydrate intakes that are too low to support high levels of training.

Fruits and vegetables are important sources of nutrients and fibre that promote digestive regularity and a healthy immune system.

Athletes should include dietary fat with each meal and snack. When choosing dairy products, choose milks and yogurts with 1-2% m.f. over those that are fat free. Encourage your athletes to each day include sources such as nuts, seeds, nut butter, avocado or fatty fish and to cook with moderate amounts of oils such as canola or olive. It is a myth that fat in food will turn to fat on one's body. In fact, including good sources of fat each day will help your athletes meet their nutrient and energy needs, promote satiety, and help curb cravings.

Foods are not 'healthy' or 'unhealthy'.

We eat for lots of different reasons, and we need a variety of foods to achieve a healthy body and perform well. Different foods have different nutrients which, when combined together, promote health. There is no singular food that can make an individual healthy and, similarly, no single food that can make an individual unhealthy.

While foods low in nutrients should not replace entire meals (e.g., a bag of chips or cookies instead of lunch), athletes should be encouraged to daily include foods that they enjoy the taste of. This could mean adding some chocolate chips to trail mix, or on some days having ice cream for dessert. Asking your athletes to cut out these foods completely leads to cravings and feelings of guilt and deprivation. Encourage your athletes to adopt a moderate approach by eating mindfully and paying attention to what makes them feel and perform best.

Encourage fluid breaks during training.

Athletes perform best when they sip fluids all day long, especially during training. Dehydration can lead to fatigue, muscle cramps and trouble concentrating and focusing. Encourage your athletes to bring a water bottle to training and provide time for them to sip fluids. If training sessions include more than 90 minutes of intense exercise, encourage your athletes to opt for a sports drink with carbohydrates and electrolytes instead of water.

Promote a positive relationship with food in your athletes

∞ Gently inquire about food routines and reinforce the necessity of eating prior to exercise – especially prior to early morning training

∞ Encourage regular eating occasions. Consider providing time at the end of training for snacks and encourage athletes to eat together

∞ Reinforce good hydration by asking athletes to bring a water bottle to training and allowing time to drink.

∞ Rather than discouraging nutrient poor snack choices, encourage nutrient rich options. Get your athletes excited about food and encourage them to try new meal and snack options.

∞ Reinforce the importance of a variety of foods. Even if you choose to follow a restricted diet yourself, refrain from suggesting that your athletes cut out certain foods or food groups.

∞ Unless you coach a weight class sport, we strongly discourage weighing your athletes or commenting on size. The number on the scale is simply not congruent with performance. Weighing your athletes or encouraging unfounded changes in weight will promote a negative relationship with food and weight.

∞ Similarly, measuring body fat percentage in athletes is not an accurate measure of performance. Often, an elevated body fat percentage is related to overtraining or under fueling, as opposed to the opposite.

∞ Encourage your athletes to work hard during training, but to also take rest seriously. Additional exercise above and beyond what is on their training plan can mean poor muscle recovery, increased risk of injury, and negative energy balance. Create a culture where your athletes can be honest with you about how they are feeling, and feel okay about missing a training session once in a while if they are sick or injured.

Get support

- ∞ Coaches and trainers do a fabulous job at conditioning their athletes. However, you can't tackle everything on your own. Instead, reach out to professionals in a variety of disciplines. Your athletes will respect you for fostering a team approach that provides them with access to a variety of professionals with different areas of expertise
- ∞ You spend a lot of time with your athletes each week. You may be one of the first to notice a change in mood, appetite, thirst, or food behaviours. It is important to take these changes seriously and address them before they become larger

issues. A great start is to use some of the tips above that help reinforce a positive food environment. Next, try approaching your athlete, or their parents if working with children, armed with information and a list of community resources to consider

Resources in the Waterloo-Wellington Region

Coalition

Waterloo-Wellington Eating Disorders Coalition - www.eatingdisorderscoalition.ca

Agencies

Canadian Mental Health Association - Waterloo/Wellington/Dufferin (formally Trellis)

Counselling Services at the University of Guelph (for U of G students and families only)

Homewood Health Centre

Student Health Services at the University of Guelph (for U of G students and families only)

University of Waterloo Health Services (for U of W students and families only)

Wilfrid Laurier Student Wellness Centre (for Wilfrid Laurier students and families only)

Therapists

Samantha Durfy
address - 206-55 Cork St. Guelph, ON N1H 2W7
phone - 519-993-9452
email - samanthadurfy@gmail.com
website - juniperroots.ca

April Gates
address - 403-147 Wyndham St. N. Guelph, ON
phone - 519 830 9413m
e-mail - aprilgates@thewellnesscollaborative.com
website - thewellnesscollaborative.com

Sue Graham
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Karen McGratten
address - 206-55 Cork St. Guelph, ON N1H 2W7
phone - 519 341 6079
website - www.kmcgratten.com or www.juniperroots.ca

Ashley Skinner
address - 10 Carden St, Guelph, ON N1H 3A2
phone - 519 831 3413
email - ashleyskinnertherapy@gmail.com
website - www.ashleyskinnertherapy.com

Alison Elliott
Address - 7 Grand Ave South, Suite 115, Unit 4
Cambridge, Ontario
phone - 226-444-9940
e-mail - alisonelliottmsw@gmail.com
website - www.alisonelliottmsw.com

Dietitian

Terri Bettger
address - 150 Delhi St., Guelph ON
phone - 519 824-1010 ext 2451
email - therr@mail.com

Lindzie O'Reilly
(private practice location)
address - 147 Wyndham Street N., Suite 403 Guelph, ON
e-mail - lindzie.oreilly.nutrition@gmail.com
website - http://www.thewellnesscollaborative.com/

(University of Guelph location, for U of G families and students only)
Student Health Services, University of Guelph, JT Powell Bldg.
phone - 519 824-4120 bookings ext 52131
email - Loreilly@uoguelph.ca

Sandra Ace
University of Waterloo (for U of W families and students only)
Health Services, University of Waterloo
200 University Ave W, Waterloo, ON

Support

Eating Disorders Anonymous (Guelph)
address - St. Andrew's Presbyterian Church, 161 Norfolk St.Guelph, ON
e-mail - eda.guelph@yahoo.com
website - www.eatingdisordersanonymous.org

Danielle's Place Eating Disorder Support and Resource Group (Burlington)
address - 895 Brant St. Suite #3Burlington ON
phone - 1 866-277-9959 or 905-333-5548
website - http://www.daniellesplace.org

Family and Friends Support Group (CMHA Kitchener)
address - 131 Weber St. West (at Breithaupt St), Suite #201, Kitchener ON
phone - 1-844-437-3247
website - http://wwd.cmha.ca/our-services/eatingdisorders/family-friends-education-support-group/#.VTpeFlzXnu0

Sheena's Place (Toronto)
address - 87 Spadina Rd. Toronto, ON
phone - 416-927-8900
website – www.sheenasplace.org

Hope's Garden (London)
address - 478 Waterloo St. London, ON
phone - 519-434-7721
website - www.hopesgarden.org

Private Practice Treatment Group

Juniper Roots Therapy and Wellness
address - 55 Cork St. Unit 206, Guelph, ON
phone - 519 -341-6079
website - juniperroots.ca

Wellness Collaborative
address - 403-147 Wyndham St. N. Guelph, ON
website - thewellnesscollaborative.com

Appendix

Comprehensive List Signs and Symptoms

Signs & Symptoms you may notice

- An intense fear of gaining weight
- A negative or distorted self-image
- Frequent checking in the mirror for perceived flaws
- Self-worth and self-esteem being dependent on body shape and weight
- Fear of eating in public or with others
- Preoccupation with food
- Eating strange combinations of foods
- Obsessive interest in cooking shows on television and collecting recipes
- Hoarding and/or hiding food; eating in secret
- Only eating “safe” or “healthy” foods
- Making excuses for not eating
- Avoiding eating with others
- Irritability
- Self-harm (cutting, etc.)
- Substance abuse (alcohol, marijuana, cocaine, heroin, methamphetamines)
- Rigidity in behaviours and routines, and extreme anxiety if these are interrupted
- Cooking elaborate meals for others, but refusing to eat them themselves
- Withdrawing from normal social activities
- Wearing baggy or layered clothing
- Flat mood or lack of emotion; alternately, extreme mood swing
- Elaborate or unusual food rituals (cutting food into small pieces, chewing each bite an unusually large number of times, eating very slowly, consuming unusual combinations of foods)
- Cutting out entire food groups (no sugar, no carbs, no dairy, vegetarianism/veganism)
- Large changes in weight, both up and down
- Excessive exercising; exercising even when ill or injured, or for the sole purpose of burning calories
- Stomach cramps, other non-specific gastrointestinal complaints (constipation, acid reflux, etc.)
- Difficulties concentrating
- Sleep problems
- Marked weight loss
- Little concern over extreme weight loss
- Dressing in layers to hide weight loss or to stay warm
- Preoccupation with weight, food, calories, fat grams and dieting
- Refusing to eat certain foods, progressing to restrictions against whole categories of food (e.g., no carbohydrates)

- Eating tiny portions or refusing to eat
- Making frequent comments about feeling “fat” or overweight despite weight loss
- Complaining of constipation, abdominal pain, cold intolerance, lethargy and excess energy
- Denying feeling hungry
- Developing food rituals (e.g., eating foods in certain orders, excessive chewing, rearranging food on a plate)
- Consistently making excuses to avoid mealtimes or situations involving food
- Maintaining an excessive, rigid exercise regimen despite weather, fatigue, illness, or injury; the need to “burn off ” calories taken in
- Hyperactivity and restlessness (inability to sit down, etc.)
- Withdrawing from usual friends and activities and becoming more isolated, withdrawn, and secretive
- Behaving concerned about eating in public
- Thinning of hair on head, dry and brittle hair
- Muscle weakness
- Cold, mottled hands and feet or swelling of feet
- Impaired immune functioning; poor wound healing
- Displaying feelings of ineffectiveness and need for control
- Overly restrained initiative and emotional expression
- Stealing or hoarding food in strange places
- Engaging in sporadic fasting or repetitive dieting -
- In children, failure to gain expected weight or height and/or delayed puberty development