



Canadian Association For the
Advancement of Women
and Sport and Physical Activity

Disordered Eating in Sport: Taking a new direction

Food is fuel for an active body. In order to allow women to nourish and not deprive their bodies, we must strive to balance our energy output (activity) with our energy input (nourishment) and therefore avoid an energy deficit that can rob us of our health.

There is a continuum of poor eating habits that include on one end of Disordered eating and on the other end of Eating Disorders. Disordered eating consists of poor nutrition habits, improper balance of food groups, lack of appropriate servings of food and food avoidances. Eating Disorders consist of behaviour changes (binging, purging, restricting) with the intent of controlling food intake in order to produce weight loss accompanied by a distorted self body image. Many active girls and women fall into disordered eating habits due to lack of education and many women with eating disorders delay effective treatment due to myths and fears that hold them back from recovering a healthy weight.

Fluctuating weight levels with either weight loss or weight gain can be a cardinal sign that the body is unable to find a correct "set point" for optimal health. Weight changes have not been proven to correlate with performance levels and the emphasis weight as a number is a false measure of body composition, muscle tone and athletic ability.

FOR FURTHER INFORMATION

National Eating Disorders Information Centre (NEDIC)

Toronto General Hospital
200 Elizabeth St. Room 2-882
Toronto, ON M5G 2C4
416-840-4156

Bulimia and Anorexia Nervosa Association (BANA)

Faculty of Human Kinetics,
University of Windsor
Windsor, ON N9B 8P4
519-258-4282 ext. 249 or
519-258-7421 or 519-258-7545

RESOURCES

Athletes@Risk Program, Sport
C.A.R.E
Sunnybrook & Women's College
Health Sciences Centre
1-800-363-9353

Canadian Academy of Sport
Medicine
1-877-585-2394

Position Paper: *Abandoning
Routine Body Composition
Assessment: A Strategy to
Reduce Disordered Eating among
Female Athletes and Dancers*
(August, 2001)

Quick facts

- Over 60,000 Canadians have some form of an eating disorder.
- Concern over body shape and weight are heightened during periods of transition (i.e. growth, new competitive class, retirement from sport)
- Some groups are at higher risk because their activities or professions emphasize a particular size, shape or weight. Athletes constitute one such group. (*Helping Athletes with Eating Disorders*, Thompson, Sherman, 1998)
- While no sport is immune from the problem, athletes involved in endurance, esthetic and weight dependent sports are particularly vulnerable.
- Eating disorders are common among fitness instructors and athletes who participate in gymnastics, figure skating, marathon running, rowing, synchronized swimming, equestrian sports, boxing and wrestling. (*Desperate Measures*, Sport Medicine Council of Canada, 1992)

Signs and symptoms*

Many of these symptoms on their own do not indicate an eating disorder. The likelihood increases with the number of symptoms an individual displays and may include:

Emotional:

- Excessive concern and frequent thoughts about weight
- Guilt or shame about eating
- Frequent and inappropriate use of weight scales
- Imbalance between food intake and physical activity output
- Frenzied, compulsive approach to exercising
- Avoiding social occasions and communal meals in order to eat
- Low self-esteem
- Absolute thinking; an "all or nothing" attitude
- Associated depression, social withdrawal and/or anxieties

“The best treatment
for
an eating disorder
is prevention.”

Dr. Dick Moriarty, founder
of the Bulimia and Anorexia

Signs and symptoms (continued) *

Physical:

- Noticeable and frequent weight changes as either a gain or loss
- Irregular or total absence of menstruation
- Scabs on knuckles from repeated vomiting
- Dizziness from low blood pressure
- Constipation, diarrhea, bloating
- Bloodshot eyes
- Headaches
- Muscle weakness
- Muscle weakness
- Poor sleep patterns
- Dry skin and hair
- Stress fractures and overuse injuries
- Cold intolerance

*Adapted from information available from the Bulimia and Anorexia Nervosa Association.

Guidelines for safe weight reduction

If an individual could benefit from reducing her weight in order to optimize her health, it is important that she:

- Consult a Medical Doctor or Dietician before beginning to lose weight and be monitored throughout the period of weight loss
- Establish realistic goals
- Follow *Canada's Food Guide*
- Avoid weight reduction during the competitive season and other stressful periods
- Establish a training regime that meets your strength and endurance goals while toning your body contours

A checklist for parents

Parents can be indispensable in preventing eating disorders as well as in their early detection and prompt referral for treatment. **Encourage**, nurture and listen carefully to your children. **Demonstrate** that you love and value them as they are – regardless of their size or shape. **Act quickly** if you suspect an eating disorder. The shorter the time period between the onset of the disorder and the start of treatment, the better the likelihood of recovery.

- Emphasize healthy activity and healthy nutrition, not weight goals.
- Avoid specialization in one sport at an early age and expose children to a number of activities, particularly those that emphasize friendship, fair play and fitness rather than a winning-at-all-costs approach.
- Advocate a well-rounded approach to life
- Teach stress management and coping skills
- Follow *Canada's Food Guide To Healthy Eating* in your home
- Provide unconditional love and support for your children regardless of their shape, size and sporting accomplishments
- Discourage family members from making teasing remarks about weight
- Before enrolling children in a sporting activity, talk to the instructor/coach to determine if she/he has a balanced approach to sport and a healthy attitude towards body size
- Expose young children to toys and dolls of various sizes
- Write letters of complaint to manufacturers who use emaciated models to promote their products
- Teach children that fasting is a dangerous practice and should not be allowed or rewarded.
- Encourage daughters to declare personal boundaries and teach them to say “no” to coaches when appropriate
- Be aware of the signs and symptoms of eating disorders.



A woman is often measured by the things she cannot control. She is measured by the way her body curves or doesn't curve, by where she is flat or straight or round. She is measured by 36-24-36 and inches and ages and numbers, by all the outside things that don't ever add up to who she is on the inside. And so, if a woman is to be measured, let her be measured by the things she can control, by who she is and how she is trying to become. Because as every woman knows, measurements are only statistics. And statistics lie.

--Nike, Inc.

A checklist for coaches

Coaches exert great influence over athletes. An **encouraging comment** can produce a lasting, positive effect on an athlete; one that is inappropriate or thoughtless can lead to devastating consequences. **Develop** a game plan for handling eating disorders and include information about referrals to counsellors, nutritionists, social workers and doctors. **Act quickly** if you suspect an eating disorder. The shorter the time period between the onset of the disorder and the start of treatment, the better the likelihood of recovery.

- Praise girls for their skills and successes, not for their appearance or weight loss
- Provide ample opportunity for education regarding healthy nutrition, physical activity and body image as young ages and throughout the high risk time of adolescence
- Discontinue any public weigh-ins or presence of scales in a training area
- Body fat percentage has not been proven to be an accurate indicator of athletic ability and it should not be monitored without a dietician's or medical doctor's input
- Provide positive feedback based on athletes abilities and accomplishments.
- Do not criticize for weight gain nor praise for weight loss
- Do not make an athlete's position on the team conditional upon weight loss
- Do not use weight loss as a means to enhance athletic performance
- Emphasize a well-balanced approach to performance and winning
- Emphasize individual training plans so that comparisons between athletes does not affect body image.
- Refer to athletes by their names, not by their body sizes
- Be aware of the signs and symptoms of eating disorders

- Make it as easy as possible for the athlete with an eating disorder to comply with treatment by excusing her from a practice if it conflicts with treatment time.

Note: Individual circumstances and the advice of the treatment team will dictate whether or not an athlete continues her sporting activity during treatment. Moderate, supervised activity, with no competition, may be the best course of action.

A checklist for sport organizations

Sport organizations can be proactive in reducing the incidence of eating disorders among athletes. Begin by examining and confronting policies, programs and practices which may precipitate the onset of an eating disorder, then create a culture which permits athletes to realize their potential, regardless of shape or size.

- Educate coaches and leaders about eating disorders and gender-sensitive teaching strategies.
- Because links have been made between harassment and the onset of eating disorders, adopt and implement a harassment policy which clearly describes harassment, the complaint process, disciplinary actions, and appeal procedures
- Include visual images of active girls and women of all shapes and sizes in promotional and educational materials
- In esthetic sports, encourage the international federation to adopt rules and practices which ensure that athletes are judged on athletic performance alone, and not on appearance.
- In sports with weight classifications, encourage the international federation to update the classifications to reflect the stronger, healthier and heavier weights of athletes of the 1990s
- Eliminate any weight loss or weight maintenance clauses in contracts with athletes.



A checklist for fitness instructors

It is ironic that fitness instructors – who are generally regarded as ‘healthy’ and who instruct others about fitness and exercise – appear to be a high risk group for eating disorders. Being fit and getting in shape may have become synonymous with restrictive dieting and compulsive exercising. It’s time to replace the current concern with ‘thinness’ and put ‘health’ back into exercise programs. (*Helping Athletes with Eating Disorders*, Thompson, Sherman, 1998)

WEB SITE RESOURCES:

Dieticians of Canada:

www.dietitians.ca

Bodysense Project:

www.bodysense.ca

National Eating Disorder Screening Program:

www.mentalhealthscreening.org

- Emphasize getting fit, making friends and having fun rather than losing weight. Participants are more likely to join classes linked to health rather than thinness
- Encourage participants to wear comfortable clothing
- Because participants will notice what you are wearing, be aware of what your fashions represent to others. During the course, make a point of wearing baggy clothing from time to time, and not just tight-fitting outfits. Thongs, for example, accentuate the image of thinness and may suggest to potential participants that they have to be thin in order to join the class.
- Avoid references such as ‘butts of steel’ and ‘thunder thighs’.

If you suspect an eating disorder

- Approach the individual in a caring, sensitive, assertive, and non-judgmental manner that respects her privacy and right to confidentiality.
- Mention the symptoms you have observed and suggest a consultation with medical doctor, dietician or social worker.
- Provide the telephone number
- Offer to discuss your observations with the parents or guardians for athletes who are living with their families
- Expect denial, rejection and a bumpy road to recovery, don’t take that personally.
- Let the individual know that they have many strengths and abilities to overcome this disorder.

Adapted from information available through the Bulimia and Anorexia Nervosa Association