

## Eating Disorders in Climbers: What Coaches Need to Know

Eating disorders are one of the riskiest of mental health problems, due to their severe impact on all body systems. Early intervention is vital for healthy climbers, and coaches have a key role to play in creating a body-positive environment, spotting problems early on, and supporting climbers to get help when they need it.

### Types of Eating Disorders

- **Anorexia:** severely restricted food intake
- **Bulimia:** binge eating and purging (vomiting, laxative use, etc)
- **ARFID:** avoidant and restrictive food intake disorder
- **Orthorexia:** an obsession with extremely healthy eating/ 'purity' of food

### REDS (Relative Energy Deficiency in Sport)

Impaired functioning caused by low energy availability, either intentional or unintentional energy restrictions (food intake) may cause REDS.

### Risk Factors

Anyone – regardless of their gender, size, and abilities – can develop problems with eating, but lean or gravitational sports such as climbing can increase the likelihood to around 6-7% for male climbers and 16% for female climbers (figures based on a study of elite sports climbers) which is much higher than the general population. Other risk factors include perfectionism, negative body image, and high self-criticism. Adolescence is a key time for disordered eating patterns to emerge.

### Signs and Symptoms

It can be hard to spot concerns with eating as there is often shame associated with these conditions. This can mean that the climber may be hiding many symptoms. Things to look out for include:

- Changes in weight or eating patterns; changes in clothing worn to hide the body
- Saying they have already eaten or will eat later; cutting food into tiny pieces; eating very slowly OR eating very rapidly and large amounts
- Severely restricting types or amounts of foods eaten
- Excessive calorie counting, missing meals
- Cutting out entire food groups
- Avoiding eating with others; hiding and/or hoarding food
- Obsessing over food (recipes, talking about food more than usual, diet plans, etc)
- Excessive exercising
- Taking appetite suppressants, slimming pills, laxatives
- Irregular menstrual function or amenorrhea (absence of menstruation)
- Decrease in bone health (low bone mineral density)
- Low energy, irritability, constantly cold, loss of strength
- Lowered immunity, reduced cardiovascular health, fatigue, poor concentration, and dysmorphia
- Changes in mood and mental health (e.g. anxiety, depression)

### How to Talk to Climbers About Getting Help

Choose a time where you have some privacy and where you are both feeling calm. Have some supporting information to hand so you can give it to them afterwards. Focus on your concerns about them as a person and how they are feeling; avoid mentioning food or weight loss, if possible. Avoid anything which could sound critical or pressuring.

- Do say: "I'm worried that something might be bothering you. Would you like to talk about it with me, or I can help you to find someone to talk to if you would prefer that?"
- Don't say: "You've lost a lot of weight and I think you need to get some help."

### Being a Good Role Model

As a coach you have a huge influence on a climber's life. Avoid talking about weight, diets and commenting on appearance. Make sure you model healthy attitudes toward food, weight, and body image – if you have food intake concerns yourself, speak negatively about your own body, or talk to climbers about 'good' or 'bad' foods, then this can have a negative impact on the climbers you coach. Do not weigh climbers, be wary of team uniforms which are overly revealing, and make sure you act if you overhear anyone in your team criticising themselves or others' weight or appearance.

### Sources of Information and Support

[www.iapsyc.com](http://www.iapsyc.com)  
[www.beateatingdisorders.org.uk](http://www.beateatingdisorders.org.uk)  
[www.nedic.ca](http://www.nedic.ca)

Consider whether you have any additional, external concerns – you may need to talk to the climber's GP, parents, or the local Safeguarding/Safe Sport lead.