

West Virginia University Intercollegiate Athletics

Policy: Dysfunctional Eating and Eating Disorders
Date: July 2007
Responsibility: Athletic Training

Overview and Philosophy

The Department of Intercollegiate Athletics at West Virginia University strongly advocates the development and promotion of healthy and responsible lifestyles for WVU student-athletes. Behaviors that threaten a healthy lifestyle include dysfunctional eating behaviors and disordered eating.

The WVU Department of Intercollegiate Athletics recognizes that the signs and symptoms of dysfunctional eating and eating disorders reflect the complex interaction of many biological, psychological, and sociological factors in the development of eating disorders and their treatment. All student-athletes are at an increased risk of developing or maintaining patterns of unhealthy and disordered eating due to their participation in demanding collegiate sports.

The effects of dysfunctional and disordered eating can range from mild to severe depending on the extent of the disorder and the length of time the individual has engaged in such behaviors.

Medically, disordered eating can have short-term and long-term health consequences ranging from an increased risk of sport-related injury, to death. There is a potential for serious consequences in every system of the body.

Psychologically, individuals with an eating disorder have an increased risk of depression and suicide. Eating disorders are also associated with low self-esteem, obsessive thinking and feelings of isolation and other self-destructive behaviors.

Recovery from eating disorders can be a difficult process that takes an extended period of time. In general, the greater the duration and frequency of disordered eating, the longer it will take for recovery to occur.

Body weight/composition is only one factor contributing to athletic performance. There is not extensive evidence linking specific body weight/composition to superior performance in any sport.

Each student-athlete has a unique body type that is largely influenced by genetics. The WVU Department of Intercollegiate Athletics emphasizes healthy lifestyles and balance in

nutrition, body composition and fitness level, recognizing individual athlete differences. Athletic department staff must recognize individual differences instead of relying on pre-published group norms.

Goals

To implement an effective multidisciplinary approach to the prevention, identification, and treatment of eating disorders, the WVU Department of Intercollegiate Athletics has established a “Healthy Eating and Eating Disorders” (HEED) team.

The two primary roles of the HEED team will be to: 1) provide information about healthy eating behaviors and dysfunctional eating behaviors, and 2) diagnose and provide treatment plans and/or treatment referral for student-athletes struggling with problematic eating behaviors and eating disorders.

The HEED team will also provide medical, nutritional and/or psychological services to the student-athlete while respecting her or his privacy.

The HEED team will consist of one or more the following: the team physician, staff athletic trainers, department or counseling center psychologists, strength and conditioning staff and the registered dietician. The HEED team will meet with identified student-athletes individually and perhaps as a group on an as-needed basis to oversee student-athlete health status and compliance with treatment.

Prevention of Eating Disorders

Student-athletes from all sports are at risk to engage in dysfunctional eating and for developing eating disorders. Preventive nutritional and psychological education will be provided to sports teams identified as “high risk” for eating disorders on a regular and as needed basis. Teams seen as at high risk are:

- Cheerleading
- Rowing
- Gymnastics
- Rifle
- Swimming and Diving
- Tennis
- Track and Field
- Cross Country
- Volleyball
- Women’s Basketball
- Women’s Soccer
- Wrestling
- Other Sports

Male athletes are increasingly at risk for negative body image and eating problems, including muscle dysmorphia (or “reverse anorexia”).

Training and education about dysfunctional eating and eating disorders will be provided for professionals working with student-athletes including:

- Coaches
- Athletic Trainers
- Strength and Conditioning Coaches
- Others (e.g., administrators)

The WVU Department of Intercollegiate Athletics strongly encourages coaches to initiate nutritional and body image education for their athletes and staff preseason and throughout the year, utilizing the resources of athletic department personnel and other on-campus resources knowledgeable about sports nutrition.

Weight and Body Composition Goals and Measurements:

Sport coaches should bring their concerns about student-athletes' body weight/composition to the team physician and/or staff athletic trainer. The athletic trainer, team physician and student-athlete will set goals together regarding student-athletes' weight and body composition. The athletic trainer should also involve medical and athletic staff such as physicians, dietitians, psychologists and strength and conditioning coaches in the goal-setting process. The goals will take into account student-athletes' overall health, sport demands, sport performance and any other health related factors (e.g., illness, injury or mental health status) relevant to the health status of the student-athlete. For example, if a student-athlete appears moderately underweight or overweight, yet is healthy and steadily improving his or her sport performance, athletic department staff should refrain from asking the person to modify his or her body weight/composition.

Coaches and other athletic department staff should consider each student-athlete's weight and body composition individually, and refrain from setting team or team weight goals.

If the goal-setting team agrees that body modifications are likely to improve the student-athlete's health and performance, athletic department staff will refer the student-athlete to the registered dietitian for consultation. The registered dietitian should be involved with student-athletes' attempts to lose or gain weight, in order to avoid unhealthy eating behaviors.

Sport coaches should not weigh their student-athletes, measure their body composition, or share confidential weight/body composition information publicly (e.g., with other team members; posting body composition information in locker rooms). It is common for body composition testing to be used as a measure of training effectiveness, and as a general rule, athletic trainers and/or strength coaches will take the measurements. Student-athletes should always have the choice to refuse testing.

Frequent measuring of weight and body composition can be harmful to student-athletes. Athletic trainers and strength and conditioning coaches should take measurements only when necessary to monitor the health of student-athletes and/or for gauging the treatment program effectiveness.

Student-athletes have the right to access their own weight and body composition information. On a case-by-case basis, staff athletic trainers and/or strength and conditioning coaches may refrain from taking measurements or limit access to that information if contraindicated for health reasons (i.e. an athlete with disordered eating).

The team physician or the administrator in charge of the particular sport (i.e., associate athletic director) will be consulted if these guidelines are not followed. The HEED treatment team may meet to discuss concerns associated with not following guidelines.

Treatment and Intervention: Suspected Eating Disorders and Diagnosed Eating Disorders

If an athletic department staff member witnesses or has reports of a student-athlete displaying signs or symptoms of an eating disorder (see “Behavioral and Physical Signs of an Eating Disorder” below), then he or she is to approach confidentially the student-athlete. (See “Approaching a Student-Athlete about Disordered Eating” below). If a teammate witnesses a student-athlete engaging in disordered eating behaviors, the teammate will be encouraged to approach the student-athlete and to consult with a staff member or identified HEED team member about the observed behaviors. Appropriate intervention involves an expression of concern that the student-athlete is displaying specific eating behaviors that may interfere with his or her health and athletic performance (see “Approaching a Student-Athlete about Disordered Eating” at the end of this document). The staff member will request that the student-athlete meet with the team physician, team athletic trainer, psychologist and/or registered dietitian for assessment.

If the student-athlete complies with the request for an assessment with members of the treatment team, then professional(s) will assess the student-athlete for disordered eating as defined by the DSM-IV (see “Definitions of Eating Disorders” below).

If the HEED treatment team concludes that the student-athlete is in need of medical, nutritional or psychological intervention, then it will develop a treatment plan for the student-athlete. Elements of the treatment plan may include:

- Required visits with the registered dietitian, team physician and/or psychologist or others (e.g., psychiatry)
- Limitation of physical activities and/or suspension from training and competition
- Out patient or inpatient treatment referrals (e.g. psychiatry)
- Attendance of a nutrition, body image or eating disorder supports group
- Weight checks

- Any other interventions as deemed medically or psychologically useful and necessary to recovery

The team physician will determine whether the student-athlete will be allowed to: a) continue to participate in training and/or competition or that b) the student-athlete will be suspended from training and or competition to obtain treatment. The team physician and/or his/her representative will notify coaches and other staff about his/her decision.

If the student-athlete does not seek help independently and the disordered eating behaviors continue, the team physician or his/her representative will notify the student-athlete that he or she is referred to the HEED team.

On an as-needed basis, the HEED team will meet confidentially with the student-athlete to oversee his or her compliance with the treatment plan, which will be developed by the HEED team. The student-athlete will be required to sign a contract agreeing to the terms of the treatment plan. (See “WVU Eating Disorder Student-Athlete Participation Contract” below). If s/he refuses to attend the meeting or to comply with the plan, involuntary suspension from sport participation will result.

The HEED team will review the student-athlete cases periodically and provide further intervention as needed.

The team physician, in consultation with HEED team and any other professionals involved in treatment, will determine when it is appropriate for student-athletes in treatment to return to training and competition. The team physician and/or his/her representative will notify coaches and other staff about his/her decision.

Definitions of Eating Disorders

The following definitions are based on the criteria in the Diagnostic and Statistical Manual of Mental Disorders-Fourth Edition (DSM-IV):

Anorexia Nervosa - a).Refusal to maintain body weight at or above a minimally normal weight for age and height (e.g., weight loss leading to maintenance of body weight less than 85% of that expected; or failure to make expected weight gain during period of growth, leading to body weight less than 85% of that expected). b) Intense fear of gaining weight or becoming fat, even though underweight. c) Disturbance in the way in which one’s body weight or shape is experienced, undue influence of body weight or shape on self-evaluation, or denial of the seriousness of the current low body weight. d) In postmenarcheal females, amenorrhea, i.e., the absence of at least three consecutive menstrual cycles.

Bulimia Nervosa - a) Recurrent episodes of binge eating. An episode of binge eating is characterized by both of the following: (i) eating, in a discrete period of time (e.g., within any 2-hour period), an amount of food that is definitely larger than most people would eat during a similar period of time and under similar circumstances. (ii) a sense of lack of control over eating during the episode (e.g., a feeling that one cannot stop eating or control

what or how much one is eating). b) Recurrent inappropriate compensatory behavior in order to prevent weight gain, such as self-induced vomiting; misuse of laxatives, diuretics, enemas, or other medications; fasting; or excessive exercise. c) The binge eating and inappropriate compensatory behaviors both occur, on average, at least twice a week for 3 months. d) Self-evaluation is unduly influenced by body shape and weight. e) The disturbance does not occur exclusively during episodes of Anorexia Nervosa.

Eating Disorder Not Otherwise Specified (NOS) - This category is for disorders of eating that do not meet the criteria for any specific Eating Disorder. Examples include: a) For females, all of the criteria for Anorexia Nervosa are met except that the individual has regular menses. b) All of the criteria for Anorexia Nervosa are met except that, despite significant weight loss, the individual's current weight is in the normal range. c) All of the criteria for Bulimia Nervosa are met except that the binge eating and inappropriate compensatory mechanisms occur at a frequency of less than twice a week or for a duration of less than 3 months. d) The regular use of inappropriate compensatory behavior by an individual of normal body weight after eating small amounts of food (e.g., self-induced vomiting after the consumption of two cookies).

Behavioral and Physical Signs of an Eating Disorder

The following list may serve only as a guideline for the recognition of disordered eating behaviors. Any one symptom alone may not indicate an eating disorder. Careful observation and awareness of a student-athlete's behavior will guide identification of an eating problem.

Anorexia - Behavioral Signs:

- Reports feeling "fat/heavy" despite low body weight
- Obsessions about weight, diet, appearance
- Ritualistic eating behaviors
- Avoiding social eating situations, social withdrawal
- Obsession with exercise; hyperactivity – may increase workouts secretly
- Feeling cold
- Perfectionism followed by self-criticism
- Seems anxious/depressed about performance and other events
- Denial of unhealthy eating pattern - anger when confronted with problem
- Eventual decline in physical and school performance

Anorexia - Physical Signs:

- Amenorrhea (lack of menstrual periods)
- Dehydration (not related to workout/competition)
- Fatigue (beyond expected)
- Weakness, dizziness

- Overuse injuries, stress fractures
- Yellow tint to hands
- Gastrointestinal problems
- Lanugo (fine hair on arms and face)
- Hypotension (low blood pressure)

Bulimia Nervosa - Behavioral Signs:

- Excessive exercise beyond scheduled practice
- Extremely self-critical
- Depression and mood fluctuations
- Irregular weight loss/gain; rapid fluctuations in weight
- Erratic performance
- Low self-esteem
- Drug or alcohol use
- Binges or eats large meals then disappears

Bulimia Nervosa – Physical Signs:

- Callous on knuckles
- Dental and gum problems (bad breath)
- Red, puffy eyes
- Swollen parotid glands (at the base of the jaw)
- Edema (bloating)
- Frequent sore throats
- Low or average weight despite eating large amounts of food
- Electrolyte abnormalities
- Diarrhea, alternating with constipation
- Dry mouth, cracked lips
- Muscle cramps/weakness

Approaching a Student-Athlete about Disordered Eating

A staff member or coach who has the best rapport with the student-athlete should arrange a private meeting.

In a calm and respectful manner, indicate to the student-athlete what specific observations were made that aroused your concerns. Give him or her time to respond.

- Use “I” statements. (*I’m concerned about you because you refuse to eat breakfast or lunch. It worries me to hear you vomiting.*)
- Avoid “You” statements and discussions about weight or appearance. (*You are too thin and you have to eat! You’re out of control.*)
- Avoid giving simple solutions. (If you’d just eat more, everything would be fine!)
- Affirm that the student-athlete’s role on the team will not be jeopardized by an admission that a problem exists.

The student-athlete's reaction may be one of denial or perhaps hostility. Firmly encourage the student-athlete to meet with a professional for an assessment, acknowledging that outside help is often necessary for eating problems and is not a sign of weakness.

Sources: Eating Disorders Awareness and Prevention; Laura Hill, Ph.D.