

Reducing pressure on athletes to lose weight is essential to avert dieting preoccupation -- the number-one trigger for disordered eating

A new position statement from the National Athletic Trainers' Association provides recommendations to prepare certified athletic trainers, other health care providers, sports management personnel, coaches, and parents for the challenges of understanding and working with athletes who have exhibited patterns of disordered eating -- which can lead to a clinical diagnosis of *anorexia nervosa* or *bulimia* -- and to identify those who may be at risk. The position statement was just published in the *Journal of Athletic Training*, the association's scientific publication. The statement also coincides with National Athletic Training Month in March which promotes the theme of "Who's Taking Care of Your Kids?"

Disordered eating can take many forms and is characterized by a wide spectrum of maladaptive eating and weight control behaviors and attitudes. These include concerns about body weight and shape, poor nutrition and inadequate caloric intake (or both), binge eating, and extreme weight control measures such as fasting, purging and excessive exercise. Estimates for the prevalence of disordered eating have ranged as high as 62 percent among female athletes and 33 percent among male athletes. The position statement offers insight into the physical and mental health needs of athletes who suffer from this condition and provides guidelines for early detection and treatment, increased access to quality resources and educational programs for prevention.

According to the position statement, the signs and symptoms of disordered eating should be recognized as early as possible. Medical complications associated with malnutrition and purging can affect multiple organ systems and lead to serious health consequences, including cardiovascular, musculoskeletal and reproductive conditions -- even death.

"It's extremely important that athletes better understand sound nutritional practices, so they are better equipped to scrutinize their eating habits and make sure there is adequate energy available to compete at peak performance levels," said the study's lead author Tina M. Bonci, MS, ATC, from the University of Texas at Austin. "It's definitely challenging for many athletes to maintain a positive energy balance over long periods of training with adequate amounts of food and nutrients, particularly alongside the goal of controlling body weight."

Monitoring the risks

Avoiding external pressure on athletes to lose weight is essential to avert a preoccupation with dieting, which is considered the number-one trigger for disordered eating. Attention should be focused on those risk factors that have the potential to be changed, in particular, the pressure on athletes to manipulate eating and weight for enhancement of performance and appearance, as well as the media-driven emphasis on thinness.

Those responsible for the health maintenance and performance enhancement of athletes should appreciate that there is potential for the development of disordered eating in all sports. Disordered eating should not be associated solely with activities in which appearance and/or performance thinness are believed necessary to excel (e.g., gymnastics, diving, ballet dancing, ice skating, long distance running) or body weight restrictions apply (e.g., wrestling, horse racing, rowing). According to Bonci, "intensified pressure to attain or maintain an ideal body weight or body fat percentage is not necessarily related to a particular kind of athletics activity, but in the athlete's perception of what is required for improving performance."

"Health care professionals, team personnel and parents need to be on the lookout for the most common signs that an athlete might be showing patterns of disordered eating," Bonci advises. "Dieting that appears to be unnecessary for health, performance or appearance, an avoidance of eating and eating situations, and/or secretive or binge eating can all be signs that an athlete might have disordered eating. Even statements about body weight or size that seem to be overly self critical or unreasonable should be seen as a sign that the athlete could have, or be at risk for, this condition."

Discussion and honesty de-stigmatizes disordered eating

While structured educational and behavioral programs for all athletes, coaches, certified athletic trainers, administrators and other support staff are key to preventing disordered eating in athletic settings, just 41 percent of Division I athletics programs make such education a requirement. Additionally, only one-third of high schools provided educational programs; however, fewer than 9 percent required student attendance and only 15 percent of the schools made education a requirement for coaches.

"First and foremost athletes need information that de-stigmatizes disordered eating through open, truthful and factual discussions," Bonci said. "Fear associated with talking about the condition must be dealt with, as well as the shame, and guilt that prevent athletes from getting the help they need."

Accomplishing this goal requires increased awareness of disordered eating as a condition for which treatment is available and effective. This simple knowledge helps break down barriers to receiving care, which stems from lack of information about the seriousness of the disorders, referral resources and treatment options.

"A comprehensive array of interventions and educational strategies is crucial when it comes to athletes who have shown disordered eating patterns," Bonci said. "The key is to establish a network of qualified and knowledgeable professionals who can skillfully handle interventions, provide a seamless continuum of care, institute screening measures for early detection and develop educational initiatives for prevention."

Web information: Pros and cons

NATA's position statement also advises education for all athletes on the harmful effects of weight-control methods, which some athletes consider necessary for performance, but which can also sometimes cause disordered eating. The Internet is one information source that can be helpful; however, those who supervise athletes should also be alert to the existence of harmful Internet sites, such as pro-ana (anorexia) and pro-mia (bulimia) which are devoted to the continuance, promotion and support of disordered eating – and which glamorize unhealthy eating and weight control behaviors. Although these Web sites have been in existence for quite some time, they are becoming more prevalent on popular social-networking sites.

To review NATA's position statement, "Preventing, Detecting, and Managing Disordered Eating in Athletes," in its entirety visit: <http://www.nata.org/jat/readers/archives/43.1/i1062-6050-43-1-80.pdf>.

About the National Athletic Trainers' Association (NATA):

Athletic trainers are unique health care professionals who specialize in the prevention, diagnosis, treatment and rehabilitation of injuries and illnesses. The National Athletic Trainers' Association represents and supports 30,000 members of the athletic training profession. NATA advocates for equal access to athletic trainers for patients and clients of all ages and supports H.R. 1846. Only 42 percent of high schools have access to athletic trainers. NATA members adhere to a code of ethics.

www.nata.org.