

# Eating Disorders & Athletes – A Coach's Toolbox

## What is Disordered Eating?

A range of behaviours that may include food restriction, restriction of certain foods, consuming fewer calories required for daily functions and/or sports activities and use of laxatives or induced vomiting. These activities put the athlete at risk for an eating disorder and should be addressed.

## What is an Eating Disorder?

A range of psychiatric disorders such as anorexia nervosa, bulimia nervosa, and binge eating.

- **Anorexia Nervosa:** usually characterized by deliberate starvation, intense fear of becoming fat, and disturbed body image.
- **Bulimia Nervosa:** recurrent binge eating usually followed by self-induced vomiting or other forms of purging meant to lose weight, such as exercise or laxatives, meant to compensate for calories consumed during binge episodes.
- **Binge Eating Disorder:** Recurrent binge eating episodes without compensatory behaviours (such as vomiting). Associated with a lack of control and marked distress.

## Did You Know?

- **Males can be affected too:** 33% of male athletes and 62% of female athletes can be affected. In particular, athletes in aesthetic (ex. dance, cheerleading), weight class (ex. wrestling, boxing) and endurance sports (ex. running, swimming) are most at risk.



Remember that an eating disorder is not a choice. It is a serious mental illness.

Eating disorders are the **most deadly** of all mental illnesses and are **not a choice**.

As coaches and trainers, you are ideally positioned to detect risks, identify disordered eating and ultimately play an influential role in helping your athletes. **Early detection is key to a full recovery.**

## General Signs and Symptoms

- Amenorrhea (absence of menstrual period)
- Intolerance to cold
- Lanugo (soft, fine hair covering body)
- Marked weight loss, gain or fluctuation
- Dizziness, light headedness and abdominal pain
- Hair Loss
- Perfectionism and excessive concern with body image, calories and weight
- Dental erosion
- Changes in social behavior and mood (e.g. Social withdrawal, anxiety, depression)
- Preoccupation with food including ritualistic eating and/or avoidance of certain foods

## Signs and Symptoms Specific to the Sports Setting

- Decreased concentration, energy, muscle function, coordination, speed; Increased muscle weakness and cramps
- Exercise intolerance on exertion
- Longer recovery time needed after workouts, games, races
- More frequent muscle strains, sprains, and/or fractures
- Difficulty with days off and tapering
- Avoidance of water or excessive water intake
- Poorer interaction with coaches/teammates such as impatience and crankiness
- Preoccupation with food including ritualistic eating and/or avoidance of certain foods

# Remember that an eating disorder is not a choice. It is a serious mental illness.

As a coach, if you suspect an athlete may have an eating disorder, **you are in a position to help**. Early detection and treatment are critical.

## Tips on How to Help

- **In a private, confidential meeting, discuss with the athlete your observations and concerns.** Be as straightforward as possible, show empathy and gently explain the behaviours you have noticed. Show concern for the athlete's health and well being. *Do not judge or criticize.*
- **Seek help as soon as possible.** Make a prompt and appropriate referral. Insist on a medical assessment, especially if the athlete is in denial of the seriousness of symptoms observed. With consent from the athlete, voice your concerns to a responsible family member or caregiver right away. *Encourage your athlete to seek treatment.*
- **Consult with the treatment team about plan of care** which may include suspending participation in sports until further assessment. Make sure the athlete is aware that this is not a form of punishment, instead, it is a way to protect them from potential physical and psychological harm.
- While seeking and undergoing treatment, **the best way to support your athlete is by cooperating with and trusting the treatment team.** This can be critical to insuring successful treatment.
- **Continue to maintain positive, open lines of communication** with your athlete during and after treatment. This allows the athlete to express what they need from you to help them recover and demonstrates your support.

### Denial is often a part of eating disorder behaviour

As a coach, you cannot diagnose an eating disorder; if you are concerned, continue to insist your athlete go for an assessment by a health professional.

It may take several conversations, but early detection may prevent disordered eating behaviours from becoming an eating disorder.

## Referring your athletes for assessment, support and treatment

University Label

### Helpful Resources & Websites

JessiesLegacy.com	604.988.5281
KeltyEatingDisorders.ca	604.875.2084
LookingGlassBC.com	604.829.2585
National Eating Disorders Information Center	nedic.ca
National Eating Disorders Association (NEDA)	www.NationalEatingDisorders.org



### Local Eating Disorders Program (or MHSU office) locations

East Kootenays (Child/Youth)	250.426.1514
Cranbrook	250.420.2210
Creston	250.428.8734
Sparwood	250.425.2064
Golden	250.344.3015
Invermere	250.342.2363
Kimberley	250.427.2215
Kamloops and Cariboo	250.377.6500
Central Okanagan (Kelowna and area)	250.469.7070 Ext. 13553
Kootenay Boundary	250.505.7252
Revelstoke	250.837.7612
Salmon Arm	250.832.1719
South Okanagan (Child/Youth)	250.487.4422
(Penticton and area) (Adults)	250.770.3555
Vernon	250.549.5404
Crisis Lines	1-888-353-CARE (2273) 1-800-SUICIDE (784-2433) (Aboriginal) 1-800-588-8747

### References:

Arcelus J, et al. (2011). Mortality rates in patients with anorexia nervosa and other eating disorders. Archives of General Psychiatry, 68(7):724-731.

National Eating Disorders Association; Coach and Athlete Trainer Toolkit. Callin, J., & Lamoureux, M. (2018). Eating Disorders Toolkit for Primary Care Practitioners.