

Worried about a friend or team mate?

>**Early:** Denial will not diminish as time passes and it may increase. Physical health and performance will continue to deteriorate if there is a delay.

>**Directly:** Honesty is important and will reduce the risk of unhelpful collusion with the athlete's secrecy and denial.

>**Confidentially:** The initial approach may be made with another member of the support team (e.g., a nutritionist/ dietitian) but the athlete's confidentiality in respect of other team members is important.

>**Supportively:** A critical or blaming approach is unlikely to be helpful. Gently mentioning that there appears to be a problem and inviting the athlete's views is a good way to start, although considerable resistance can be expected.

>**Some athletes will openly acknowledge a problem and welcome an opportunity to get help. However, many will deny a problem and resist seeking help. The most important thing is to make the athlete aware that there are concerns. A second or third approach may be necessary**

The SCOFF questionnaire

> Do you make yourself Sick because you feel uncomfortably full?

> Do you worry you have lost Control over how much you eat?

> Have you lost more than One stone (7Kgs) in a three month period?

> Do you believe yourself to be Fat when others say you are too thin?

> Would you say that Food dominates your life?

If you have answered yes to two or more questions then you may have an eating disorder. Please note that the *questionnaire is only a guide*. If you think you have an eating disorder, it is important to get advice from your GP, counsellor or the B-eat helpline.

SUPPORT AT CUSU

Morgan Wild, Student Support Officer:
studentsupport@cusu.cam.ac.uk

Rosa O'Neill, Eating Disorders Support Officer:
eds@cusu.cam.ac.uk

Lisa Dery, Student Advisor, Officer:
advice@cusu.cam.ac.uk

Student Support Phone (9am - 7pm): 07999
859940

Student Advice Service: 01223 761690
CUSU Office: 01223 333313

B-EAT SUPPORT AND SELF HELP GROUP

Aim to safe environment in which anyone who feels they have been affected, directly or indirectly, by eating disorders, issues with food or related issues can talk openly about their life, problems and issues regarding recovery in a confidential non-judgmental, non-critical and non-competitive small group with a trained facilitator.

Email: eds@cusu.cam.ac.uk or
studentsupport@cusu.cam.ac.uk
for more information.

CAMBRIDGE UNIVERSITY COUNSELLING SERVICE

Individual sessions are available to any undergraduate or postgraduate members of the university, free of charge and can be booked online at www.counselling.cam.ac.uk

B-eat

B-eat is a national charity dealing with eating disorders:

B-eat Youthline: 08456 347650

Eating Disorders and Sport

Careful control of diet and weight, with the aim of optimum performance are common to many athletes in all sports.

However, for at least 13.5% of athletes this can become an excessive and unsupervised regime which increases risk or triggers disordered eating and exercise patterns which are potentially harmful physically and ultimately detrimental to performance.

- Eating Disorders in Sport
- Recognising sports-specific disordered eating
- Understanding sports-specific disordered eating
- Prevention
- Recommended best practice for ideal weight and weight loss
- Worried about a friend or teamate?
- Sources of help and advice

The information below is taken 'EATING DISORDERS IN SPORT: A guideline framework for practitioners working with high performance athletes', produced by UK Sports, the strategic lead body for high performance sport in the UK. It should be treated as a guideline, not medical advice. Weight loss and control should always be undertaken with professional supervision.



Eating Disorders in Sport: The key facts

Careful control of diet and weight, with the aim of **optimum performance** are common to many athletes in all sports. However, whilst most athletes follow a training regime accompanied by a diet that supports health and performance, it is increasingly recognized that **unsupervised diets and excessive training programs** place athletes **at far greater risk** of developing disordered eating patterns that might lead to eating disorders such as anorexia nervosa or bulimia nervosa.

- > risk of developing an eating disorder is **10-15% higher** among athletes than non-athletes,
 - > about **13.5%** of high-performance athletes suffer from disordered eating (7.7% male athletes and 20.1% female athletes).
- > Sports **organised by weight-categories** (rowing, wrestling and martial arts for example), those in which **lower weight is associated with higher performance** (such as running, climbing and orienteering), and those which **focus on body aesthetic** (gymnastics, ballet, synchronized swimming etc) are at greatest risk

Eating Disorders in Sport often are **manifested in different ways to 'normal' eating disorders**, and are sometimes described as **'anorexia athletica'** or **'female athlete's triad'**. Often Eating Disorders in sport are far **less visible**, as **weight-loss tends to be slightly less**

severe, and is often masked by an athlete's higher than average muscle-mass and otherwise very 'healthy' and energetic appearance. **Issues concerning optimum performance and competition** are often the key contributive factors, rather than distorted body image and other underlying issues.

A 2001 study of distance runners in the UK found that of 184 female athletes, 29 (16%) had an eating disorder. Of these, 3.8% had anorexia nervosa, 1.1% had bulimia nervosa and 10% had a subclinical disorder or EDNOS (eating disorder not otherwise specified).

Recognizing an eating disorder

The **normal dietary concerns** and eating habits of an elite performer may appear unusual or extreme to the non-athlete but for the most part are **functional and productive** in enhancing performance. More **unusual or extreme eating attitudes** and behaviors merge into **disordered and potentially harmful eating**, which in turn greatly increases the chances of a full-blown eating disorder syndrome developing .

Normal athlete dietary concerns

- > Meticulous attention to diet and weight
- > Goal directed
 - Aim is **performance enhancement**
 - Emphasis on **adequate intake** rather than restriction
 - Likely to **revert to normal at end of sporting career**

Core signs of sports-specific disordered eating, female athlete's triad and anorexia athletic

Use of potentially harmful weight control measures

- Excessive and/or compulsive exercise
- Extreme, restrictive or faddy diets
- Self-induced vomiting
- Laxatives, diuretics, enemas, diet pills and stimulants
- other pathological weight control measures

Restricted calorie intake

- Often broken by planned binges

Physical Symptoms

- Weight is 95% or less of expected (muscular development maintains weight above usual anorexic threshold of 85%)
- Gastrointestinal complaints
- Amenorrhea (missing periods)

Negative Body self-evaluation

- > Intense fear of fatness/weight gain (even though underweight)
- > Self evaluation and self-esteem are over-influenced by weight/shape

Risks associated with eating disorders include:

- > **Cardiac complications** eg. slowing of the heart rate, low blood pressure, dizziness, fatigue or faints.
- > **Gastro-intestinal complications**
- > **Renal and electrolyte problems.**
- > **Haematological complications** eg. anaemia, low platelet counts, preventing clotting, and low white blood cell counts resulting in impaired immunity.

Understanding sports-specific Eating Disorders

Eating disorders usually arise via a **complex interaction between vulnerability factors and triggering events**. Once into the **cycle of disordered eating**, maintaining factors such as initial rewards, compliments, improved performance, or a sense of order from weight loss and eating restraint can cause **continuation of dieting behaviors and establishment of an eating disorder**. Many of the individual factors listed will also promote sporting excellence.

General vulnerability factors	Family influences
> Concern re: weight and shape	> Parental dieting and obesity
> Emotional attitudes to food	> Parental eating attitudes
> Eating restraint	> Family dynamics
> Social context and pressures	> Criticism and high expectations
> Childhood traumas/ adversity	> Parental ill health
> Biological/genetic factors	> Divorce
Individual factors	<u>Sports specific factors</u>
> Low self-esteem	> <u>Sport-specific training from a young age</u>
> Perfectionism	> <u>Increased training volume</u>
> Obsessive behaviour	> <u>Loss of coach</u>
> All or nothing thinking	> <u>Injury/illness</u>
> Self control	> <u>Sporting environment</u>
> Self drive	> <u>Will to win</u>
> Self sacrifice	
> Goal orientation	

Example of the development of an eating disorder

Sally is a distance runner; she doesn't feel good about herself and has concerns about her weight, although this is well within the range for her height and sport. Sally is a perfectionist and looks to be the best or win at everything. Her peer group of athletes are unusually slim.

Sally leaves home for university; she has problems adjusting to campus life and is unhappy. She decides to go on an unsupervised diet. She has initial success; her running performances improve, and she gets compliments on her new, leaner look. This initial success leads to more dieting.

The underlying problems of Sally's unhappiness are unresolved, and she becomes unhappier. Sally now has increased resolve to diet and weight loss is still seen as a solution – especially as it seems to improve her running. Further weight loss leads to lowered mood, which leads to more unhappy feelings, which leads to lower self esteem and Sally attempts to boost this by looking better and performing better, which involves more dieting. This then causes her performances to drop off and increases her misery. Sally's case illustrates the interaction between vulnerability factors (which need not be excessive), trigger factors, such as life events or unsupervised diets, and maintaining factors such as initial success and/or increasing unhappiness

Preventing Eating Disorders in sport

UK sport, the leading body for high performance sport in the UK suggests the following guidelines for the minimizing of risk:

- > **Avoid public weighing.** Offer privacy from other team members. This includes not publicly displaying weight measurements
- > **Do not pass derogatory remarks** concerning the weight or body composition of individuals
- > **Be sensitive to the feeling of athletes** and how they may respond to comments concerning their body
- > **Measurements should be undertaken with caution** as there is the potential to initiate or exacerbate unhealthy eating concerns
- > Remember that the **relationship between weight and performance is complex and that decreasing weight will not guarantee improved performance**
- > Any weight loss programme should be **carefully supervised** by a qualified professional (e.g., a nutritionist/doctor)
- > **Do not impose standards of weight, body fat or nutritional intake** on one athlete because of the success of a different athlete.
- > The **optimum training and competition weight will be individual** to the athlete
- > **Encourage sensible, regular meals for athletes with appropriate snacks to support training**
- > **Do not recommend extreme or faddy diets** such as those that are deficient in fat and/or carbohydrate

Ideal weight and weight loss

The 'ideal' weight for performance can be difficult to decide. It may be lower than the weight that the athlete normally lives at; however it **must not endanger the health of the athlete** and should ideally be **undertaken with the advice** of a nutritionist/dietitian, physiologist, sports physician, coach, psychologist or physiotherapist. The **optimum performance weight for each individual** needs to take account of these factors. The diet of the individual must ensure **that training can be safely maintained.**

- > **An optimum performance weight might not be an ideal long-term weight**
 - > **It might not be sustainable**
 - > **Any risk must be managed/minimised by the support team**
 - > **Maintaining a weight which is too light for too long will endanger health and performance**

UK Sports recommended code of practice for weight loss:

- > The ultimate aim should be to achieve desired weight loss through **safe and realistic changes to body fat levels well in advance of competition**
- > Nutrition that supports training must be maintained
- > Weight loss immediately before competition should be minimised
- > Techniques such as **dehydration through voluntary fluid restriction or excess sweating, starvation, self-induced vomiting, laxative abuse, or diuretic use,**

should be considered as high-risk methods to be avoided

- > Weight loss should be **supervised by a registered professional**
- > Those athletes who have to lose excessive amounts of weight to make categories should **consider their reasons for competing at that weight**
- > **Expert advice** should be sought on **ideal weight targets for the individual.** This must be consistent with **long-term health and performance as well as shorter-term competition goals**
- > The **rate of weight loss**, as well as the intended target weight, needs careful consideration. In general, a **weight loss of more than 1kg per week is not recommended** because of the potential detrimental effect to health of an excessively restricted diet and to performance as a result of loss of lean muscle mass
- > An energy **decrease of 500kcal to 1,000kcal** a day is needed to achieve an appropriate weight loss
- > A minimum energy intake must be maintained. If intensive training is to be undertaken, it is likely that athletes will need a **minimum of between 1,500kcal and 2,000kcal a day.** A minimum of 1,200kcal to 1,500kcal might be considered the lowest level possible to provide all basic nutrition for the body, but reductions below 1,500kcal can hinder the ability of the athlete to train
- > Athletes must provide **accurate food records**, as failure to do so will result in inappropriate advice. This could result in a

cycle of inappropriate advice, therefore poor compliance, and then inappropriate weight loss techniques

- > An emphasis on reducing fat intake is useful in weight reduction, **encouraging the athletes to consume carbohydrate** that will aid training
- > Foods forming the weight management diet must be **nutrient dense to ensure balanced nutrition**
- > **Meals should not be missed**
- > Minimal weight losses might be achieved prior to a competition by dehydration but the implications of this must be seriously considered.
- > There is **no absolute 'safe limit' to the amount of weight or percentage of body weight that can be lost.** Factors to consider include the **rapidity of weight loss, the athlete's initial starting weight and the likely effects on strength and endurance** (which may be different). These factors vary from sport to sport and guidelines on safe limits based on a percentage of body weight may be incorporated into a code of practice for individual sports
- > If body weight and body composition measures are to be employed, the athlete must understand how these results are to be used and interpreted

Risks of long-term periods of low-weight:

- > loss of periods **menstruation**
- > **early osteoporosis**
- > Reduced **ability of the athlete to train**
- > vitamin and mineral **deficiencies, leading to problems such as anemia**