

# NEDC e-Bulletin

## Issue 19 | February 2014



### Introduction

Welcome to the February edition of the NEDC e-Bulletin.

This month we are highlighting issues of relevance to athletes, coaches and other sport and fitness professionals. Involvement in sport can promote a healthy lifestyle, create positive outlooks on self-image, and instil motivational attitudes in individuals. However, athletes have been identified as an at-risk population for the development of body image concerns and disordered eating because of the unique pressures they face within the sport environment.

We hope you enjoy this month's edition and if you would like to suggest topics or events to be featured in future editions of the e-bulletin, please contact us at [info@nedc.com.au](mailto:info@nedc.com.au).

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# Feature Article: Disordered eating in sport – the unique demands of being an athlete



Involvement in sport can promote a healthy lifestyle, create positive outlooks on self-image, and instil motivational attitudes in individuals. However, athletes have been identified as an at-risk population for the development of body image concerns and disordered eating because of the unique pressures they face within the sport environment. These “sport specific” pressures can include specific judging criteria, sport weight limits, coach/teammate expectations, and revealing their figure in athletic uniforms. While historically such pressures have been more present for female athletes, male athletes also report experiencing them.

Disordered eating in athletes is characterised by a wide spectrum of maladaptive eating and weight control behaviours and attitudes. Although the extent of disordered eating in athletes is unclear, prevalence estimates have ranged as high as 62% among female athletes and 33% among male athletes (Bonci et al., 2008).

Maladaptive behaviours may begin as an attempt to enhance performance by losing weight, or perhaps by failing to maintain adequate energy availability during high intensity or high volume sport training, not necessarily from psychopathology. Determining when athlete behaviours and attitudes specific to diet and exercise are consistent with eating disorders is challenging due to the performance expectations, training demands, and energy requirements. Furthermore, many athletes demonstrate psychological traits commonly associated with clinical eating disorders (Sundgot-Borgen & Torstveit, 2010) which can also be important determinants in the drive for success in sport, such as high achievement orientation, self-motivation, rigid self-discipline, and perfectionism. Awareness of behavioural and psychological indicators of athletes with eating disorders may be helpful in determining when to intervene.

Unfortunately, many athletes are particularly sensitive to, and fearful of, psychological evaluation and treatment. Possible explanations include reluctance to admit personal weakness, desire to maintain autonomy, receipt of social support

from teammates, and fear of derogation. In addition, it has been reported that some athletes look at their disordered eating behaviour as a natural part of their sport and reflect dedication rather than psychopathology (Martinsen & Sundgot-Borgen, 2013). Consequently, athletes who present for therapy show a continuum of readiness; some will be determined to change, while others will be reluctant or even hostile. In an athletic population, resistance to consultation or treatment is a challenging problem and may necessitate restricting training and competition until compliance is established.

It is important for health professionals to recognise that athletes are not immune to engaging in eating disordered behaviours. Because certain behaviours (e.g. over-exercising, rigid eating) may be valued in the sport environment, athletes' disturbances may not be readily identifiable. For that reason, athletic trainers, medical professionals and coaches need to be educated about possible indicators that athletes may be engaging in unhealthy behaviours and steps taken to intervene once any problems have been identified.

Athletes require information that destigmatizes disordered eating through open, factual discussions. Fear associated with talking about the behaviours must be allayed, as well as the social stigma, shame and guilt that prevent athletes from seeking help. Accomplishing this goal requires increasing awareness of disordered eating and clinical eating disorders, and available and effective treatment options. Coaches are in a unique position to denounce unhealthy attitudes and behaviours that may trigger disordered eating (Bonci et al., 2008). However, they also juggle a combination of role demands and conflicts that are not always consistent with making decisions in the best interests of their athletes' health. The more enlightened coaches are about nutritional issues, the more they are able to follow nutritional guidelines, emphasise healthy eating habits rather than weight standards, and have a better understanding of why weight is such a personal and sensitive issue for athletes.

Moreover this information could be used in the prevention of eating disorders. Programs that educate athletes about the physical health consequences of disordered eating, specifically related to impaired athletic performance and risk of being sidelined by injury may be particularly effective to deter maladaptive eating and exercise behaviours.

The sport environment is dependent on increased openness regarding psychological challenges that athletes face, making it easier for an affected athlete to come forward and seek treatment rather than evading detection to avoid embarrassment or removal from training and competition.

### References:

Bonci, C. M., Bond, L. J., Granger, L. R., Johnson, C. L., Malina, R. M., Milne, L. W., et al. (2008). National athletic trainers' association position statement: Preventing, detecting, and managing disordered eating in athletes. *Journal of Athletic Training*, 43(1), 80-108.

Martinsen, M., & Sundgot-Borgen, J. (2013). Higher Prevalence of Eating Disorders Among Adolescent Elite Athletes than Controls. *Medicine and Science in Sports and Exercise*, 45(6), 1188-1197.

Sundgot-Borgen, J., & Torstveit, M. (2010). Aspects of disordered eating continuum in elite high-intensity sports. *Scandinavian Journal of Medicine & Science in Sports*, 20(Suppl 2), 112-121.

Find more research in the NEDC research database. *eating disorders: 2005–2012*. *International Journal of Eating Disorders*, 46(5), 462-469.

# Providing Information to Coaches and Sports Associations



Sports associations play a large and ongoing role in the influence of people engaging in competitive physical activity and are therefore instrumental in delivering positive messaging about body image and healthy eating and exercise behaviours within a high risk community. Coaches and other sports professionals are amongst the most important and influential role models in the lives of the athletes they interact with and are in a strong position to assist in the prevention, early identification, intervention and management of eating disorders.

For this reason we have put together **Eating Disorders in Sport and Fitness: Early Intervention, Prevention and Response** targeted at anyone who interacts with athletes of any level, as part of their work.

The resource covers:

- a general introduction to eating disorders, the benefits of sport and the association between sport, disordered eating and eating disorders
- how to promote health and wellbeing within your sport or club
- how to recognise and respond to eating disorders
- how to safely work with an athlete who has an eating disorder and support their recovery
- where to learn more about eating disorders.

Below is a section of the resource which highlights how to promote health and wellbeing within your sport or club.

## **Be a positive role model**

Remember that athletes often look up to sports professionals and coaches as mentors and place a high value on the example they set and advice they give. For this reason those who work with athletes are in a position to encourage positive beliefs and prevent disordered eating behaviours.

“It is important to refrain from making comments of any kind about an athlete’s ‘looks’ due to how sensitive individuals can be to comments about their appearance. It is possible that your athlete may hear what you have said in a negative light (your [www.nedc.com.au](http://www.nedc.com.au) • 5

comment may be heard as a criticism) even if you think you are paying your athlete a complement. Alternatively, your well intentioned comment may reinforce an athlete's eating-disorder behaviours (i.e., "If I look good, what I'm doing must be working!") (Selby & Reel, 2011).

To model positive beliefs and behaviours sports professionals should:

*Understand:*

- Weight is a sensitive, personal issue for athletes (both male and female) and negative weight or body composition related comments or behaviours will likely have a damaging impact on them
- Under-eating will not improve performance and can in fact impair performance by causing muscle loss, dizziness, fainting and lack of energy
- The optimal weight and body composition for the performance of one athlete will not be the same as for another athlete
- Athletes who burn high levels of energy (e.g. long distance runners and swimmers, endurance performers such as iron men and women) must take care to balance their energy output and input to maintain their health and wellbeing
- Losing weight rapidly prior to competitions and regaining it afterwards threatens both the health and the performance of the athlete
- Athletes will not maintain peak performance throughout their careers, their capability will naturally drop off, plateau and improve periodically

*Promote:*

- Encourage athletes to eat regular, nutritionally balanced meals and snacks that are appropriate to supporting their training
- Emphasize factors that contribute to personal success (e.g. motivation, enthusiasm), promote healthy attitudes towards size and shape and focus on each athlete as a whole person, rather than on their performance or success
- Ensure any specific nutritional program undertaken by an athlete is carefully supervised by someone qualified to do so (e.g., a nutritionist or dietician)

*Avoid:*

- Weighing or measuring athletes unless absolutely essential to their sport and current training or competition program. Never place a positive or negative value on weight/BMI – simply place an outcome on the measurement if necessary (e.g. size class, competition category)
- Sharing weight or measurements in front of athletes' team mates, staff or the public or compare athletes bodies to each other
- Commenting on weight or body composition when discussing ways that athletes can improve their performance - instead focus on constructive outcomes such as strength, flexibility, physical conditioning and mental and emotional coping skills
- Supporting athletes to engage in fad diets (e.g. avoiding food groups such as fats and carbohydrates).

**[Find more resources for sport and fitness professionals.](#)**

# Expert Interview: Disordered eating in sport – the unique demands of being an athlete

*Suzie Rhydderch is the NEDC Research Officer. In addition to her role with the NEDC, Suzie is currently completing her Masters in Clinical Psychology. The focus of her research is working with elite athletes to identify their experiences with disordered eating and exercise practices, with the aim of informing interventions specific to this at risk group.*

## **Why have you chosen to focus your research on athletes and eating disorders?**

I think they're an under researched group that have been identified as being at risk. They face unique challenges that are perhaps not well understood. The thing about athletes is, while they face the same risk factors as the general public, there are additional risk factors that can go undetected because of the expectations of what it means to be an "elite athlete".

## **What element of this topic does your research focus on?**

Currently I'm looking at the "athletic identity" - what this means to athletes and the practices athletes engage in that are consistent with this identity, as well as the struggles they might face to fit these practices into societal expectations. In particular I'm interested in how the athletic identity mediates athletes' relationship with their body – what behaviours they are engaged in and how these might differ with other people who don't identify as athletes.

Ultimately what I want to do with my research is raise awareness of behaviours athletes engage in with the aim of preventing disordered eating and exercise practices so as to reduce risk of injury and illness and ensure longevity in an athlete's chosen sport.

## **How would you rate current understanding of eating disorders related issues in the Australian sports community?**

I would say it is increasing, on par with greater knowledge about eating disorders in the general community. However, I think there is considerable room for growth of understanding of athletes as an "at risk" group.

The next steps involve educating coaches and support staff to know when to intervene appropriately without increasing stigma and fear of reprisal in their athletes. More generally, the sporting community needs to encourage open and honest communication about the difficulties athletes face and the challenges of mental illness.

### **What is the most helpful thing people working with athletes can do to prevent eating disorders?**

Coaches in particular need to be better educated on the unique signs and symptoms athletes may present with. They should be aware of appropriate referral pathways, and continue to provide support for athletes even when training/competition schedules are interrupted for the purposes of preventing an eating disorder. Athletes themselves need to be educated about the role of nutrition in maximising performance, and how to balance the demands of training with their daily energy requirements. Research has shown that athletes are naturally motivated by positive performances, and it may be beneficial to highlight the risks of injury and interruption to their sport that may result from disordered eating and exercise behaviours.

### **What are the barriers to prevention and early intervention in athletes?**

Athletes can be said to have dual expectations placed on them by society – in addition to the thinness/muscular ideals that saturate the media, athletes are also expected to adopt certain attitudes and behaviours that are both markers of success in sport, and also signs and symptoms of clinical eating disorders. For example, perfectionism, setting high standards, and establishing structured exercise and dietary habits are apt to be applauded in the sporting community; however it can be difficult for coaching and medical staff to determine whether these traits and behaviours are necessary for the requirements of the sport or whether they're indicative of an eating disorder. For this reason athletes may be reluctant to discuss practices and concerns with their coaches and support staff. Unfortunately athletes often need to get sick or injured before it is recognised that these practices are disruptive and a sign that perhaps something is wrong.