DISORDERED EATING GUIDELINES FOR INTERCOLLEGIATE ATHLETICS AT
CALIFORNIA STATE UNIVERSITY, SACRAMENTO

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DISORDERED EATING GUIDELINES FOR INTERCOLLEGIATE ATHLETICS AT CALIFORNIA STATE UNIVERSITY, SACRAMENTO

A Project

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Abstract

of

DISORDERED EATING GUIDELINES FOR INTERCOLLEGIATE ATHLETICS AT CALIFORNIA STATE UNIVERSITY, SACRAMENTO

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Disordered eating has become an increasing problem among collegiate athletes. This mental health illness can cause serious health consequences if not properly detected in early phases. Athletic department staff are responsible for making sure that a student-athlete’s health care is the number one priority. This project incorporates three resources to help athletic staff prevent, detect and manage disordered eating among collegiate student-athletes at Sacramento State University. The three resources included are: a disordered eating handbook for athletic staff, individual power point presentations, one for coaches and one for medical staff, and a one page insert on disordered eating in the student-athlete handbook.

These resources will better prepare athletic staff to aid in prevention, as well as address the issue, and make the proper referrals for a student-athlete who may be suspected of disordered eating. With these proper prevention strategies, early detection, and appropriate management and treatment the athletic staff will be prepared to minimize the risks and health consequences that can occur in student-athlete’s who may struggle with disordered eating.

________________________________________, Committee Chair

Maureen M. Smith, Ph.D.

________________________________________

Date
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Chapter 1

INTRODUCTION

Disordered eating is marked by extremes. It is present when a person experiences severe disturbances in eating behavior, such as extreme reduction of food intake or extreme overeating, or feelings of distress or concern about body weight or shape. The topic of disordered eating has become increasingly more of a concern in the athletic population. Disordered eating can affect every aspect of a student-athletes life including academic and athletic performance as well as psychological and social concerns. (Sherman & Thompson, 2007). *ESPN Rise* is a magazine dedicated to showcasing teen athletes’ accomplishments and passions. In the December 2008 issue, editors chose the top ten stories of 2008. The third top story chosen was titled “Balancing Diet, Exercise Often a Struggle.” This story illustrates two female athletes’ battle with anorexia. At a routine check-up, Kathy Kroeger, the 2006 Foot Locker National Champion, was told that she needed to sit her next season out and gain twenty pounds in order to regain full health. Mariana Lucena’s anorexia became a more serious issue than Kathy Krogers. Lucena was admitted to the hospital for ten days and was fed through a feeding tube. Both athletes were restricted from participation in athletics until they were healthy; both returned to sport as healthy young women.

Eating disorder issues are not only spreading among high school athletes, but also in collegiate athletics. Anna Mapes is a 29 year old female volleyball player who is
currently at Metropolitan State, a Division II school. Mapes started her volleyball career after earning a scholarship and a starting position for two years at Mississippi State. Mapes’ life turned upside down when an eating disorder, which started in high school became more compulsive in college. She quit college and volleyball after her sophomore year and checked herself into a hospital. After several years in recovery and treatment, Mapes’ now has complete control of her life. She is now finishing her college volleyball career (Brown, 2008). These athletes were lucky enough to receive help and return to a full functioning life. Some athletes do not ever recover and an eating disorder takes their life.

Males are also susceptible to develop eating disorders or involve themselves in disordered eating habits. Males present these abnormal behaviors in two different aspects of the disordered eating spectrum due to the emphasis of body mass placed on performance in certain sports such as bigger mass in football or smaller mass in wrestling. The American College of Sports Medicine (2007) posted a news release which brought to the attention the issue of overweight athletes and the health risks associated. A former National Football League (NFL) lineman has experienced five former teammates die in their 40’s from obesity related issues (Macha, 2010). On the opposing end of eating disorders males also struggle with controlling their weight by not eating or other unhealthy weight loss methods. In 1997 three college wrestlers died in six weeks due to workouts necessary to lose weight (Litsky, 1997)

Most recently health care providers have found the negative effects that can manifest with sport participation, most specifically disordered eating (Reinking &
Disordered eating varies in severity starting from simple dieting to clinically diagnosed eating disorders. Dieting is considered to be a predecessor to eating disorders (Thompson & Sherman, 2007). Disordered eating habits consist of three general classifications; anorexia, bulimia, and eating disorders not otherwise specified. The spectrum of abnormal behaviors associated with disordered eating ranges from unhealthy weight control methods which involve restricting caloric intake, using laxatives, diet pills, self-induced vomiting to severe illnesses of clinically diagnosed anorexia and bulimia (American College of Sports Medicine, 2005). Although disordered eating is more prominent in females, these detrimental abnormal behaviors do occur in males. Involvement in sports that encourage low body fat can encourage disordered eating in males and females (Baum, 2006).

Females who are actively involved in sport also become more at risk to develop the Female Athlete Triad. This Female Athlete Triad is marked by poor nutritional behaviors, amenorrhea which refers to an irregular or nonexistent menstrual cycle, and osteoporosis which is low bone mass, which can lead to fractured bones (American College of Sports Medicine, 2005).

The American College of Sports Medicine (2000) recognized that the increase in the level of competition that confronts student-athletes usually includes strict training regimes. Student-athletes are encouraged to participate in proper nutrition and eating habits in order to reach optimal performance. Athletes commonly bring upon themselves or incur team weight restrictions that emphasize a lowering of body weight or body fat percentage. These guidelines are only beneficial if the restrictions are reasonable and
contain the proper caloric intake and diet. These weight-control measures can negatively impact the student-athlete and lead to destructive disordered eating behaviors (American College of Sports Medicine, 2000).

These disordered behaviors have become of increasing interest in the last decade. The news of elite athletes dying from eating disorders sparked the National Collegiate Athletic Association’s (NCAA) interest to survey the prevalence in the collegiate athletics in 1999 (Johnson, Powers, & Dick, 1999). Ranges of the prevalence of disordered eating in females and males athletes have been reported as high as 62% among females and 33% among males (Bonci et al., 2008). The increase in the amount of media coverage on the topic of eating disorders and high percentages cases of eating disorders confirm there is an issue which needs to be addressed.

What Are Eating Disorders

Disordered eating (DE) habits have become a growing concern among the collegiate athletic population. Anorexia Nervosa (AN) and Bulimia Nervosa (BN) eating disorders are clearly defined by the American Psychiatric Association (APA). A strict criterion establishes the diagnosis of these two eating disorders. When an individual displays only some of the signs and symptoms of AN or BN, or some signs or both, it may be categorized as an Eating Disorder Not Otherwise Specified (EDNOS) (Bonci et al., 2008). The following definitions are according to the Diagnostic Statistic Manual for Mental Disorders IV (DSM-IV) which is published by the American Psychiatric Association (APA). The DSM-IV lists the criteria established by APA to diagnose mental diseases (The National Eating Disorders Association Educator Toolkit, 2008).
Anorexia Nervosa

According to APA (2000), Anorexia Nervosa is defined as:

1. “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 or failure to make expected weight gain during period of growth, leading to body weight less than 85% of that expected.

2. Intense fear of gaining weight or becoming fat, even though underweight.

3. 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.

4. In post-menarcheal females, amenorrhea, i.e., the absence of at least three consecutive menstrual cycles. (A woman is considered to have amenorrhea if her periods occur only following hormone, e.g., estrogen, administration.)

There are two types of anorexia nervosa:

Restricting Type: During the current episode of anorexia nervosa, the person has not regularly engaged in binge-eating or purging behavior (i.e., self-induced vomiting or the misuse of laxatives, diuretics, or enemas.)

Binge-eating/purging: During the current episode of anorexia nervosa, the person has regularly engaged in binge-eating or purging behavior (i.e., self-induced vomiting or the misuse of laxatives, diuretics or enemas.)” (as cited in Bonci et al., 2008, p83).
According to APA (2000) Bulimia Nervosa is defined as:

1. “Recurrent episodes of binge-eating. An episode of binge-eating is characterized by both of the following:
   a. Eating, in discrete period of time (eg, within any two-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.
   b. A sense of lack of control over eating during the episode (eg, a feeling that one cannot stop eating or control what or how much one is eating).

2. 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.

3. The binge-eating and inappropriate compensatory behaviors both occur, on average, at least twice a week for three months.

4. Self-evaluation is unduly influenced by body shape and weight.

5. The disturbance does not occur exclusively during episodes of anorexia nervosa.

There are two types of bulimia nervosa:

Purging: During the current episode of bulimia nervosa, the person has regularly engaged in self-induced vomiting or the misuse of laxatives, diuretics or enemas.

Non-purging: During the current episode of bulimia nervosa, the person has used inappropriate compensatory behaviors, such as fasting or excessive exercise, but has not
regularly engaged in self-induced vomiting or the misuse of laxatives, diuretics or enemas” (as cited in Bonci et al., 2008, p83).

Eating Disorders Not Otherwise Specified

According to APA (2000), Eating disorder not otherwise specified is defined as:

1. “For females, all of the criteria for anorexia nervosa are met except that the individual has regular menses.

2. 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.

3. 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 three months.

4. The regular use of inappropriate compensatory behavior by an individual of normal body weight after eating small amounts of food (eg, self-induced vomiting after the consumption of two cookies.)

5. Repeatedly chewing and spitting out, but not swallowing, large amounts of food.

6. Binge-eating disorder: recurrent episodes of binge eating in the absence of regular use of inappropriate compensatory behaviors characteristic of bulimia nervosa” (as cited in Bonci et al., 2008, p84)

The DSM IV should not be the only criteria used to detect eating disorders. There are many subclinical precursors of eating disorders that are not mentioned in the definitions that can lead to health consequences if not approached (Johnson et al., 1999). These precursors usually fall into the wide spectrum of disordered eating which covers
the range from simple dieting to clinically diagnosed eating disorders. An athlete’s eating does not have to be to the extent of a clinical eating disorder for him or her to be at risk for severe health consequences (Sherman & Thompson, 2002). The NCAA found that 0% of females and males were anorexic, while 1.1% of females and 0% males were considered bulimic when using the DSM-IV criteria. The same study found that 2.85% of females had subclinical anorexia and 9.2% had subclinical bulimia. Males showed even less subclinical disorders with 0% anorexic and .005% bulimic. These percentages may seem small, yet the percentages jumps when collegiate student-athletes are identified as at risk of developing an eating disorder. Females are at the highest risk of developing anorexia at 34.5% and males are 9.5% at risk. Females and males are both 38% at risk in developing bulimia (Johnson et al., 1999).

It is common for those who struggle with disordered eating (DE) to deny there is a problem. They become concerned that if they admit to the problem, it will anger those close to them including coaches, fellow teammates, family or possibly even the fear of being withdrawn from sport participation (Thompson & Sherman, 2007). It is essential that those who work closely with student-athletes, a coach, athletic trainer, or physician are prepared to prevent, detect, and manage DE. DE patterns range in severity. Symptoms may start off mild, but become more frequent and severe. If not treated DE can become fatal. Early detection and treatment of DE should be a priority for the athletics department (Bonci et al., 2008).

The NCAA, the governing body of intercollegiate athletics recognizes that eating disorders are a mental health issue that manifest in a variety of eating and weight related
symptoms. A student-athletes mental health is just as important to performance as a student-athletes physical health (Thompson & Sherman, 2007). The NCAA offers a variety of resources to student-athletes, coaches, athletic trainers and other athletic administration. The NCAA produces publications that discuss eating disorders specifically for coaches and those involved with a student-athletes’ health. These publications include Sports Medicine Handbook, Managing Student-Athletes’ Mental-Health Issues, and Managing the Female Athlete Triad. These resources include extensive reading on the warning signs and symptoms of disordered eating among athletes and how certain practices can help prevent pushing student-athletes toward disordered eating behaviors. The NCAA website offers athletic trainers a sample disordered eating intervention protocol taken from the University of Southern Maine. This sample provides steps to take when a student-athlete is suspected of disordered eating (NCAA: Athletic Trainer Nutrition and Performance Sample Plan of Action).

Statement of Purpose

There currently are no guidelines within the Intercollegiate Athletics Department at Sacramento State on how to prevent, detect and manage student-athletes with signs and symptoms of disordered eating. The purpose of this project is to develop a protocol for athletic department staff, certified athletic trainers, team physicians, and coaches. It will be designed to help and recognize student-athletes who may show signs and symptoms of this mental health illness. It will include the necessary steps to take when a student-athlete presents signs of disordered eating and the essential resources needed to refer the student-athlete for the proper treatment. The design of the protocol will protect eligibility
and scholarship aid by including guidelines designating disordered eating as a medical hardship. This protocol will provide the necessary information for those involved in a student-athlete’s health care to provide the best treatment by early detection, proper management, and specific resources for treatment.

Significance of Project

Due to the high expectation and demands of sport at the competitive level, susceptibility of athletes to disordered eating is a serious concern. Although sample guidelines and resources are available to coaches and medical staff, it has been advised that each school adopt its own protocol outlining specific procedural steps and naming the local resources that will be used. A detailed protocol that outlines the pertinent information for coaches and athletic trainers in a simplified format will help increase awareness of disordered eating behaviors as well as create confidence in knowing the proper steps to take when these behaviors arise.

Definition of Terms

Anorexia Nervosa-

“An eating disorder characterized by emaciation, a relentless pursuit of thinness and unwillingness to maintain a normal or healthy weight, a distortion of body image and intense fear of gaining weight, a lack of menstruation among girls and women, and extremely disturbed eating behavior (National Institute of Mental Health, 2007, p. 5).
Bulimia Nervosa-

“An eating disorder characterized by recurrent and frequent episodes of eating unusually large amounts of food (e.g., binge-eating), and feeling a lack of control over eating. This type of binge eating is followed by a type of behavior that compensates for the binge, such as purging (e.g., vomiting, excessive use of laxatives or diuretics), fasting and/or excessive exercise” (National Institute of Mental Health, 2007, p.9).

Certified Athletic Trainer-

“Athletic training is practiced by athletic trainers, health care professionals who collaborate with physicians to optimize activity and participation of patients and clients. Athletic training encompasses the prevention, diagnosis, and intervention of emergency, acute, and chronic medical conditions involving impairment, functional limitations, and disabilities” (National Athletic Trainers’ Association, 2009). “To become certified athletic trainers, students must graduate with bachelors or masters degree from an accredited professional athletic training education program and pass a comprehensive test administered by the Board of Certification. Once certified, they must meet ongoing continuing education requirements in order to remain certified” (National Athletic Trainers’ Association, 2009).

Disordered Eating-

“Term used to describe any atypical eating behavior” (The National Eating Disorders Association Educator Toolkit, 2008, p 4).
Eating Disorder-

“An eating disorder is marked by extremes. It is present when a person experiences severe disturbances in eating behavior, such as extreme reduction of food intake or extreme overeating, or feelings of extreme distress or concern about body weight or shape. The two main types of eating disorders are anorexia nervosa and bulimia nervosa. A third category is “eating disorders not otherwise specified (EDNOS),” which includes several variations of eating disorders. Most of these disorders are similar to anorexia or bulimia but with slightly different characteristics” (National Institute of Mental Health, 2007, p. 2-3).

Financial Aid-

“ ’Financial Aid’ is funds provided to student-athletes from various sources to pay or assist in paying their cost of education at the institution. As used in NCAA legislation, “financial aid” includes all institutional financial aid and other permissible financial aid” (NCAA Division I Manual, 2009, p. 172).

Medical Hardship-

“A student-athlete may be granted an additional year of competition by the conference or the Committee on Student-Athlete Reinstatement for reasons of “hardship”. Hardship is defined as an incapacity resulting from an injury or illness that has occurred” (NCAA Division I Manual, 2009, p. 138).

Pre-Participation Exams (PPE)-

The athletic trainer, in cooperation with the team physician should obtain a medical history and conduct physical examinations of the athletes before
participation as a means of screening for existing or potential problems. The pre-participation examination should include measurement of height, weight, blood pressure, and body composition. The physician examination should concentrate on cardiovascular, respiratory, abdominal, genital, dermatological, and ear, nose and throat systems and may include blood work and urinalysis (Prentice, 2003, p. 14).

Sports Medicine Team-
The sports medicine team consists primarily of the coach, athletic trainer, and the team physician (Prentice, 2003, p 10).

Student-Athlete-
“A student-athlete is a student whose enrollment was solicited by a member of the athletics staff or other representative of athletics interests with a view toward the student’s ultimate participation in the intercollegiate athletics program. Any other student becomes a student-athlete only when the student reports for an intercollegiate squad that is under the jurisdiction of the athletics department. A student is not deemed a student-athlete solely on the basis of prior high school athletics participation” (NCAA, 2009, p 62).

Scope of the Project
This project includes three different resources. A handbook will be created for coaches, medical staff, and athletic administration at Sacramento State who may encounter a student-athlete with disordered eating. This handbook will include prevention, management and treatment strategies if a student-athlete is suspected of
disordered eating. Also within this handbook disordered eating guidelines will be provided. These guidelines provide a detailed explanation of the proper actions that should be taken if a student-athlete displays signs and symptoms of disordered eating, as well as a list of the necessary resources of individual who will be involved in prevention, management and treatment. A presentation about disordered eating and will be designed for coaches, athletic administration and athletic trainers which will outline the basics of the handbook. Lastly, a quick reference guide directed towards student-athletes will be added to the Sacramento State student-athlete handbook that is distributed annually to all student-athletes.

The disordered eating guideline will include the NATA’s recommendations for designing a protocol for disordered eating, as well as example from other colleges and universities who have already implemented strategies in working with disordered eating. These guidelines will be specific to Sacramento State University Athletic Department. These guidelines are not intended to be used to diagnose disordered eating, but only to recognize student-athletes who might display signs and symptoms of disordered eating and the proper procedures that should be followed for the student-athlete to receive the proper treatment and support.
Chapter 2

REVIEW OF LITERATURE

In 400 B.C. Hippocrates stated, “Do not allow the body to attain extreme thinness for that too is treacherous, but bring it only to a condition which will naturally continue unchanged, whatever that may be” (NCAA Nutrition and Performance History). This statement is on the National Collegiate Athletic Association (NCAA) Nutrition and Performance History webpage which provides a timeline of the NCAA’s commitment to educate the member institutions about body composition, disordered eating, and optimal performance.

In 1988 the NCAA recognized the need to educate about the issue of disordered eating. Since then the NCAA Committee on Competitive Safeguards and Medical Aspects of Sports was created and throughout the years has supplied educational tools for medical staff, coaches, student-athletes, administration and parents/guardians in order to increase awareness of these issues (NCAA Nutrition and Performance History).

Disordered eating (DE) is a term that is used more often than the term eating disorder (ED). DE covers all abnormal eating behaviors ranging from dieting to clinical eating disorders. If an athlete does not meet all of the criteria according to American Psychological Association (APA) for Anorexia Nervosa, Bulimia Nervosa, or Eating Disorders Not Otherwise Specified (EDNOS) then the student-athlete should not be referred to as having an eating disorder, but instead as displaying symptoms of disordered
eating (Sherman & Thompson, 2007). Disordered eating is classified as a mental health issue. A student-athlete’s mental health disorder should be considered the same as a student-athlete’s physical injury. This psychological disorder can cause severe health consequences. In order to prevent tragic health consequences it is essential for those involved in a student-athlete’s life to identify the problem and make the proper referral. Coaches, athletic trainers, and physicians play the most significant role in monitoring athletes for eating disorders (Sherman & Thompson, 2007).

Coaches are in ideal position to recognize eating disorders. Coaches spend quality time with athletes almost on a daily basis. This close relationship allows the coach to recognize disordered eating and the effects that it could be having on a student-athlete’s performance (Sherman & Thompson, 2007). Coaching encompasses a variety of roles. Some of these roles do not always include making decisions based on an athlete’s health care. It is common for coaching education to not include adequate information pertaining to health and performance. This lack of knowledge may trigger derogatory or misconstrued comments towards athletes about body weight issues (Bonci et al., 2008). Student-athletes are willing to put their health at risk in order to satisfy a coach. This gives coaches power and allows them to have influence over their athletes. If coaches are trained about the proper way to recognize and address issues regarding body weight and nutrition, it could have the potential to prevent disordered eating among student-athletes. By detecting the mental health disorder early and taking the proper steps towards referral allows for timely treatment and decreased time away from training and competition (Bonci et al., 2008; Thompson & Sherman, 2007).
Certified athletic trainers’ are recognized as allied health care providers that work closely with athletes to keep them healthy in order to achieve maximal performance. Part of the responsibility in helping athletes maintain excellent health is identifying possible eating disorders or those who may be at a high risk of developing an eating disorder showing disordered eating habits (Vaughan, Kin, & Cottrell, 2004). Undergraduate athletic training education includes strict competencies that every student must complete in order to graduate in athletic training. Included in these competencies is an entire section on nutritional aspects of injuries and illnesses. Students must demonstrate knowledge in common illnesses and injuries that are attributed to poor nutrition. The student must be able to explain proper energy and nutritional demands that are needed for activity which include weight gain and weight loss. Most important the student must know signs and symptoms of disordered eating and be prepared to refer the athlete to the proper professional help needed while continually offering support (National Athletic Trainers’ Association, 2005). Athletic training the education does not provide the knowledge to diagnose an eating disorder; it more focuses on identifying eating disorder, those who are at risk and the importance of intervening (Bonci et al., 2008). Eighty-four percent of certified athletic trainers feel that it is their role to identify eating disorders among female collegiate athletes. Ninety-one percent of certified athletic trainers report at least one incident with an athlete with an eating disorder, yet only a little more than half of certified athletic trainers felt they could offer the necessary support. Certified athletic trainers employed by institutions that have established eating disorder protocols are more confident in identifying eating disorders in athletes, yet in 2004 only 25% of
Division IA and IAA institutions have an eating disorder protocol established (Vaughan, et al., 2004). The National Athletic Trainers’ Association (NATA) provides the position statement to help create a structure of relationships and the necessary approach to preventing, identifying and managing eating disorders among athletes. Establishing a policy enhances the confidence of certified athletic trainers, health care providers, athletic administration and coaches in approaching this mental health disorder (Bonci et al., 2008).

Physical and Psychological Complications

There are many common psychological and behavioral characteristics that individuals portray when struggling with disordered eating. The following list provides the most common signs and symptoms of athlete who may struggle with disordered eating.

Physical/Medical Signs and Symptoms

- Amenorrhea
- Dehydration
- Gastrointestinal Problems
- Hypothermia (cold intolerance)
- Stress Fractures (and overuse injuries)
- Significant Weight Loss
- Muscle Cramps, Weakness or Fatigue
- Dental and Gum Problems
Psychological/Behavioral Signs and Symptoms

- Anxiety and/or Depression
- Claims of “Feeling Fat” Despite Being Thin
- Excessive Exercise
- Excessive Use of Restroom
- Unfocused, Difficulty Concentrating
- Preoccupation with Weight and Eating
- Avoidance of Eating and Eating Situations
- Use of Laxatives, Diet Pills, etc (Sherman & Thompson, 2007).

Current Position Statements

The National Collegiate Athletic Association (NCAA) is the governing body for intercollegiate athletics provides the most information for coaches, athletic administration, student-athletes and medical staff. The three sources that are provided to athletic institutions annually in the form of a handbook are: NCAA Sports Medicine Handbook, Managing the Female Athlete Triad, and Managing Student-Athletes’ Mental Health Issues. Although the information pertained in the three handbooks are relevant to everyone in the athletic department except for student-athletes, each handbook is catered to a more specific audience. All of these resources can be accessed online through NCAA.org.

The most common theme among the three resources is to emphasize a student-athlete’s physical and mental health as the number one priority and should not be
sacrificed for performance. All three of the handbooks reference one another for the reader to find more specific information on a certain topics. The resources are visually appealing and easy to read. The differences between the NCAA’s publications are both in the content of the handbooks and the audience of each publication.

Two other organizations have been cited by the NCAA as resources for disordered eating. The American College of Sports Medicine (ACSM) and The National Athletic Trainers’ Association (NATA) have both published position statements on the issue of disordered eating.

*NCAA Sports Medicine Handbook*

The NCAA Committee on Competitive Safeguards and Medical Aspects of Sports created the Sports Medicine Handbook to provide guidelines to every institution to help protect student-athlete’s health and safety with their involvement in intercollegiate athletics. The NCAA provides that “it is the responsibility of each member institution to protect the health of and provide a safe environment for each of its participating student-athletes” (Klossner, 2009, p. 2). Although the guidelines stated in the handbook are recommendations for each institution to create its own policies, there is not a legal liability to follow the handbook. The handbook is designed to be a tool for sports medicine teams at every institution as it is distributed to each institution’s director of athletics, senior woman administrator, faculty athletics representatives, athletic trainers, team physicians, CHAMPS/Life Skills coordinators, student-athlete advisory committees and conference commissioners. Revisions are conducted as necessary in the *NCAA Sports Medicine Handbook* (Klossner, 2009). If revisions are between printing the
current guidelines will be posted online at NCAA.org. The three sections in the handbook that pertain to the topic of disordered eating are weight loss-dehydration, assessment of body composition and nutrition and athletic performance (Klossner, 2009).

The weight loss-dehydration section is catered to sports that require a student-athlete to make a certain weight class, such as wrestling. This guideline was created in July 1985 and most recently updated in June 2002. Weight loss is characterized in two general ways; the loss of body water and the loss of body weight. Exposing the body to dehydration by extensive sweating or use of diuretics, emits or laxatives promotes water loss which physiologically, negatively impacts the body. Along with depriving the body of water, controlling food intake, self-induced vomiting may be signs of an eating disorder. Such practices as these and the use of a vapor permeable suit or hot room has been condemned by sport medicine professionals and organizations. Encouraging student-athletes to participate in these activities should be discouraged and healthier alternatives should be introduced. Sensible weight loss should be determined pre season and should be gradually lost and then maintained over season (Klossner, 2009).

Guideline 2e, “Assessment of Body Composition” in the NCAA Sports Medicine Handbook (Klossner, 2009) was written in June 1991 and revised in June 2002. When appearance is important in certain sports such as swimming, diving, and gymnastics in which lower body weight is favored, or sports that wear revealing clothing such as track, diving, swimming and volleyball or “weight class” sports such as rowing and wrestling, student-athletes strive for the ideal body weight. A student-athletes body composition is determined by the distribution of lean (muscle mass) and fat mass. Athletic success is
usually synonymous with a high strength to weight ratio. The NCAA emphasizes that all student-athletes have an individual range that will allow them the most success. If a student-athlete’s body composition becomes a concern it is important to obtain a reasonable range for the student athlete as well as monitor the progress over time focusing as much on the lean mass increase, not just the decrease in body fat percentage (Klossner, 2009).

The guideline within the *NCAA Sports Medicine Handbook* (Klossner, 2009) which offers the most information on eating disorders is the section labeled “Nutrition and Athletic Performance” which was created January 1986 and revised in June 2002 and most recently May 2009. Nutrition plays a key role in a student-athlete’s performance. The proper quality and quantity of food and fluids is necessary to help student-athletes recover from training as well as obtain peak performance. The NCAA has found that approximately 90% of women in sports have been involved in dysfunctional eating most commonly being involved in subclinical or chronically dieting. In order to help prevent these practices staff must address the issue of the importance of proper nutrition and the effects that under-fueling can have on the body and performance.

As an athlete’s athletic schedule shifts throughout the year, so do the nutritional needs necessary to fuel training regimens. These phases of the training year consist of base, competition and transition. The base phase consists of long and frequent practices. Due to the high demands during this phase, energy needs are most likely to be the highest for each student-athlete. The competitive phase usually consists of competitions and travelling which require an adjustment of calorie and nutrient intake to prevent weight
gain. Optimal nutrient and fluid intake prior to competitions and while on the road play a key role in a student-athlete’s performance. Lastly the transition phase student-athlete’s are the most susceptible to unwanted weight gain which include increase body fat and decreased lean muscle mass because of the minimal amount of training during this period. Nutrition guidelines are given including recommendations for carbohydrates, protein, fats and fluids (Klossner, 2009).

Carbohydrates are the primary nutrient athlete’s need for energy, most important in higher intensity exercise. U.S. Dietary Guidelines recommend high quality carbohydrates which consist of whole grains, breads, pasta, whole fruits and vegetables. Protein are usually higher for endurance and strength-training athletes. These protein requirements can easily be obtained with a well-balanced diet without supplementation. Athletes may try to avoid foods with any fat, but fat intake is necessary for normal physiological function. Fat is a key component that carries vitamins. Fat is the major energy source for prolonged lower intensity exercise. If an athlete does not consume enough fat intake training can be negatively impacted and an athlete may be unable to improve performance. Female athletes, endurance athletes, and athletes who are vegetarians should pay close attention to their iron count. Female athletes have a risk of both calcium and iron deficiencies due to regular menstrual cycle, refraining from consuming animal products and/or a restricting diet. These instances may require a multi vitamin to supplement nutrient intake. If athletes follow a balanced diet which contains energy efficient food from a variety of sources vitamins supplementation is generally not needed. The last element in proper nutrition for athletes includes proper hydration.
Athletes must drink fluids throughout the day including pre and post training. Proper fluids include water and fluids that contain electrolytes and carbohydrates (Klossner, 2009).

It is common that eating disorders evolve long before an athlete participates in sports, most commonly as an expression of emotional stress. Student-athletes with eating disorders have been successful in sport, so it is important to note that a decrease in athletic performance should not be the only precursor that is watched for in student-athletes. Specific recommendation should be followed when addressing a weight loss issue with an athlete in order to help prevent disordered eating.

1. Frequent weigh-ins (either as a team or individually) are discouraged.
2. Weight loss (fat loss) should be addressed during base or transition phases.
3. Weight-loss goals should be determined by the student-athlete and medical and nutritional personnel, with consultation from the coach.
4. Weight-loss plans should be individualized and realistic (Klossner, 2009).

The *NCAA Sports Medicine Handbook* (Klossner, 2009) emphasizes nutrition as a key component to performance. When athletes do not supply their body with the proper nutrients or avoid taking in the necessary energy through dieting performance can be negatively impacted especially long term with the risk of decreased bone density, immune system, as well as increase the risk of injury. It is important to avoid unrealistic goals to lower body fat and body weight and if it is necessary for increased performance reasonable guidelines should be provided that don’t include extreme weight control measures.
NCAA: Managing the Female Athlete Triad

A more specific handbook was created by the NCAA about the subject of eating disorders: Managing The Female Athlete Triad (Sherman & Thompson, 2007). This 48 page handbook is specifically directed towards coaches. The NCAA surveyed coaches asking what training and information needed to be provided to them about disordered eating and the Female Athlete Triad. Due to the extensive influence that coaches have over athletes, coaches have a vital role in the prevention and treatment of disordered eating in athletes. Although the manual is provided to coaches to help identify, manage, and prevent most specifically the Female Athlete Triad, the manual also provides general information for coaches to recognize disordered eating in athletes. General information covers a variety of topics that a coach would be experience when an athlete portrays symptoms of disordered eating (Sherman & Thompson, 2007).

This handbook covers the Female Athlete Triad, which involves three components; disordered eating, amenorrhea, and osteoporosis. The most predominant precursor to disordered eating is dieting. Some athletes try to use their sport as an excuse by rationalizing that losing weight will help their performance. A person’s weight can be explained by 60% genetics. Neurological, psychological, and environmental factors can all contribute to an individual’s weight gain or loss. Weight is not a matter of will power because these factors can affect an individual situation, which may not be under the athlete’s control but will power is involved in healthy eating. It is common to assume that eating is the problem and the solution to not gain weight is to diet. Most often disordered eating is not directly correlated to sport. An athlete’s eating habits are not
usually the problem, but instead an indication of a different personal issue. Personal
issues that usually affect eating habits are anxiety and depression. All student-athletes in
every sport can be at risk for disordered eating, yet sports that emphasize a thin or lean
shape have a higher prevalence of disordered eating (Sherman & Thompson, 2007).

Amenorrhea in the female athlete classified as the loss of menstruation. There are
two forms of amenorrhea primary and secondary. Primary amenorrhea is when a female
at the age of 15 has not experienced her first menstrual period. Secondary amenorrhea
occurs when a female misses three consecutive menstrual cycles. There can be multiple
causes for amenorrhea including steroid use, pregnancy and eating disorders. It is an
assumption in the sporting world that amenorrhea among athletes is the “norm”.
Identifying amenorrhea as normal reflects to the athlete that there isn’t a problem and it
less likely to report it. Female athletes should have a health-care professional meet with
them every season to encourage the importance of a normal menstrual cycle. Any athlete
who presents with a problem of any type of menstrual dysfunction should be referred for
a medical evaluation. Dependant upon the severity treatment for amenorrhea consists of
increasing an athlete’s caloric intake or decreasing activity, or both if necessary. In some
instances an athlete may need hormone replacement therapy (Sherman & Thompson,
2007).

Osteoporosis is a disease which bone tissue weakens and bone mass is decreased.
Osteoporosis is secondary to an athlete’s amenorrhea due to the unavailable estrogen that
is necessary to build bone. Female athletes should be increasing bone mass and growth,
but instead run the risk of sustaining a fracture due to the reabsorption rate occurring
faster than bone growth. Bone mass can decline 5 percent per year in an athlete who has amenorrhea. Osteoporosis is not completely irreversible, when estrogen levels return to a normal level bone rebuilding begins, but a possibility remains that bone loss may always remain (Sherman & Thompson, 2007).

According to the handbook *NCAA: Managing the Female Athlete Triad* (Sherman & Thompson, 2007) when a coach suspects disordered eating the first issue that should be addressed is nutrition. Nutrition can consist of overeating, undereating, binge-eating, unhealthy diets, eating low nutrient dense foods, or eating on an unusual schedule. Another approach should consider an athlete’s sleep patterns and/ or substance abuse. A coach can also focus on psychological factors which may negatively be affecting performance.

It can be difficult to identify athletes with disordered eating. *NCAA: Managing the Female Athlete Triad* (Sherman & Thompson, 2007) emphasizes multiple times that coaches are in an ideal position to recognize athletes who are at risk for an eating disorder. Certain sports carry a specific body stereotype which can commonly cover up an athlete who has disordered eating habits. An athlete that falls into the stereotype of the sport is less likely to be noticed over an athlete who may be overweight or heavier than the stereotype. Athletes who struggle with disordered eating often have several characteristics that intertwine with characteristics of a good athlete. Perfectionism, hard working, selfless, and willing to please others are common traits found in what is considered to be a good athlete, as well as an athlete with disordered eating issues. If an athlete with disordered eating goes unnoticed it prolongs the time before treatment which
can lead to more serious complications which have already been discussed. The most severe an athlete’s disordered eating, the more likely the athlete will have a harder time accepting the advice which is being provided by professionals including recommendations in eating, training, and possibly medication.

According to NCAA: Managing the Female Athlete Triad (Sherman & Thompson, 2007) if an athlete is deemed to be “overweight” it must be based on a health evaluation performed by a health care professional. A coach should not stipulate athletes to have an ideal body composition, instead if a coach is concerned about an athlete’s weight he/ or she should discuss the issue with a health-care professional who has a relationship with the student-athlete. If a weight issue is affecting an athlete’s performance a coach should address the performance issue in other ways to help prevent disordered eating habits from forming. If a medical evaluation confirms that an athlete is overweight the athlete needs to be referred for a mental health evaluation and a nutritionist. These resources can help a student-athlete acknowledge and decrease disordered eating as well as help improve nutritional habits.

It is emphasized that even when a coach recognizes symptoms of disordered eating, it is ultimately their responsibility to talk to the athlete or have someone else who has a good relationship talk with the athlete. The most important issue when approaching an athlete, is not necessarily who approaches the athlete, but rather how the athlete is approached. To approach an athlete it is necessary to talk in private and address the issue as a health concern, not as a weight or eating issue. An appointment should be made for the athlete to see a health care professional. If an athlete refuses it is necessary to explain
that the athlete is considered injured and that it is standard policy to for an injured athlete to be evaluated before training can continue. Again it is important to remind the athlete that it is not a punishment, but rather a concern for the student-athletes health care (Sherman & Thompson, 2007).

*NCAA: Managing the Female Athlete Triad* (Sherman & Thompson, 2007) recommends referring student-athletes to a health care professional who has experience with disordered eating. The health care professional should be aware of the student athlete’s participation in sports and the importance it plays in the student-athletes life. After an athlete has been evaluated recommendation are made for those who are symptomatic. An athlete will not be allowed to participate when:

1. The athlete has a medical condition that precludes sport participation
2. The athlete meets diagnostic criteria for anorexia nervosa (weigh less than 85 percent of recommended standards, fear of gaining weight, body image disturbance and amenorrhea).
3. Training or sport participation plays an integral role (is used in an unhealthy way) in the disordered eating.

The possibility of a symptomatic athlete that may continue to participate could be:

1. That athlete has DE, and perhaps bulimia nervosa, but does not meet the criteria reported in the previous list.
2. The athlete has been evaluated both medically and psychologically by health-care providers and found not to be at additional risk by training or competing.
3. The athlete is in treatment and progressing.
4. The athlete agrees to, and complies with a list of health-maintenance criteria. These include, but are not limited to, compliance with all treatment appointments and recommendations. Of particular importance are recommendations regarding eating and weight. It is imperative that the athlete’s energy expenditure be accompanied by an adjustment in caloric intake to maintain therapeutic goals regarding weight gain/maintenance (Sherman & Thompson, 2007).

*NCAA: Managing the Female Athlete Triad* (Sherman & Thompson, 2007) also recommends that decisions regarding a student-athlete’s sport participation who has DE habits should be made on a tentative basis due to continual evaluations by health care professionals on the willingness and progress of the student-athlete. Withholding participation may seem to be a harsh punishment but it is to protect the athlete. Restricting training and competition can also be a motivator for the athlete to follow health-care professional advice to return to sport.

It is a coach’s responsibility to recognize how disordered eating of a student-athlete can affect the rest of the athletes on the team. Athletic teams are extremely close to each other and many problems can arise with other athletes when a team mate has a disordered eating problem. It is not uncommon for teammates to recognize the disordered eating and allow the symptoms that are being revealed to them to affect their own athletic performance. Team mates could possible display an array of emotions from anger to taking on the responsibility to help the athlete with DE, or even push them to disordered eating habits themselves. If an individual has an issue with the teammate with
DE a referral should be made to a counselor or therapist, if an entire team is affected by this disorder a health-care professional should meet with the team to be able to answer questions any team member may have (Sherman & Thompson, 2007).

Depending on the extent of the DE, if it is identified early it is possible to treat the individual on an outpatient basis. If the DE is more extensive an individual may need to be put into an inpatient facility. An athlete who goes unnoticed or does not receive treatment is unlikely to recover. A coach commonly is concerned with the treatment of DE taking the student-athlete away from training in sport and her performance. It is essential that coaches understand that DE negatively affects an athlete and when an athlete becomes both physically and psychologically healthy she will perform better. Perhaps one of the largest concerns coaches may have with treatment is the lack of information they can receive about an athlete’s treatment. Confidentiality is a key to an athlete’s successful treatment. A coach may only receive information if the student-athlete supplies written consent. The confidentiality allows for a student-athlete to be completely open in discussing issues about DE with the health-care professional in treatment sessions (Sherman & Thompson, 2007).

Lastly *NCAA: Managing the Female Athlete Triad* (Sherman & Thompson, 2007) handbook provides other resources that include websites, books and other reading and materials where coaches who are interested can find more information on DE.
NCAA: Managing Student-Athletes’ Mental Health Issues

The mental health of a student-athlete may be considered secondary in comparison to physical health, however the mind and body are one and they affect each other. A student-athlete’s mental health can put him/her at risk for physical injury.

The NCAA: Managing Student-Athletes’ Mental Health Issues (Sherman & Thompson, 2007) is a 44 page handbook that is directed toward coaches to help identify athletes who may be susceptible or portray symptoms of mental health issues. The disorders in the handbook do not cover the entire spectrum of mental health issues, but only the disorders that are most prevalent in the general population. The guidelines have no intention of training coaches to treat and evaluate these issues in student-athletes, but instead are given to help coaches identify athletes who may struggle with such issues and give them the information necessary to respond to these issues.

Chapter 3 of Managing Student-Athletes’ Mental Health Issues (Sherman & Thompson, 2007) is titled “Eating Disorders and Disordered Eating.” The handbook reiterates the prevalence of disordered eating, risk factors and causes. Five eating disorders are defined in general terms and the physiological and psychological effects that eating disorders have on performance. Limited information on management of eating disorders and disordered eating are provided in this handbook because of how extensively the information is covered in another NCAA publication: NCAA: Managing the Female Athlete Triad (Sherman & Thompson, 2007) which is referenced for more information.
NATA Position Statement: Preventing, Detecting, and Managing Disordered Eating in Athletes

The National Athletic Trainers’ Association (NATA) recognized the adverse affects that eating disorders can have on a student-athlete’s health and physical performance. In 2008 NATA created a position statement to provide guidelines for health care providers to create a protocol for preventing, detecting and managing disordered eating among student athletes. This position statement provides specific recommendations for certified athletic trainers, other health care providers, sports management personnel, and coaches when working with athletes who are at risk or already present signs of an eating disorder. These guidelines were created so institutions could establish the necessary steps and relations that need to be formed in order to be prepared to provide the best health care for those athletes who are in need (Bonci et al., 2008). It has been found that athletic trainers who work at institutions with an eating disorder policy are more confident in identifying eating disorders than those who work at institutions without a policy (Vaughan, King, & Cottrell, 2004).

An athletic trainers’ primary responsibility is to help athletes maintain optimal health. This includes the athlete’s physical and mental well being, which includes identifying athletes who may be at risk or are already showing signs and symptoms of an eating disorder. In 2004, Vaughan et al. found that 84% of athletic trainers believed it was their responsibility to identify female intercollegiate athletes who are possibly at risk for an eating disorder, yet more than half of these athletic trainers worked at institutions that did not provide any training or protocol on handling eating disorders. It is obvious
that athletic trainers should play a key role in the intervention of an athlete with an eating disorder, yet only half feel that they could properly offer the support needed for treatment purposes. It is essential to develop the confidence level of those who work most closely with the athletes in order to avoid inadequate care. Eating disorders are not minor issues that will disappear if they get ignored; they will only worsen and can cause serious physical damage to the body (Vaughan, King, & Cottrell, 2004).

The NATA Position Statement: Preventing, Detecting, and Managing Disordered Eating in Athletes (2008) provides detailed information on detecting eating disorders and disordered eating giving specific signs and symptoms and physical complications ranging from clinical signs including heart rate, blood pressure, body temperature, female menstrual cycles and dietary intake. An extensive list of physical signs and symptoms are broken down into categories such as cardiovascular, endocrine, gastrointestinal, fluids and electrolytes, thermoregulation, hematologic, dermatologic, oral/facial, and others. Even more so these signs and symptoms are split into which eating disorder they are most likely to occur. Most importantly, the commonalities between male and female athlete characteristics in eating disorders are more than the differences so strategies to detect and treat both genders should be the same (Bonci et al., 2008).

Contrary to other guidelines NATA points out that there is contradicting literature concerning the prevalence in eating disorders occurring more sports where optimal performance is reached with low body weight or small physique. Screening methods are discussed in this statement as they are not discussed in any other guidelines only mentioned. Such methods include a questionnaire regarding disordered eating as part of
an athlete’s preparticipation exam. Sample questionnaires as well as screening instruments with descriptions are provided (Bonci et al., 2008).

If disordered eating is suspected in an athlete an initial contact should be made and four steps which the facilitator should take in approaching the athlete. Instead of how to approach the athlete like other guidelines, these steps are direct and to the point steps on what should be approached in the meeting. Treatment settings are explained as well as the different interventions that can take place. Different members of the health care team that may be involved are mentioned in roles they take in the intervention. Possible issues in treatment suggest ideas for when treatment is rejected, a possible written contract, parental support, insurance issues, and potential relapse (Bonci et al., 2008).

The NATA Position Statement: Preventing, Detecting, and Managing Disordered Eating in Athletes (2008) suggest mandatory educational programs be implemented annually for administration, athletes, coaches and certified athletic trainers, to discuss commonly asked questions. Athletes receive proper information on nutrition and the importance in providing energy for performance. Certified athletic trainers should familiarize themselves with both trustworthy websites, as well as websites that will promote disordered eating among athletes.

A disordered-eating management protocol in the form of a flow chart is supplied with general directions on what should happen if an incident occurs. The statement is to provide strategies for those who work with athletes who may struggle with disordered eating. It is essential to establish a network of health care professionals that will work
together to “handle interventions, provide a seamless continuum of care, institute screening measures for early detection, and develop educational initiatives for prevention” (Bonci et al., 2008, p 102).

Conference Protocols

Sacramento State is a part of multiple athletic conferences. Most of these schools have addressed the issue of disordered eating, although there are some schools who have not outlined any guidelines. Every school who has addressed disordered eating acknowledges the importance of both a medical evaluation and counseling services in treatment of disordered eating. Most of these schools provide suggested steps to take when an athlete is suspected of disordered eating. The most common among the recommendations is if disordered eating is suspected the athlete should be referred to the certified athletic trainer. Other similarities among these recommendations include the idea that treatment is multi-dimensional and a team is created to manage the student-athlete’s treatment (Boise State University, Weber State University, Montana State University, University of Nevada Reno, Saint Mary’s College and Utah State University). While Boise State University places emphasis on an extensive nutrition program, Eastern Washington and Utah State focus on addressing disordered eating by providing guidelines on how to talk to an athlete with suspected disordered eating.

There are more differences among the recommendations of the Division I institutions than there are similarities. The most obvious difference is found among the names of the recommendations. Some are called protocols, policy, procedures, and/ or recommendations. The specificity of the recommended procedures also vary. Although
most of the schools provide the necessary steps to take if a student-athlete is suspected of disordered eating, the specificity of the steps vary. San Jose State University simply states that each athlete will be treated individually and when necessary appropriate referrals will be made in the for services in the community, while other schools such as Boise State University provides a flow chart of the exact steps to take and the proper referrals to make. Another extensively outlined policy is that of Utah State University who has a written policy with Student Health Services, as well as detailed procedures on identification, referral, treatment and follow up. University of Nevada Reno is the only school that provides sample documents and forms to be used during the process of identification and treatment. Two of the schools (Eastern Washington and Weber State) post the protocols on the school’s athletic website, so it can be accessed online while others are inserted in policies and procedures manuals. Schools like Air Force Academy and University of New Mexico do not have any written recommendations regarding disordered eating. University of Montana has a policy written, yet not implanted due to the school attorney not allowing it to go into effect.

The most extensive guidelines found regarding disordered eating were not found at a fellow conference school, but rather from University of Miami. University of Miami created a handbook for athletic department staff which outlines the definitions of disordered eating, common signs and symptoms, nutrition guidelines, as well as prevention strategies, and specific procedures to follow if an athlete is suspected of disordered eating. University of Miami also provides references, which include names, phone numbers and email addresses of the services that could possibly be used during the
process of helping an athlete with this mental illness. Like University of Nevada Reno, University of Miami provides sample documentation to use in helping to identify and manage the treatment of disordered eating. This handbook would be the most inclusive for athletic department staff in understanding the importance of combating disordered eating as well as guide them in the proper direction when disordered eating is suspected.
Chapter 3

METHODS

There currently are not any guidelines within the Intercollegiate Athletics Department at California State University, Sacramento regarding the proper management of student-athletes with signs and symptoms of disordered eating. The purpose of this project is to create a protocol that will be used within the athletic department to help manage or refer student-athletes with disordered eating habits to receive proper medical treatment and care.

Sources of Information

Information for this project will come from peer-reviewed articles and text books. The majority of this protocol will follow the National Athletic Trainers’ Association Position Statement: Preventing, Detecting and Managing Disordered Eating in Athletes, with additions from consensus statements from the American College of Sports Medicine, American Medical Society for Sports Medicine, and American Orthopedic Society for Sports Medicine.

Description of Project

The project will include specific steps on how to prevent, detect and manage disordered eating of student-athletes. Specific medical information will be included for such services that may be needed for help with these disorders including the athletic training room, student health services, psychological counseling services, and the
nutritionist. These guidelines will be directed towards those who work most closely with the student athletes which include; the athletic training staff, coaches and student athletes. These guidelines will be placed in the student-athlete handbook for easy accessibility for student-athletes who may want to seek help on their own without telling any of the medical staff.

Creating guidelines will better prepare those who work closely with student-athletes who are at risk for such illnesses as eating disorders.

Outline of Project

Sacramento State Athletic Department Disordered Eating Handbook

1. Introduction
2. Nutrition and Hydration Considerations
3. Weight Goals
   a. Weight Loss
   b. Weight Gain
4. What is Disordered Eating?
5. What Can Sacramento State Athletics Do?
6. Warning Signs of Disordered Eating
   a. Physical/Medical Signs and Symptoms
   b. Psychological/Emotional Signs and Symptoms
   c. Behavioral Signs and Symptoms
7. Health Consequences of Disordered Eating
   a. Health Consequences of Anorexia Nervosa
b. Health Consequences of Bulimia Nervosa

c. Health Consequences of Binge Eating Disorder

8. Sacramento State Athletic Department Disordered Eating Guidelines
   a. Resources and References
   b. Appendices

Student-Athlete Handbook Insert
   1. Tips for Athletes
   2. Resources

Power Point Presentations
   1. Coaches
   2. Medical Staff
Chapter 4

SACRAMENTO STATE ATHLETIC DEPARTMENT DISORDERED EATING HANDBOOK

A handbook was created exclusively for the Sacramento State Athletics Department to educate coaches, administration and athletic training staff about the prevention, management, and treatment of student-athletes with disordered eating. The handbook provides educational resources such as basic nutritional and hydration considerations, disordered eating definitions, warning signs (physical, psychological, and behavioral) and health consequences. Also included in the handbook are guidelines made available to all coaches, certified athletic trainers, athletic administrators, team physicians, Student Health Services physicians and Psychological Counseling Services staff. These guidelines provide a recommended step by step process that should be followed in the case of a student-athlete suspected of disordered eating. These guidelines describe how student-athletes, coaches, and health-care providers can work together to address the problem of disordered eating. Lastly this handbook provides the necessary resources to carry out the process of identifying, managing, referring and treating athletes with disordered eating.
Sacramento State Athletic Department

Disordered Eating Handbook

Competing To The Extreme
The contents of this handbook are exclusive to Sacramento State Athletics Department to educate about the prevention, management, and treatment of student-athletes with disordered eating. The guidelines in this handbook follow the recommendations made by the National Collegiate Athletic Association (NCAA) and the National Athletic Trainers Association (NATA) regarding the issues of disordered eating. This handbook includes the following:

1. Guidelines for coaches, administration and athletic training staff on basic nutritional and hydration considerations, disordered eating definitions, signs and symptoms (physical, psychological, and behavioral) and health consequences, as well as prevention, identification and treatment strategies.

2. A guideline for Sacramento State Athletics Department regarding student-athletes with disordered eating. This is an internal document that will be made available to all coaches, certified athletic trainers, athletic administrators, team physicians, Student Health Services physicians and Psychological Counseling Services staff. These guidelines describe how student-athletes, coaches, and health-care providers can work together to address the problem of disordered eating. An outline is provided to show the proper steps in identifying, managing and treating student-athletes who may be suffering with disordered eating.
3. A set of guidelines for coaches and athletic trainers, outlining three different situations in which an athlete with disordered eating or suspected disordered eating may come to their attention.

4. A list of the necessary resources
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INTRODUCTION

WHO IS THIS FOR?

This handbook was created for Sacramento State Athletic Department Staff which includes:

- Academic advisors and counselors
- Administrators
- Coaches
- Athletic trainers
- Nutritionists
- Psychologists
- Team physicians
- Strength and conditioning staff

WHAT IS THE PURPOSE OF THIS HANDBOOK?

This handbook is designed to provide education and guidelines to help Sacramento State Athletics Staff to:

- Understand the underlying causes of disordered eating
- Identify signs and symptoms of disordered eating
- Plan appropriate intervention actions

Source: University of Miami Athletics Department, 2008

WHY SHOULD I READ THIS HANDBOOK?

- Recently the prevalence of disordered eating among athletes has increased and been found as high as 62% among female athletes and 33% among males athletes (Bonci et al., 2008).
- Disordered eating can lead to adverse effects on health and physical performance in both sport and school. In most extreme cases the condition can be fatal (American College of Sports Medicine, 2005).
Nutrition plays a key role in a student athlete’s performance. The proper quality and quantity of food and fluids is necessary to help student-athletes recover from training as well as obtain peak performance. When athletes do not supply their body with the proper nutrients or avoid taking in the necessary energy through dieting performance can be negatively impacted especially long term with the risk of decreased bone density, immune system, as well as increase the risk of injury.

1. **Minimum Calorie Needs**
   - Current weight (lb) x 23 = number of calories for males
   - Current weight (lb) x 20 = number of calories for females

2. **Meal Frequency**
   - Small, more frequent meals will give you:
     - Consistent energy
     - Help you digest more quickly
     - Provide available fuel for your body
   - 5 or more eating episodes per day EVERY 3-4 hours

3. **Fluid Needs**
   - Daily fluid needs = body weight x .67 for the number of ounces required daily NOT including fluid needed for exercise
   - NIGHT BEFORE PRACTICE: 16 ounces before bed
   - MORNING OF PRACTICE: 16 ounces of water as soon as you wake up
   - LATER PRACTICE: 17 ounces at least 2 hours before practice
   - DURING EXERCISE: 4 to 8 ounces every 15 minutes (alternating between water and sports drink)
   - AFTER EXERCISE: 24 ounces of fluid within 2 hours after exercise
     - Best choices: sports drinks, lemonade, fruit punch, energy drinks
     - Not recommended: carbonated beverages, alcohol, any herbal forms of caffeine such as guarana, mate, and kola nut
4. **Carbohydrate Needs**

- Optimal fuel for exercise
- Intense training depletes carbohydrates stores resulting in poor performance and increase fatigue
- Need to consume carbohydrate with every meal
- Need increase with increased training
  - 3.0 grams/lb body weight for 1 hour training
  - 4.5 grams/kg body weight for 2 hours training
  - 5.0 grams/kg body weight for 3 hours training
  - 6.0 grams/kg body weight for 4+ hours training

- **Sources**
  - Bread, tortilla, rice, cookies* vegetables, bagels, pasta, potatoes, fruit, sports drinks, English muffins, cereals, fruit juices, soda, muffins*, crackers*, candy*, chips*, pita, pretzels, popcorn, cereal bars
  - *Higher fat carbohydrate sources

- It is necessary to consume carbohydrates BEFORE, DURING, and AFTER exercise
- All meals should be 2/3 carbohydrates and 1/3 protein

- **Pre Workout Meals**
  - 3 hours before
    - Pasta, stir-fry, sandwiches, fajitas, eggs and toast, chicken, potato and vegetables, veggie burger
  - 2-3 hours before
    - Bagel, crackers, pretzels, smoothies, cereal and milk, waffles/pancakes, pasta salad
  - 1-2 hours before
    - Cereal bar, pretzels, fruit drink, toast, instant breakfast nutrition shake

- **During Exercise**
  - 30-60 grams of carbohydrates per hour
  - 5-10 ounces of sports drink every 15-20 minutes

- **After Exercise**
  - Carbohydrates should be consumed within 15 minutes after workouts or events
  - Good choices include: Poptarts, bagels, chex mex, cereal bar, graham crackers, frozen yogurt, crackers, fruit punch/drink, fruit ice, pretzels, dry cereal
5. **Protein Needs**
   - Body can’t use more than 1 gram of protein per pound body weight
   - Not immediately available as an energy source for exercise
   - Important for recovery and to boost immune system
   - Sources
     - Chicken, turkey, soy burgers, fish, eggs, dried beans, beef*, cheese*, nuts*, pork*, milk*, veal, shellfish
     - *higher fat protein sources

6. **Fat Needs**
   - May not be consuming enough
   - Too much can cause cramps
   - Not enough can cause you to fatigue more quickly
   - Try to limit high fat foods before and during exercise
     - Chips, ice cream, french fries, doughnuts, fried meats, pizza, chocolate, bologna, salami, pepperoni, burgers, nuts

7. **Evening Snack**
   - Soft pretzels, bagels, frozen yogurt, pudding, cereal, cereal bars, sports bar, fruit ice, crackers, trail mix, fruit, popcorn

***Nutrition and performance lectures are available for all athletic teams through the nutritionist at Student Health Services***

Source: Bonci, n.d.
WEIGHT GOALS

1. Weight loss
   - Body fat loss
   - Keep a weekly record of eating and drinking patterns
   - Smaller, more frequent meals are best for body fat loss
   - Goals should be to lose 1 lb body fat a week

   - Body weight (lb) x 23-20-250 calories = # of calories per day for weight loss

   - Remember everything has calories, even liquids
   - Keep lower caloric foods around
   - Fruits, frozen fruit bars, pretzels, raw vegetables and salsa, popsicles, cereal, light popcorn, pudding pops, jello/yogurt
   - Remember 2-3 extra bites per meal can add up to a few hundred calories per hour

   - Watch fat intake
     - Choose more
       - Skinless chicken, basted ham, roast beef, mustard, mozzarella cheese, skim or 1% milk, pretzels/light popcorn, frozen yogurt, light ice cream, turkey bacon or sausage, baked or mashed potato, regular burger
     - Choose less
       - Fried chicken, salami, bologna, mayonnaise, American cheese, whole milk, chips, regular ice cream, regular bacon or sausage, biggie fries, cheeseburger

   - High protein diets will leave you too weak to exercise!!

Source: Bonci, n.d.
2. Weight Gain

- Goals for weight and strength gain should be 1 lb per week
- 10-14 additional grams protein per day can yield an increase of 1 pound muscle
- Keep a record to document eating patterns
- Goals should add 500-1000 additional calories per day
- Increase number of meals, not just size of meals
- Try to eat a few extra bites every time you eat
- Add fillings and topping to food-jelly, syrup, mayonnaise, peanut butter
- If you use shakes, consider doubling up- Use 2 packages to the same amount of milk or juice
- Try to boost intake at every opportunity
- Everything has to count- no freebies with food or beverages
- Be consistent. Must do every day in order to see the gains in mass
- Don’t rely on weight gainers or high protein powders- they will fill you up before you get in all your necessary calories
  - Choose more
    - Granola type cereal, chocolate chip or peanut butter cookies, 2% milk, cheeseburger, nuts
  - Choose less
    - Flake cereal, vanilla wafers, non fat milk, plain burger, pretzels

Source: Bonci, n.d.
WHAT IS DISORDERED EATING?

Disordered eating ranges in severity from mild and occasional abnormal eating behaviors to more severe cases of anorexia and bulimia. Disordered eating occurs in all sports, but is usually not directly correlated to sport. An athlete’s eating habits are not usually the problem, but instead an indication of a mental health issue that manifest in a variety of eating and weight related symptoms. Disordered eating can be a result of physiological, psychological, and social issues. All student-athletes in every sport can be at risk for disordered eating, yet sports that emphasize a thin or lean shape have a higher prevalence of disordered eating. Athletes with disordered eating symptoms should receive treatment, without treatment recovery is unlikely (Sherman & Thompson, 2007).

Anorexia Nervosa
A disorder in which an individual refuses to maintain minimally normal body weight, intensely fears gaining weight, and exhibits a significant disturbance in his/her perception of the shape or size of his/her body.

Bulimia Nervosa
A disorder in which patient binges on food an average of twice weekly in a three-month time period, followed by compensatory behavior aimed at preventing weight gain. This behavior may include excessive exercise, vomiting, or the misuse of laxatives, diuretics, other medications, and enemas.

Eating Disorders Not Otherwise Specified (EDNOS)
Any disorder of eating that does not meet the criteria for anorexia nervosa or bulimic nervosa.

- Some examples may include:
  - Anorexia Athletica- The use of excessive exercise to lose weight
  - Bulimarexia- A term used to describe individuals who engage alternately in bulimic behavior and anorexic behavior
  - Diabetic Omission of Insulin- A nonpurging method of compensating for excess calorie intake that may be used by a person with diabetes and bulimia.
  - Drunkorexia- Behaviors that include any or all of the following: replacing food consumption with excessive alcohol consumption; consuming food along with sufficient amounts of alcohol to induce vomiting as a method of purging and numbing feelings
  - Nonpurging- Any of a number of behaviors engaged in by a person with bulimia nervosa to offset potential weight gain from
excessive calorie intake from binge eating. Nonpurging can take the form of excessive exercise, misuse of insulin by people with diabetes, or long periods of fasting.

- **Orthorexia Nervosa** - An eating disorder in which a person obsesses about eating only “pure” and healthy food to such an extent that it interferes with the person’s life. This disorder is not a diagnosis listed in the DSM-IV


**Prevalence of Disordered Eating among Female Student-Athletes**

- 31.5% of female collegiate athletes reported disordered eating
- 89% of female athletes in thin-build sports and 58% in normal-build sports reported a desire to lose weight.
- 32% of female collegiate athletes from 10 different sports report practicing at least one pathogenic weight control behavior.
- Approximately 15% of college women suffer from eating disorders. Of this population, 43% report an onset of this behavior between the ages of 16 and 20.

**Prevalence of Disordered Eating among Male Student-Athletes**

- Approximately 10% of all individuals suffering from eating disorders are male.
- Bulimia and binge eating have been more frequently diagnosed in men than anorexia.
- Men may engage in unhealthy practices to manage their weight including skipping meals, self-induced vomiting, “sweat runs”, excessive use of saunas, and excessive exercise.

Source: University of Miami Athletics Department, 2008

**Risk Factors for Athletes**

- Sports that emphasize appearance or weight requirements. For example: gymnastics, diving, bodybuilding or wrestling – e.g., wrestlers trying to “make weight.”
- Sports that focus on the individual rather than the entire team. For example: gymnastics, running, figure skating, dance or diving, versus teams sports like basketball or soccer.
- Endurance sports such as: track and field/running, swimming.
• Inaccurate belief that lower body weight will improve performance.
• Training for a sport since childhood or being an elite athlete.
• Low self-esteem, family dysfunction, families with eating disorders, chronic dieting, history of physical or sexual abuse, peer, family and cultural pressures to be thin, and other traumatic life experiences.
• Coaches who focus only on success and performance rather than on the athlete as a whole person.

Three factors have been thought to contribute to the odds that a person will be dissatisfied with his or her body:
• social influences
• performance anxiety
• athlete’s self-appraisal

Source: National Eating Disorders Association, 2005b
WHAT CAN SACRAMENTO STATE ATHLETICS DO?

1. Prevention
   - Educate athletes about disordered eating and the health and performance effects that result from engaging in unhealthy behaviors
   - Teach coaches, athletic trainers, and other athletic staff members about how to respond to a student-athlete suspected of having disordered eating
   - Focus on health versus performance: De-emphasize weight, appearance, body shape and body composition and promote healthier eating and work-out habits
   - Improve overall health practices: At least 6 hours of sleep/night; eating three meals a day, eliminate substance use; include regular means, snacks and fluids—treat food as energy source for training and performance
   - Do not skip meals and compensate late in the day by overeating

2. Identification
   - If you suspect that a student-athlete has disordered eating, continue to be a supportive and caring member of the Sacramento State Athletic Staff
   - Do not take responsibility for altering his or her eating behavior or any other problems, particularly if you are a coach.
   - Present your concerns to a Certified Athletic Trainer (ATC) in a private setting

3. Treatment
   - Early identification and treatment not only ease and shorten the treatment process, they also protect the student-athlete from more serious health consequences resulting from a problem becoming chronic.
   - The most effective treatment is a multidimensional approach including the student-athlete’s family and friends, teammates, coaches, athletic trainers, physicians, nutritionists & mental health professionals.
   - Components of treatment may include: medical evaluation, psychological counseling, and nutritional management.

Source: University of Miami Athletics Department, 2008
WARNING SIGNS OF DISORDERED EATING

It is common that eating disorders evolve long before an athlete participates in sports, most commonly as an expression of emotional stress. It is not uncommon for athletes who have serious eating problems to continue to perform well athletically for long periods of time, but eventually the disordered eating will catch up to the athlete, both physically and psychologically and performance will decrease. Until performance decreases, sometime it is difficult to identify disordered eating. The following list should only be used as a guideline to help identify disordered eating behaviors. Through careful observation and awareness early identification of disordered eating behavior will reduce the risk to the athlete by implementing early treatment (National Eating Disorders Association, 2005b & Sherman & Thompson, 2007).

Physical/Medical Signs and Symptoms
- Amenorrhea (absence of menstruation for three or more months)
  - Beware: Can be masked by oral contraceptives!!
- Dehydration
- Gastrointestinal & Throat Problems
- Hypothermia (cold intolerance)
- Stress Fractures (and overuse injuries)
- Significant Weight Loss
- Frequent and Extreme Weight Fluctuations
- Muscle Cramps, Weakness or Fatigue
- Tooth Enamel Erosion & Gum Problems
- Dizziness, Fainting Spells, Seizures
- Headaches
- Insomnia & Chronic Fatigue
- Anemia, Malnutrition
- Weakened Immune System
- Loss of Muscle Tone
- Flaccidity of Muscles Despite Training
- Poor Wound Healing/ Ulcers/ Lacerations on Hands
- Facial Hair
- Moon Face
- Bilateral Temporal Wasting (thinning of soft tissue over the temples)
- Pallor (pastiness of the skin)
• Discoloration in Skin/Diffuse Skin Pigmentation
• Hyper pigmentation of Skin Exposed to Sunlight
• Pale conjunctiva (eye redness)
• Cracks in Corner of Eyes
• Cracks On or Around Corner of Lips
• Yellow Pigmentation in Hands/Feet
• Head Rush or Dizzy Spell After Getting up to Stand

**Psychological/ Emotional Signs and Symptoms**
• Anxiety and/or Depression
• Mood Swings & Irritability
• Guilt & Shame About Eating Behaviors
• Intense Fear of Fat
• Low Self-Esteem
• Eating When Upset and/or Stressed
• Unfocused, Difficulty Concentrating
• Emotional Discomfort After Eating
• Perfectionism & Rigid Eating Schedule
• Preoccupations with Food

**Behavioral Signs and Symptoms**
• Excessive Exercise
• Routinely Restricting Calorie or Food Intake
• Eating Episodes That Feel Out of Control
• Excessive Use of Restroom
• Avoidance of Eating and Eating Situations
• Use of Laxatives, Diet Pills, etc
• Claims of “Feeling Fat” Despite Being Thin
• Unfocused, Difficulty Concentrating
• Preoccupation with Weight and Eating
• Temporary Fasting to Compensate for Eating
• Frequent Weighing
• Counting Calories

Source: University of Miami Athletics Department, 2000
HEALTH CONSEQUENCES OF DISORDERED EATING

Disordered eating can affect every aspect of a student-athlete’s life which include academic and athletic performance as well as psychological and social issues. Eating disorders can lead to life threatening conditions that can affect a person’s emotional and physical health (Sherman & Thompson, 2007).

Health Consequences of Anorexia Nervosa:
In anorexia nervosa’s cycle of self-starvation, the body is denied the essential nutrients it needs to function normally. Thus, the body is forced to slow down all of its processes to conserve energy, resulting in serious medical consequences:

- Abnormally slow heart rate and low blood pressure, which means that the heart muscle is changing. The risk for heart failure as the heart rate and blood pressure levels sink lower and lower
- Reduction of bone density (osteoporosis), which results in dry, brittle bones
- Muscle loss and weakness
- Severe dehydration, which can result in kidney failure
- Fainting, fatigue, and overall weakness
- Dry hair and skin; hair loss in common
- Growth of a downy layer of hair called lanugo all over the body, including the face, in an effort to keep the body warm

Health Consequences of Bulimia Nervosa:
The recurrent binge-and-purge cycles of bulimia can affect the entire digestive system and can lead to electrolyte and chemical imbalances in the body that affect the heart and other major organ functions. Some of the health consequences of bulimia nervosa include:

- Electrolyte imbalances that can lead to irregular heartbeats and possibly heart failure and death. Electrolyte imbalance is caused by dehydration and loss of potassium, sodium and chloride from the body as a result of purging behaviors.
- Potential for gastric rupture during periods of bingeing
- Inflammation and possible rupture of the esophagus from frequent vomiting
- Tooth decay and staining from stomach acids released during frequent vomiting.
• Chronic irregular bowel movements and constipation as a result of laxative abuse
• Peptic ulcers and pancreatitis

Health Consequences of Binge Eating Disorder: Binge eating disorder often results in many of the same health risks associated with clinical obesity. Some of the potential health consequences of binge eating disorder include:
  • High blood pressure
  • High cholesterol levels
  • Heart disease as a result of elevated triglyceride levels
  • Type II diabetes mellitus
  • Gallbladder disease

Source: National Eating Disorders Association, 2005a
SACRAMENTO STATE ATHLETIC DEPARTMENT
DISORDERED EATING GUIDELINES

If a member of the Sacramento State athletic department staff has a concern regarding a Sacramento State student athlete or if a concern is expressed to a member of the Sacramento State athletic department staff that a student athlete may be at risk for an eating disorder the following steps should be taken:

Identification of student athlete with disordered eating

1. Before acting on information that an athlete may have disordered eating, the coach or athletic trainer may want to consult with a member of the Eating Disorder Intervention Team (EDIT) to discuss what he/she has learned or observed about an athlete’s eating behavior and how best to approach the athlete. The EDIT is a multi-disciplinary treatment team that includes:

   - Student Health Services (SHS) Physician/ Team Physician
   - Associate Athletic Director
   - Nutritionist
   - Certified Athletic Trainer (ATC)
   - Counseling and Psychological Services
An athletic trainer or coach may approach one, some or all of the members of EDIT dependant upon how much information is necessary to approach the student-athlete. Members of the EDIT are available to consult with coaches and athletic trainers any time, and a list of names and extensions of the EDIT Team are available at the end of this handbook.

1. The staff member (coach, athletic trainer, administration) should meet confidentially with the concerned individual(s) and gather specific information regarding the behavior of the student-athlete suspected of disordered eating and then inform and refer the concerned individual(s) to one of the Certified Athletic Trainers (ATC).

2. A member of the athletic training staff, preferably the athletic trainer who has the best rapport with the student-athlete, will arrange to meet with the student-athlete to discuss the concerns raised regarding his/her disordered eating behavior. The ATC’s approach when meeting with the student-athlete should consist of the following:
   - “I” statements to express observations that aroused concern
   - Empathy and listening; nonjudgmental, yet firm
   - Discussion focused on behaviors and emotions rather than appearance (i.e. “I’ve noticed that you seem tired lately”).
• Avoidance of discussions about a student-athlete’s weight and/or appearance

3. The ATC will conduct an initial screening using the Disordered Eating Questionnaire. See Appendix F

• The ATC should proceed with caution when considering the results of this screening. Although these questions have been widely used to detect disordered eating among student-athletes, they may result in inaccurate information particularly if the student-athlete is angry, resistant, or in denial of issues with eating.

• Thus, the ATC should use the screening only as a guide. The ATC should consider the student-athlete’s behaviors such as weight-loss, suboptimal weight, fatigue, performance decrements, and excessive exercising as means to detect disordered eating.

4. Request that the student-athlete be evaluated by the SHS physician/or team physician.

• Explain to the athlete that due to the behaviors presented the athlete is considered injured and must have an evaluation by a physician to continue participation.
• A file should be created for the student-athlete. All conversations, progress notes, and pertinent documents should be included in the file.

• If an athlete is already seeing a private physician or therapist, the athlete will be asked to sign a release of information permitting the EDIT to contact the private clinician. The information obtained regarding the athlete’s disordered eating will be factored into the evaluation, but the ultimate decision regarding the athlete’s playing status and treatment recommendations will be made by the SHS physician/team physician in agreement with the Certified Athletic Trainer.

5. The Certified Athletic Trainer will contact the SHS physician/or team physician directly to arrange an examination of the student-athlete.

6. Once a referral is made the student-athlete will be asked to sign a written consent form for the release of any pertinent medical information and student-athlete compliance between the medical professionals involved and Athletics.

• If the athlete declines, he/she will be informed that without the athlete’s express written consent, their participation status—**and only their participation status**—will be shared with the coach or
athletic trainer. It is important that athletics personnel must respect the student’s right to confidentiality, and no information beyond the athlete’s participation status—that is, whether the athlete is safe to participate and at what level—will be conveyed to the coach or athletic trainer.

- If student-athlete consents to the release of medical information, the ATC will forward a copy of the Disordered Eating Evaluation form to the physician conducting the medical evaluation in a confidential manner.

Management of the Student-Athlete with Disordered Eating

1. Based on the results of the evaluation the SHS physician/team physician will determine one of the following:

   - The student-athlete is not in any immediate risk. The athletic training staff will be notified via telephone and writing as soon as possible.
     - Possibility that the athlete may not be at immediate risk medically, but the physician may determine further treatment is necessary which may include nutrition and/or counseling services.
• The student-athlete may be at risk physically or emotionally. Temporary suspension from participation in intercollegiate athletics may be instituted pending further medical intervention.
  o The Eating Disorder Intervention Team is formed (EDIT) and will meet as soon as possible via person, phone, or email to develop a plan and written compliance contract with the student-athlete. This should happen within a week.

2. If the results of the EDIT evaluation indicate that an athlete is medically unstable the student-athlete will be asked to sign an agreement with the following:
   • The EDIT decides the conditions under which the student-athlete may be required to limit or discontinue his/her participation in intercollegiate athletics
   • Minimum acceptable medical criteria will be decided for the athlete to resume limited or full participation in intercollegiate athletics
   • A treatment plan outline that includes guidelines for safely achieving the medical goals determined by the EDIT. The treatment plan may include:
     o Medical surveillance by a physician
     o Timely nutritional intervention
Psychotherapy

Possible referral to a psychiatrist

Supportive environment to promote recovery

- The decision about returning to training or competition will be determined by the SHS physician/team physician/personal physician in consultation with the ATC and the rest of the EDIT.

- Only after a student has met the goals set out in the treatment plan will he/she be allowed to return to training or competition, and only at the level deemed safe by SHC physician/team physician.

- Differences of opinion as to the athlete’s readiness to return to participation in intercollegiate athletics may be discussed among the athlete, coach, athletic trainer, and the EDIT, but the EDIT must be satisfied that an athlete is no longer placing him/herself at risk for injury or relapse in resuming training or competition.

- The Certified Athletic Trainer should ask permission from the student-athlete to contact his/her parents.

3. If the EDIT evaluation has indicated that it is safe to participate in intercollegiate athletics without restriction, the EDIT may still make certain treatment recommendations. The coach or athletic trainer can be influential in encouraging the student to seek help before the situation
becomes more serious. Should the athlete’s condition worsen or his/her behavior continues to be a cause for concern, the athlete’s condition may be re-evaluated at any time.

- The student-athlete may or may not be cleared for athletic participation following review by the EDIT.

4. Preferably, the athletic trainer will communicate all decisions to the student-athlete directly.

Treatment Settings

1. Sacramento State will do its best to provide the most comprehensive care possible. Due to the limited resources on campus or in the event a student-athlete chooses to seek treatment elsewhere he/or she is responsible for all costs. The payment of services will be solely on an athlete’s private insurance. Disordered eating is classified as an illness rather than an injury and Sacramento State can only cover injuries.

2. Level of care will be determined by the EDIT or and outside referral team.

3. Outpatient levels of care vary from weekly office visits with the nutritionist and therapist to more intensive outpatient care and day treatment programs. Outpatient treatment settings should suffice for
most student-athletes, including those who have stable weight, cardiac, and metabolic function.

4. Inpatient treatment settings, which may include hospitalizations or residential centers will be considered if weight, cardiac and metabolic status are unstable or if outpatient treatment is unsuccessful.

5. Due to limited counseling from Counseling and Psychological Services (CAPS) at Sacramento State outside referral to another facility may be necessary. Sacramento State SHS recommends Summit Eating Disorder and Outreach Program. This facility is medically supervised, comprehensive treatment program in Sacramento, serving adults and adolescents with anorexia, bulimia, and binge eating disorder. They offer a variety of levels of care depending on client needs.

6. If a referral for more counseling is necessary Sacramento State is not responsible for the payment of further treatment. It must be made clear to the student-athlete that he/or she must utilize his/her private insurance. The student-athlete will be responsible for payment for the remaining balance which insurance does not cover. Sacramento State **can not pay** the remaining balance for these treatment sessions.

Treatment Issues and Follow-up Care
1. It must be made clear to all parties concerned that SHS, CAPS, and the Certified Athletic Trainers shall act in the best interest and personal safety of the student-athlete. The student-athletes physical and mental health are the primary consideration.

2. Sacramento State Athletics Department has the right to withhold a student-athlete from participation if the student-athlete is not compliant with treatment plan. Two missed meetings are considered non compliant. This should be documented in the student athlete’s file.

3. Parental support may be obtained within disclosure regulations to facilitate cooperation with the treatment protocol. The ATC will be the athletic representative to communicate with parents/guardians.

4. Once an athlete returns to training or competition, his/her weight, eating habits, physical health, and psychological response should be closely monitored by the Certified Athletic Trainer. The athlete should continue to meet on a regular basis with a member of the EDIT. There should be regular communication among the EDIT in order to help the athlete to establish and maintain reasonable goals for training and performance. Athletes returning to a team may also need help in deciding what and how to tell teammates and in handling team-related eating situations.
5. All coaches and athletic staff involved will be required to sign an agreement to maintain information about the student-athlete with disordered eating completely confidential.

6. If the student-athlete is not medically cleared to compete, a medical hardship can be filed on the student-athletes behalf.
# Resources

<table>
<thead>
<tr>
<th>Athletic Medical Staff</th>
<th>SHS/CAPS Staff</th>
<th>Administration</th>
<th>Community Resources</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. Alan Hirahara</td>
<td>Joy Stewart-James</td>
<td>Dr. Terry Wanless</td>
<td>Summit Eating Disorders &amp; Outreach Program</td>
</tr>
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<td>Sacramento State</td>
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<td>Team Physician</td>
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<tr>
<td>Sacramento State</td>
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<td>Faculty Athletic</td>
<td>RD</td>
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<td>or Broad Center</td>
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Appendix A

Tips for Coaches on Disordered Eating

• Take warning signs and eating disordered behaviors seriously! Cardiac arrest and suicide are the leading causes of death for people with eating disorders.
• If an athlete is chronically dieting or exhibits mildly abnormal eating, refer to a health professional with eating disorder expertise. \textit{Early detection increases the likelihood of successful treatment; left untreated the problem may progress to an eating disorder.}
• De-emphasize weight by \textit{not} weighing athletes and eliminate comments about weight. Instead, focus on areas in which athletes have more control in order to improve performance. For example, focus on strength and physical conditioning, as well as the mental and emotional components of performance. \textit{There is no risk in improving mental and emotional capacities.}
• Don’t assume that reducing body fat or weight will enhance performance. While weight loss or a reduction in body fat can lead to improved performance, studies show this does not apply to all athletes. \textit{It is not uncommon for individuals attempting to lose weight to develop eating disorder symptoms. Performance should not be at the expense of the athlete’s health.}
• Recognize signs and symptoms of eating disorders and understand your role in prevention. Those with eating problems often hide their symptoms to avoid calling attention to them. They are often ashamed and aware that the behavior is abnormal.
• Provide athletes with \textit{accurate} information regarding weight, weight loss, body composition, nutrition, and sports performance to reduce misinformation and to challenge unhealthy practices. Be aware of our resources at Sacramento State that can help educate the athletes.
• Emphasize the health risks of low weight, especially for female athletes with menstrual irregularities or amenorrhea. The athlete should be referred for medical assessments in these cases.
• Understand why weight is such a sensitive and personal issue for many women. Eliminate derogatory comments or behaviors about weight—no matter how slight. If there is concern about an athlete’s weight, the athlete should be referred for an assessment to a professional skilled in diagnosing and treating eating disorders.
• Do not automatically curtail athletic participation if an athlete is found to have eating problems, unless warranted by a medical condition. Consider the
athlete’s health, physical and emotional safety, and self-image when making decisions regarding an athlete’s level of participation in his/her sport.

- Explore your own values and attitudes regarding weight, dieting, and body image and how your values and attitudes may inadvertently affect the athletes. Understand your role in promoting a positive self-image and self-esteem in your athletes.

Source: Kratina, 2005
Appendix B

Issues for Administration to Consider in Creating a Positive, Competitive Environment Regarding Optimal Nutrition, a Positive Body Image and Peak Performance

- Nutrition, optimal body composition and body image are current issues of concern for college student athletes.
- Both weight gain AND weight loss are student-athlete concerns. This is true for males AND females.
- Graduating student-athletes should be counseled on the effect of decreased activity on dietary needs and how to maintain a healthy weight during life after college.
- Proper nutrition is key to optimal performance.
- Select restaurants that offer healthy food choices when traveling, this includes fast food. Also, make sure the athletes eat enough before and after competition.
- A tight uniform doesn't necessarily result in a competitive advantage. Consider body image concerns when choosing uniforms, especially shorts.
- Avoid frequent weight / body composition checks. A student-athlete should be focused on their performance and workout, not worrying about their weight.
- Become better educated on nutrition and disordered eating issues, including warning signs (see NCAA Sports Medicine Handbook guideline: 2E, 2F, and 2G).
- Become a counselor in addition to a coach. Teach leaders and captains to be open to their teammate's worries and concerns off the field or court.
- Eating disorders are contagious and can spread through a team. Have a plan ready in case suspicious behaviors arise. Know who to talk to.
- Avoid inappropriate comments such as: "You look like you've lost weight; are you on a diet?" "You need to lose five pounds in the next week." "I'll take away your scholarship money if you don't lose 15 pounds."
- Instead, incorporate positive comments and actions into your routine, such as: "If our team conditions more, it'll raise our level of competition. By becoming more fit, we'll have a steady foundation to build on. Let's do this together."
• Study how proteins, carbohydrates, fats and sugars affect your performance and your body. Discuss how many servings a student-athlete should eat a day - during preseason, in season and postseason.
• Educate student-athletes that the scale may read more for a leaner body, because muscle weighs more than a comparable amount of fat.
• If you must confront student-athletes on any weight or body composition issues, discuss your concerns and ideas with nutritional and medical personnel first and see how they suggest handling it. In most cases, coaches should be removed from this process. Conversations should include:
  o Mutual agreement by all parties.
  o A rationale for change based on that individual's situation.
  o A valid performance measure to show whether improvement occurs.
  o A defined end goal and an established rate (e.g. no more than 1.5% of body weight per week) to achieve goal.
• Maintain confidentiality with any weight or body composition information.

Source: National Collegiate Athletic Association, 2010
Appendix C

How to Talk to an Athlete with Suspected Disordered Eating

Guidelines for coaches and athletic trainers

Situation 1: A student-athlete self-identifies as having an eating disorder, or is worried that he/she might have one, and comes to you for help.

YOU SHOULD:

➢ Thank the athlete for coming forward, and acknowledge to the athlete that you know how difficult a decision this can be.

➢ Speak with the athlete about the nature of the condition. Has the athlete lost a lot of weight recently? If so, how much and in what time period? Is the athlete purging (vomiting or using laxatives) or abusing exercise? Is the athlete restricting caloric intake? What other signs and symptoms has the athlete noticed? How long has the athlete been struggling with this problem? Does the athlete have any particular fears or concerns?

➢ Ask the athlete what steps he/she has taken to deal with the condition so far. Has the athlete told anyone else? Has the athlete been seen by a health professional for this condition? Has the athlete tried to control his/her condition on his/her own? How have these steps gone?

➢ Explain that it is the policy of the Department of Athletics that all intercollegiate athletes with clinical eating disorders or suspected eating disorders be referred to for a medical evaluation. Address whatever reservations or anxieties the athlete
may have about such an evaluation, but be clear about the importance of this
evaluation for the athlete’s own safety. (Note: Even in cases where an athlete
already has been seen by his/her own physician or therapist, the coach or athletic
trainer should insist that the athlete be evaluated by the Student Health Services
(SHS) physician/team physician.

➤ Reassure the athlete that his/her health and well-being are the main concern, that
his/her place on the team is not at issue, and that continued participation in
training or competition will be limited only if his/her health is in question.

➤ Reassure the athlete that needing help in order to deal with an eating disorder
does not represent a personal failure, and that the evaluation is not a punishment,
but is a first step towards recovery.

➤ Explain to the athlete that the results of the medical and counseling and their
recommendations will be shared with the athlete. Tell the athlete that you will be
informed of his/her participation status and would like to be a part of the
discussion of the treatment recommendations as well, and request that the athlete
give permission to EDIT to discuss his/her care with you.

Situation 2: You become aware, or suspect, that an athlete may have an eating disorder
from your own observation of the athlete’s behavior.

YOU SHOULD:

➤ Before meeting with the athlete, you may want to consult with a member of the
EDIT to discuss what you have observed and how best to approach the athlete.
DO NOT question teammates or ask a teammate to speak with the athlete. Arrange to meet with the athlete privately, and speak with the athlete directly.

The tone of the meeting should be supportive, rather than confrontational. You should reassure the athlete that the athlete’s health and well-being are your main concern, and that you have reason to believe that these may be in jeopardy right now.

Without being critical, you should describe to the athlete the specific behaviors that have aroused your concern. You SHOULD NOT simply tell the athlete that you suspect that the athlete may have an eating disorder, but you instead should describe as specifically as possible the physical or behavioral symptoms that have led to your concern.

If the athlete reacts defensively, and either denies that there is a problem or insists that he/she has it under control, you SHOULD NOT get into a power struggle with the athlete by insisting that he/she does have a problem.

Explain that it is the policy of the Department of Athletics that all intercollegiate athletes with a suspected eating disorder be referred to for a medical evaluation. Address whatever reservations or anxieties the athlete may have about such an evaluation, but be clear about the importance of this evaluation for the athlete’s own safety.

Reassure the athlete that his/her place on the team is not at issue and that continued participation in training or competition will be limited only if his/her health is in question.
Avoid making “deals” with the athlete who may be resistant to an evaluation. Wanting to believe that he/she is in control of the problem and can deal with it on his/her own is part of the profile of an eating disorder, and you should be careful not to collude with this distortion.

Reassure the athlete that needing help in order to deal with an eating disorder does not represent a personal failure, and that the evaluation is not a punishment, but is a first step towards recovery.

Explain to the athlete that the results of medical and counseling evaluation and their recommendations will be shared with the athlete. Tell the athlete that you will be informed of the athlete’s participation status and would also like to be a part of the discussion of the treatment recommendations, but tell the athlete that this is entirely up to him/her. Inform the athlete that if he/she does not wish to give permission, only his/her participation status will be communicated back to you. The details of the evaluation will be kept confidential.

Situation 3: A third party (friends, teammates, a parent) comes to you to express concern for an athlete who may have an eating disorder.

YOU SHOULD:

- Ask the third party to be as specific as possible in describing the athlete’s physical symptoms or behavior that is causing concern. Is the athlete underweight, or has he/she lost weight recently? Is the athlete purging (vomiting
or using laxatives) or abusing exercise? What other signs and symptoms has the third party observed? How long has this been going on?

- Determine whether anything in particular has occurred recently to motivate the third party to come forward with his/her/their concern? Has the situation worsened? Is the athlete saying things that have alarmed him/her them?

- Ask whether the third party has expressed his/her/their concern to the athlete. If he/she/they have, how did this go?

- Inquire as to whether the athlete knows that the third party is coming to speak with you. If not, you should ask the third party for permission to share with the athlete his/her/their concerns.

- Before speaking with the athlete, you may want to consult with a member of EDIT to discuss the information that you have received from the third party and how best to approach the athlete.

- If you have sufficient reason to believe that the athlete may have an eating disorder, arrange to meet with the athlete privately.

- The tone of the meeting should be supportive, rather than confrontational. You should reassure the athlete that the athlete’s health and well-being are your main concern, and that you have reason to believe that these may be in jeopardy right now.

- Explain to the athlete that friends, teammates, or a parent have expressed concern about him/her. You SHOULD NOT simply tell the athlete that the third party
suspects that the athlete may have an eating disorder, but, without being critical, you should describe the specific physical symptoms and behaviors that have aroused concern.

- If the athlete reacts defensively, and either denies that there is a problem or insists that he/she has it under control, you SHOULD NOT get into a power struggle with the athlete by insisting that he/she *does* have a problem.

- Explain that it is the policy of the Department of Athletics that all intercollegiate athletes with suspected eating disorders be referred to the EC Team for evaluation. Address whatever reservations or anxieties the athlete may have about such an evaluation, but be clear about the importance of this evaluation for the athlete’s own safety.

- Reassure the athlete that his/her health and well-being are the main concern, that his/her place on the team is not at issue, and that continued participation in training or competition will be limited only if his/her health is in question.

- Avoid making “deals” with the athlete who may be resistant to an evaluation. Wanting to believe that he/she is in control of the problem and can deal with it on his/her own is part of the profile of an eating disorder, and you should be careful not to collude with this distortion.

- Reassure the athlete that needing help in order to deal with an eating disorder does not represent a personal failure, and the evaluation by the medical and counseling services is not a punishment, but is a first step towards recovery.
• Explain to the athlete that the results of the medical and counseling evaluation and their recommendations will be shared with the athlete. Tell the athlete that you will be informed of the athlete’s participation status and would like to be a part of the discussion of the treatment recommendations, but tell the athlete that this is entirely up to him/her. Inform the athlete that if he/she does not wish to give permission, only his/her participation status will be communicated back to you. The details of the evaluation will be kept confidential.

• Finally, be sure to ask the athlete how he/she would like you to respond to the concern of the third party. Would the athlete prefer to speak to the friends, teammates, or parent him/herself, or would the athlete like you to get back to that person(s)? If the latter, what would the athlete like you to say? How would the athlete like you to handle further inquiries from that person(s) or from other third parties?

Adopted from: Eastern Washington University, n.d.
Appendix D

Tips for Athletes

Tips for Talking to a Friend Who May Be Struggling with and Eating Disorder
If you are worried about your friend’s eating behaviors or attitudes, it is important to express your concerns in a loving and supportive way. It is also necessary to discuss your worries early on, rather than waiting until your friend has endured many of the damaging physical and emotional effects of eating disorders. In a private and relaxed setting, talk to your friend in a calm and caring way about the specific things you have seen or felt that have caused you to worry.

Set a time to talk. Set aside a time for a private, respectful meeting with your friend to discuss your concerns openly and honestly in a caring, supportive way. Make sure you will be someplace away from other distractions.

Communicate your concerns. Share your memories of specific times when you felt concerned about your friend’s eating or exercise behaviors. Explain that you think these things may indicate that there could be a problem that needs professional attention.

Ask your friend to explore these concerns with a counselor, doctor, nutritionist, or other health professional who is knowledgeable about eating issues. If you feel comfortable doing so, offer to help your friend make an appointment or accompany your friend on their first visit.

Avoid conflicts or a battle of the wills with your friend. If your friend refuses to acknowledge that there is a problem, or any reason for you to be concerned, restate your feelings and the reasons for them and leave yourself open and available as a supportive listener.

Avoid placing shame, blame, or guilt on your friend regarding their actions or attitudes. Do not use accusatory “you” statements like, “You just need to eat.” Or, “You are acting irresponsibly.” Instead, use “I” statements. For example: “I’m concerned about you because you refuse to eat breakfast or lunch.” Or, “It makes me afraid to hear you vomiting.”

Avoid giving simple solutions. For example, “It you’d just stop, then everything would be fine!”

Express your continued support. Remind your friend that you care and want your friend to be healthy and happy.

After talking with your friend, if you are still concerned with their health and safety, find a trusted adult or medical professional to talk to. This is probably a challenging time for both of you. It could be helpful for you, as well as your friend to discuss your concerns and seek assistance and support from a professional.

Source: National Eating Disorders Association, 2005c
Appendix E

Anticipated Responsibilities of the Certified Athletic Trainer

1. Intervene if an athlete is suspected of having disordered eating and make appropriate referrals when warranted
2. Prepare the athlete for referral and address questions relevant to the referral
3. Arrange for treatment according to the caregivers’ directives
4. Maintain open lines of communication on a regular basis with and among caregivers as individual treatment plans are formulated for the patient
5. Ensure that all caregivers are aware of the treatment plan in its entirety
6. Provide feedback to caregivers regarding the athlete’s progress relative to training and performance, interpersonal issues, academics and family factors
7. Assist in the coordination of ongoing medical surveillance plans characterized by periodic check-ups and serial health testing that helps caregivers monitor the progress of athletes and determine if treatment plans are in line with meeting their special medical needs
8. Monitor the athlete’s compliance with the treatment plan by maintaining records of scheduled appointments, noting missed appointments, and charting changes in body weight, body composition, and sport-specific measures; share noncompliance issues with all caregivers
9. Assume the role as liaison among coaches and caregivers in circumstances where athletics participation may have to be modified or discontinued due to energy deficits, injury, or treatment noncompliance
10. Enforce limitations of workouts based on recommendations of caregivers and intervene when training expectations are potentially dangerous or detrimental

11. Intervene in a crisis situation when the immediate welfare and safety of the athlete is in jeopardy (e.g., impending relapse, athlete is acutely suicidal) and arrange for appropriate referral

12. Field questions, concerns, observations, and criticisms from the athlete as well as coaches, teammates, parents, and close significant others (the latter group of individuals should be encouraged to share observations and concerns with the certified athletic trainer and not caregivers, being mindful of the patient’s right to privacy)

13. Remain sensitive to the athlete’s preferences for staying connection with teammates in an effort to help ease the feeling of loneliness and alienation that are associated with participation restrictions

14. Adhere to disclosure regulations regarding patient confidentiality

15. Ensure that matters relative to insurance and expense coverage have been discussed and that the financial aspects of the treatment plan are manageable for the athlete and his/her family

16. Consult with athletics administrators on issues that can complicate care, in particular, coaches and support staff who trigger or perpetuate the problems and ignore suspicious behaviors, athlete who are resistant to referral or noncompliant with the treatment process; and parents or close significant others who are uncooperative

Source: Bonci et al., 2008
APPENDIX F

Disordered Eating Questionnaire

Information about a student-athletes difficulties with disordered eating may be provided from various sources including teammates, athletic staff, coaches and others. Yet, many student-athletes with disordered eating rarely self-identify due to secrecy, shame, denial and fear of reprisal. The enclosed questionnaire, to be filled out by the ATC, may facilitate the detection process.

1. Are you currently, or have you in the past year, followed a particular “diet”?
   __Yes ___No

2. How many meals (ie, breakfast, lunch, dinner) do you eat each day? _______
   How many snacks? _______

3. Are there certain food groups that you refuse to eat (meat, breads, etc?)________

4. Do you ever limit food intake to control weight? __Yes ___No
   If yes, do you (circle answers): Decrease the amount of food you eat during the day/ skip meals/ limit carbohydrate intake/ limit fat intake/ cut out snack items

5. Do you ever feel out of control when eating or feel that you cannot stop eating?
   __Yes ___No

6. What do you currently weigh?____  Are you happy with your current weight? __Yes ___No
   If not, what would you like to weigh?________

7. What was the most you’ve weighed in the past year?____

8. Do you gain or lose weight regularly to meet demands of your sport? __Yes ___No

9. Has anyone recommended that you change your weight or eating habits? __Yes
   ___No; If yes specify (coach, parent, friend)________________________

10. Have you ever tried to lose weight by using any of the following methods? (circle answers): Vomiting/ laxatives/ diuretics/ diet pills/exercise

11. Do you regularly exercise outside of your normal practice schedule? __Yes ___No
    If yes, describe your activities____________________________________

12. Have you ever been diagnosed with an eating disorder? __Yes ___No

13. Do you think you might have an eating disorder? __Yes ___No

14. Have you ever been treated for a stress fracture? __Yes ___No

15. If yes, how many have you had?____ What body part was involved?________
    When did the injury occur?_______ How was the diagnosis made (x-ray, bone scan, MRI, CT)? ___________________

Source: Bonci et al., 2008
APPENDIX G

SAMPLE Disordered Eating Participation Contract

Name: 

Sport: 

Date: 

The following are a list of requirements which must be met in order for ______________ to continue to have medical clearance to participate in ______________: 

1. Bi-weekly weigh-ins with Certified Athletic Trainer (ATC).
2. Attend counseling sessions as determined by the treating clinician.
3. Weekly meetings with the nutritionist (2 in person/ 2 via email or phone per month).
4. Meeting with the team physician 2 times per month
5. Bloodwork/other testing as recommended by the team physician.
6. Maintenance of at least ____lbs for ______ semester with progress toward ____lbs. 
   Must gain ____ lbs by end of ______ semester and maintain. Last day of class
   ______ semester ____lbs. Minimum weight to compete during ______ semester is
   ____lbs.
7. 2 meetings with the management team each semester.

I understand that the above requirements are in place to help me manage an eating disorder. I accept that my noncompliance with any of the above requirements may result in removal from athletic participation at any time.

_____________________  __________
Student Athlete Signature   Date

_____________________  __________
Team ATC Signature   Date

_____________________  __________
Physician   Date

Source: University of Miami Athletics Department, 2008
SAMPLE Contractual Agreement for Continued Athletic Participation in the Active Phase of an Eating Disorder (Noncompliance)

Dear ___________

As a representative of your health care team, I am pleased to inform you that your physical condition presently suggests no immediate health risk. However, it has been brought to my attention that you have not been complying fully with the treatment plan that has been formulated for you. I want to remind you how important it is to take the appropriate steps to care for yourself. Our health care team will do everything possible to assist you in this effort. To ensure that your health remains stable, your current athletics participation status for the remainder of the school year will be contingent on your compliance with the following:

1. Receive individual psychotherapy from ____________ once a week so that you can address all the issues and find healthy ways to cope with them.
2. See Dr. ____________ for medical evaluation of your health status, indicating lab tests if necessary, every other week to ensure your physical well-being.
3. Participate in nutritional counseling sessions according to a schedule recommended by our nutritionist ____________.
4. Maintain your body weight over ______ pounds (if applicable). Anticipate weekly monitoring of your weight if it falls below this level.
5. Sign and leave on file a release of information with ____________ permitting our health care professionals to communicate openly and freely with each other, members of the coaching staff, your parents and your caregivers at home.
6. See your home-based physician and therapist during winter and summer breaks. Prior to your return to campus, your attending physician and therapist must send Dr. ____________ a letter indicating the following: (a) you are ready to return to school; (b) you have been in treatment; (c) you are ready to take on the academic, training, performance, and social challenges for the semester; and (d) you are taking any medication recommended and prescribed by your psychotherapist. This letter should be in the possession of Dr. ____________ prior to your arrival on campus in ____________. Additionally, we would like you to talk with Dr. ____________ in person or by phone to discuss your plans for the semester and confirm your ability to return. Upon your return to campus, you should anticipate meeting with Dr. ____________ for a re-entry evaluation so that your medical status can be assessed, activity status determined, and further treatment options explored, if necessary.
7. Check in routinely with your certified athletic trainer, ____________, who will be available to assist you. (Athlete’s Name), I am confident that you have the ability and support to address the health concerns that you are currently facing. It is our every expectation that you will comply with all necessary medical and personal
advice to advance your recovery so that you can continue to flourish in this environment.

Please sign below verifying that you are prepared to comply with the stipulations outlined above.

Athlete’s Signature ________________________ Date___________

Sincerely,
(Athletics Administrator or Supervising Physician)

Source: Bonci et al., 2008
Chapter 5
DISCUSSION

The purpose of this project was to create a set of guidelines for the Sacramento State Athletic Department to educate coaches, administrators, athletic training staff, and student-athletes about the appropriate strategies to help prevent, detect, manage and treat disordered eating among student-athletes. The best way to convey the information to athletic staff was through a handbook that can easily be accessed as a quick reference guide if ever an athlete is suspected of disordered eating. These guidelines provide athletic department staff with the tools to create a positive environment that will not encourage such behaviors as disordered eating, the knowledge to properly identify an athlete who may be engaging in disordered eating behavior, and the proper steps that should be taken for the student-athlete to receive the appropriate treatment for a faster recovery.

The process of writing these guidelines included research from other universities in the conferences in which Sacramento State athletics participate. In addition to other school in the conference, a post was placed on the American College of Sports Medicine web posting asking for other school policies and procedures regarding disordered eating. This resulted in a total of 17 responses, 15 of which had some sort of intervention in place.
Before creating the handbook a meeting was held with Student Health Services and Counseling and Psychological Services to determine their willingness to be involved in prevention, management and the treatment process. The guidelines were written after discussing their enthusiasm to review the finished product as well as involve themselves in all necessary aspects for a student-athlete’s health care.

Once a draft was created it was reviewed by the senior woman administrator (SWA), who has provided suggestions during the process to make the document more clear. The guidelines were also reviewed by the team physicians who recommended changes. The major changes included the name of the project. The project initially was intended to create a protocol, but after review with team physicians, it was recommended that instead the handbook be named as guidelines. The reason for the specific change in verbiage is because disordered eating is such a complex subject and every case is going to be different. It is impossible to have a protocol in place which would require the athletic department to follow the steps exactly when every case is going to be different and should be treated accordingly.

In the middle of writing these guidelines an incident occurred that allowed for an opportunity to test what was recommended in the guidelines. A certified athletic trainer was approached by an athlete about a concern for a fellow teammate who was suspected of disordered eating. The certified athletic trainer could not verify the behaviors presented by the fellow teammate because the behaviors would occur at home. Previous drafts of the guidelines state if an athlete does not present signs and symptoms and denies the behaviors which are being reported only monitoring will occur. To prevent any
possibility of the student-athlete lying about the disordered eating and provide the best health care possible, the guidelines now require a health evaluation with a physician, even with just a suspicion of disordered eating.

These guidelines will be placed in the Sacramento State Athletics Department Staff Handbook which contains the policy and procedures for the department. This handbook is no longer distributed in print, it is accessible through the Sacramento State Athletics Department website. The link to the staff handbook is password protected, but all athletic staff has access.

These guidelines will be introduced to the Sacramento State Medical Staff to emphasize their role in preventing, identifying and properly treating student-athletes are suspected of disordered eating during the Fall 2010 meeting. This presentation will be given by a Certified Athletic Trainer. A different power point presentation will be given to the coaches during the Fall 2010 coaches meeting. This presentation will be given by the senior woman administrator and will reinforce to the coaches the importance of their role in disordered eating among student-athletes.

It is up to the discretion of the athletic department on how they will incorporate these guideline into their philosophy. Parts of the guidelines were left broad in order to lessen the restriction on the department and also allow for change in the case that the guidelines need to be restructured to better fit the department. It is likely that change will occur due to the limited Student Health and Counseling Services at Sacramento State. The senior woman administrator will take the responsibility of updating the guidelines as needed.
Further connections should be made with community resources including Kaiser Permanente, which is a major health care provider for many Sacramento State athletes. A relationship with a primary physician and counseling services who have expertise in disordered eating should be established and maintained.

These recommendations were created to help the athletic department staff create a positive environment to encourage athletes to reach optimal performance without sacrificing their health through disordered eating. Although prevention may lessen the amount of disordered eating within athletics, it doesn’t guarantee that it won’t occur. These guidelines also provide information for athletic staff to recognize disordered eating among athletes and the proper way to address the issue. These recommendations if followed could possibly save an athlete’s life and help avoid serious health consequences among athletes through early detection and proper treatment.
APPENDIX A

Competing To The Extreme- A Power Point Presentation for Coaches
Disordered eating occurs in all sports, but is usually not directly correlated to sport. An athlete's eating habits are not usually the problem, but instead an indication of a mental health issue that manifest in a variety of eating and weight related symptoms. These eating behaviors occur in order to cope with such feelings as anger, depression, shame, boredom, anxiety, hopelessness.

Source: Modo Sano Counseling, 2006
Anorexia Nervosa

A disorder in which an individual refuses to
• maintain minimally normal body weight
• intensely fears gaining weight
• exhibits significant disturbance in his/her perception of the shape or size of his/her body

Picture: David Proctor, Boston University track and cross country runner

• Picture: David Proctor, Boston University track and cross country runner

• The above track and cross-country runner is David Proctor an athlete Boston University

• For years he was anorexic. At nearly 6 feet tall during his freshman year (left) only weighed 130 pounds

• It all start with the words from a coach after a weigh-in, “My coach patted my belly and said, ‘You’re getting a little fat’” (Waltz, 2009). That weigh in confirmed the coach’s suspicions that Proctor had gained 15 pounds. The coach advised him to lose weight, warning him that it could affect his performance. Proctor’s thoughts turned toward the feelings of letting down his coach, his team and himself

• The next process was to diet, but didn’t work. Eventually cut out breakfast and lunch entirely and only allowed himself to eat a small dinner after practice. These practices gave him instant results losing 20 pounds in two weeks, then 10 more. He eventually didn’t eat for three day and ironically enough the less he ate the faster he ran. He came in second place in the 800-meter race in two different championships. His new conviction was “thinner equaled faster” (Waltz, 2009).
He became obsessed with counting calories and weighing himself multiple times a day. The coaches praised him for his performance and his friends and teammates complimented him on how good his body looked. By the time he sought treatment he was 130 pounds and had a body fat percentage of 3.1. With the right treatment, the help of a nutritionist and a sports psychologist, Proctor is now a healthy 145 pounds (on the right) (Waltz, 2009).

Bulimia Nervosa

- A disorder in which patient binges on food on average of twice weekly in a three-month time period followed by compensatory behavior aimed at preventing weight gain
- This behavior may include excessive exercise, vomiting, or the misuse of laxatives, diuretics, other medications, and enemas

- Picture: Dara Torres- Nine time Olympic gold medal swimmer
- At University of Florida she won 23 NCAA all american swimming awards, the max possible for a college career.
- Also in college she became bulimic
- Between her junior and senior years of college she was ranked No. 1 in the world in the 100-meter freestyle but placed 7th in the 88 games. She felt like she just couldn’t get it together yet she did win medals only in the relays
- Another example that athletes can continue to perform while having disordered eating habits, but it will catch up to them eventually, just like it did to Torres

Eating Disorders Not Otherwise Specified (EDNOS)

Any disorder of eating that does not meet the criteria for anorexia nervosa or bulimic nervosa.
EDNOS

• Anorexia Athletica
• Bulimarexia
• Diabetic Omission of Insulin
• Drunkorexia
• Nonpurging
• Orthorexia Nervosa

• Anorexia Athletica- The use of excessive exercise to lose weight

• Bulimarexia-A term used to describe individuals who engage alternately in bulimic behavior and anorexic behavior

• Diabetic Omission of Insulin- A nonpurging method of compensating for excess calorie intake that may be used by a person with diabetes and bulimia

• Drunkorexia- Behaviors that include any or all of the following: replacing food consumption with excessive alcohol consumption; consuming food along with sufficient amounts of alcohol to induce vomiting as a method of purging and numbing feelings.

• Nonpurging- Any of a number of behaviors engaged in by a person with bulimia nervosa to offset potential weight gain from excessive calorie intake from binge eating. Nonpurging can take the form of excessive exercise, misuse of insulin by people with diabetes, or long periods of fasting.

• Orthorexia Nervosa- An eating disorder in which a person obsesses about eating only “pure” and healthy food to such an extent that it interferes with the person’s life

How does this relate to you?

• Prevalence of disordered eating among athletes
  – 62% female athletes
  – 33% males athletes

• Risk factors that contribute to disordered eating
  – Social influences
  – Performance anxiety
  – Athlete’s self-appraisal

• Disordered eating can lead to adverse effects on health and physical performance in both sport and school. In most extreme cases the condition can be fatal
Nutrition Recommendations

- Meal frequency
- Carbohydrate Needs
- Protein Needs
- Fat Needs
- Snacks

**Nutritionist at Student Health Services is willing to provide lectures to athletic teams**
Fluid Recommendations

- Night before practice
- Morning of practice
- Afternoon practice
- During exercise
- After exercise
Weight Loss/ Weight Gain

- Seek guidance from a nutritionist or ATC
- Inappropriate approach can instigate disordered eating
Why are they at risk?

- Sports that emphasize appearance or weight requirements
- Sports that focus on the individual rather than the entire team
- Endurance sports
- Inaccurate belief that lower body weight will improve performance.
- Training for a sport since childhood or being an elite athlete
- Low self-esteem, family dysfunction etc
- Coaches who focus only on success and performance rather than on the athlete as a whole person

Source: National Eating Disorders Association, 2005b
Warning Signs

• Eating disorders evolve before an athlete participates in sports
• Most commonly as an expression of emotional stress
• Disordered Eating is well masked
• Early identification is key
Warning Signs

Physical Signs

- Amenorrhea (absence of menstruation for three or more months)
- Dehydration
- Gastrointestinal & Throat Problems
- Hypothermia (cold intolerance)
- Stress Fractures (and overuse injuries)
- Significant Weight Loss
- Frequent and Extreme Weight Fluctuations
- Muscle Cramps, Weakness or Fatigue
- Tooth Enamel Erosion & Gum Problems
- Dizziness, Fainting Spells, Seizures
- Headaches
- Insomnia & Chronic Fatigue
- Anemia, Malnutrition
- Weakened Immune System
- Loss of Muscle Tone
- Flaccidity of Muscles Despite Training
- Poor Wound Healing/ Ulcers/ Lacerations on Hands
- Facial Hair
- Moon Face
- Bilateral Temporal Wasting (thinning of soft tissue over the temples)
- Pallor (pastiness of the skin)
- Discoloration in Skin Diffuse Skin Pigmentation
- Hyper pigmentation of Skin Exposed to Sunlight
- Pale conjunctiva (eye redness)
- Cracks in Corner of Eyes
- Cracks On or Around Corner of Lips
- Yellow Pigmentation in Hands/Feet
- Head Rush or Dizzy Spell After Getting up to Stand

Psychological/ Emotional Signs

- Anxiety and/or Depression
- Mood Swings & Irritability
- Guilt & Shame About Eating Behaviors
- Intense Fear of Fat
- Low Self-Esteem
- Eating When Upset and/or Stressed
- Unfocused, Difficulty Concentrating
- Emotional Discomfort After Eating
- Perfectionism & Rigid Eating Schedule
- Preoccupations with Food

Behavioral Signs

- Excessive Exercise
- Routinely Restricting Calorie or Food Intake
- Eating Episodes That Feel Out of Control
- Excessive Use of Restroom
- Avoidance of Eating and Eating Situations
- Use of Laxatives, Diet Pills, etc
- Claims of “Feeling Fat” Despite Being Thin
- Unfocused, Difficulty Concentrating
- Preoccupation with Weight and Eating
- Temporary Fasting to Compensate for Eating
- Frequent Weighing
- Counting Calories
Health Consequences

• Affect student-athletes entire life
  – Athletic
  – Academic
  – Psychological
  – Social

  CAN BE FATAL!
Health Consequences

Anorexia Nervosa

• Anorexia
  – Body denied nutrients
  – Slows downs all of its processes
  – Resulting serious medical consequences

• Abnormally slow heart rate and low blood pressure
• Reduction of bone density (osteoporosis)
• Muscle loss and weakness
• Severe dehydration
• Fainting, fatigue, and overall weakness
• Dry hair and skin; hair loss is common
• Growth of a downy layer of hair called lanugo all over the body, including the face

Source: National Eating Disorders Association, 2005a
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Source: National Eating Disorders Association, 2005a
Health Consequences
Binge Eating Disorder

• Binge Eating
  – same health risks associated with clinical obesity.

• High blood pressure
• High cholesterol levels
• Heart disease as a result of elevated triglyceride levels
• Type II diabetes mellitus
• Gallbladder disease
What Can Athletic Staff Do?

Prevention

• Educate athletes about disordered eating and the health and performance effects that result from engaging in unhealthy behaviors
• Be informed on how to respond to a student-athlete suspected of having disordered eating
• Focus on health versus performance
• Improve overall health practices
• Do not skip meals and compensate late in the day by overeating
What Can Athletic Staff Do?
Identification

• If you suspect that a student-athlete has disordered eating, continue to be a supportive and caring member of the Sacramento State Athletic Staff

• Do not take responsibility for altering his or her eating behavior or any other problems

• **Present your concerns to a medical professional!**
What Can Athletic Staff Do?

Treatment

• Early identification and treatment are key
• The most effective treatment is a multidimensional approach
• Components of treatment may include: medical evaluation, psychological counseling, and nutritional management.
Guidelines On How to Talk to an Athlete

Situation 1: A student-athlete self-identifies as having an eating disorder, or is worried that he/she might have one, and comes to you for help.

• Thank the athlete for coming forward, and acknowledge to the athlete that you know how difficult a decision this can be
• Speak with the athlete about the nature of the condition.
• Ask the athlete what steps he/she has taken to deal with the condition so far?
• Explain that it is the policy of the Department of Athletics that all intercollegiate athletes with clinical eating disorders or suspected eating disorders be referred to for a medical evaluation.
• Reassure the athlete that his/her health and well-being are the main concern.
• Reassure the athlete that needing help in order to deal with an eating disorder does not represent a personal failure, and that the evaluation is not a punishment, but is a first step towards recovery.
• Explain to the athlete that the results of the medical and counseling and their recommendations will be shared with the athlete.
evaluation for the athlete’s own safety. (Note: Even in cases where an athlete already has been seen by his/her own physician or therapist, the coach or athletic trainer should insist that the athlete be evaluated by the Student Health Services (SHS) physician/team physician.

- Reassure the athlete that his/her health and well-being are the main concern, that his/her place on the team is not at issue, and that continued participation in training or competition will be limited only if his/her health is in question.

- Reassure the athlete that needing help in order to deal with an eating disorder does not represent a personal failure, and that the evaluation is not a punishment, but is a first step towards recovery.

- Explain to the athlete that the results of the medical and counseling and their recommendations will be shared with the athlete. Tell the athlete that you will be informed of his/her participation status and would like to be a part of the discussion of the treatment recommendations as well, and request that the athlete give permission toEDIT to discuss his/her care with you.

Guidelines On How to Talk to an Athlete

Situation 2: You become aware, or suspect, that an athlete may have an eating disorder from your own observation of the athlete’s behavior.

• Before meeting with the athlete, you may want to consult with a member of the EDIT
• DO NOT question teammates
• The tone of the meeting should be supportive, rather than confrontational
• Without being critical, describe to the athlete the specific behaviors that have aroused your concern. You SHOULD NOT simply tell the athlete that you suspect that the athlete may have an eating disorder!
• If the athlete reacts defensively or denies that there is a problem DO NOT get into a power struggle with the athlete by insisting that he/she does have a problem.
• Explain that it is the policy of the Department of Athletics that athletes with a suspected eating disorder be referred to for a medical evaluation.
• Reassure the athlete that his/her place on the team is not at issue
• Avoid making “deals” with the athlete who may be resistant to an evaluation
• Reassure the athlete that needing help in order to deal with an eating disorder does not represent a personal failure and that the evaluation is not a punishment
• Explain to the athlete that the results of medical and counseling evaluation and their recommendations will be shared with the athlete.
• Explain that it is the policy of the Department of Athletics that all intercollegiate athletes with a suspected eating disorder be referred to for a medical evaluation. Address whatever reservations or anxieties the athlete may have about such an evaluation, but be clear about the importance of this evaluation for the athlete’s own safety.

• Reassure the athlete that his/her place on the team is not at issue and that continued participation in training or competition will be limited only if his/her health is in question.

• Avoid making “deals” with the athlete who may be resistant to an evaluation. Wanting to believe that he/she is in control of the problem and can deal with it on his/her own is part of the profile of an eating disorder, and you should be careful not to collude with this distortion.

• Reassure the athlete that needing help in order to deal with an eating disorder does not represent a personal failure, and that the evaluation is not a punishment, but is a first step towards recovery.

• Explain to the athlete that the results of medical and counseling evaluation and their recommendations will be shared with the athlete. Tell the athlete that you will be informed of the athlete’s participation status and would also like to be a part of the discussion of the treatment recommendations, but tell the athlete that this is entirely up to him/her. Inform the athlete that if he/she does not wish to give permission, only his/her participation status will be communicated back to you. The details of the evaluation will be kept confidential.

Adopted from: Eastern Washington University, n.d.
Guidelines On How to Talk to an Athlete cont.

Situation 3: A third party (friends, teammates, a parent) comes to you to express concern for an athlete who may have an eating disorder

- The tone of the meeting should be supportive, rather than confrontational
- If the athlete reacts defensively, and either denies that there is a problem, DO NOT get into a power struggle with the athlete by insisting that he/she does have a problem.
- Explain that it is the policy of the Department of Athletics that athletes with a suspected eating disorder be referred to for a medical evaluation.
- Reassure the athlete that his/her health and well-being are the main concern, that his/her place on the team is not at issue
- Avoid making “deals” with the athlete who may be resistant to an evaluation
- Reassure the athlete that needing help in order to deal with an eating disorder does not represent a personal failure, and the evaluation by the medical and counseling services is not a punishment, but is a first step towards recovery.
- Explain to the athlete that the results of the medical and counseling evaluation and their recommendations will be shared with the athlete
- Finally, be sure to ask the athlete how he/she would like you to respond to the concern of the third party
• Ask the third party to be as specific as possible in describing the athlete’s physical symptoms or behavior that is causing concern.
  o Is the athlete underweight, or has he/she lost weight recently?
  o Is the athlete purging (vomiting or using laxatives) or abusing exercise?
  o What other signs and symptoms has the third party observed?
  o How long has this been going on?

• Determine whether anything in particular has occurred recently to motivate the third party to come forward with his/her/their concern.
  o Has the situation worsened?
  o Is the athlete saying things that have alarmed him/her them?

• Ask whether the third party has expressed his/her/their concern to the athlete. If he/she/they have, how did this go?

• Inquire as to whether the athlete knows that the third party is coming to speak with you. If not, you should ask the third party for permission to share with the athlete his/her/their concerns

• Before speaking with the athlete, you may want to consult with a member of EDIT to discuss the information that you have received from the third party and how best to approach the athlete

• If you have sufficient reason to believe that the athlete may have an eating disorder, arrange to meet with the athlete privately.

• The tone of the meeting should be supportive, rather than confrontational. You should reassure the athlete that the athlete’s health and well-being are your main concern, and that you have reason to believe that these may be in jeopardy right now

• Explain to the athlete that friends, teammates, or a parent have expressed concern about him/her. You SHOULD NOT simply tell the athlete that the third party suspects that the athlete may have an eating disorder, but, without being critical, you should describe the specific physical symptoms and behaviors that have aroused concern

• If the athlete reacts defensively, and either denies that there is a problem or insists that he/she has it under control, you SHOULD NOT get into a power struggle with the athlete by insisting that he/she does have a problem
• Explain that it is the policy of the Department of Athletics that all intercollegiate athletes with suspected eating disorders be referred to the EC Team for evaluation. Address whatever reservations or anxieties the athlete may have about such an evaluation, but be clear about the importance of this evaluation for the athlete’s own safety.

• Reassure the athlete that his/her health and well-being are the main concern, that his/her place on the team is not at issue, and that continued participation in training or competition will be limited only if his/her health is in question.

• Avoid making “deals” with the athlete who may be resistant to an evaluation. Wanting to believe that he/she is in control of the problem and can deal with it on his/her own is part of the profile of an eating disorder, and you should be careful not to collude with this distortion.

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• Explain to the athlete that the results of the medical and counseling evaluation and their recommendations will be shared with the athlete. Tell the athlete that you will be informed of the athlete’s participation status and would like to be a part of the discussion of the treatment recommendations, but tell the athlete that this is entirely up to him/her. Inform the athlete that if he/she does not wish to give permission, only his/her participation status will be communicated back to you. The details of the evaluation will be kept confidential.

• Finally, be sure to ask the athlete how he/she would like you to respond to the concern of the third party.
  o Would the athlete prefer to speak to the friends, teammates, or parent him/herself, or would the athlete like you to get back to that person(s)?
  o If the latter, what would the athlete like you to say?
  o How would the athlete like you to handle further inquiries from that person(s) or from other third parties?

Adopted from: Eastern Washington University, n.d.
Tips to Create a Positive Environment cont.

- Avoid frequent weight / body composition checks. A student-athlete should be focused on their performance and workout, not worrying about their weight.
- Become better educated on nutrition and disordered eating issues, including warning signs (see NCAA Sports Medicine Handbook guideline: 2E, 2F, and 2G).
- Become a counselor in addition to a coach. Teach leaders and captains to be open to their teammate's worries and concerns off the field or court.
- Eating disorders are contagious and can spread through a team. Have a plan ready in case suspicious behaviors arise. Know who to talk to.
Tips to Create a Positive Environment cont.

• Avoid inappropriate comments such as:
  "You look like you've lost weight; are you on a diet?"
  "You need to lose five pounds in the next week."
  "I'll take away your scholarship money if you don't lose 15 pounds."

• Instead use positive comments like:
  — “If our team conditions more, it'll raise our level of competition.
    By becoming more fit, we'll have a steady foundation to build on.
    Let's do this together.”

• Educate student-athletes that the scale may read more for a leaner body, because muscle weighs more than a comparable amount of fat.

• If you must confront student-athletes on any weight or body composition issues, discuss your concerns and ideas with nutritional and medical personnel first. In most cases, coaches should be removed from this process.

• Maintain confidentiality with any weight or body composition information.
Tips on Disordered Eating

• Take warning signs and eating disordered behaviors seriously! Cardiac arrest and suicide are the leading causes of death for people with eating disorders.
• If an athlete is chronically dieting or exhibits mildly abnormal eating, refer to a health professional. Early detection increases the likelihood of successful treatment; left untreated the problem may progress to an eating disorder.
• De-emphasize weight by not weighing athletes and eliminate comments about weight.
• Don’t assume that reducing body fat or weight will enhance performance.

Source: Kratina, 2005
Tips on Disordered Eating

• Recognize signs and symptoms of eating disorders and understand your role in prevention.
• Those with eating problems often hide their symptoms to avoid calling attention to them. They are often ashamed and aware that the behavior is abnormal
• Provide athletes with accurate information regarding weight, weight loss, body composition, nutrition, and sports performance
• Be aware of our resources at Sacramento State that can help educate the athletes
Tips on Disordered Eating

• Emphasize the health risks of low weight, especially for female athletes with menstrual irregularities or amenorrhea
• Understand why weight is such a sensitive and personal issue for many women
• Do not automatically curtail athletic participation if an athlete is found to have eating problems, unless warranted by a medical condition
• Explore your own values and attitudes regarding weight, dieting, and body image and how your values and attitudes may inadvertently affect the athletes

Source: Kratina, 2005
APPENDIX B

Competing To The Extreme- A Power Point Presentation for Medical Staff
• Disordered eating occurs in all sports, but is usually not directly correlated to sport
• An athlete's eating habits are not usually the problem, but instead an indication of a mental health issue that manifest in a variety of eating and weight related symptoms
• These eating behaviors occur in order to cope with such feelings as anger, depression, shame, boredom, anxiety, hopelessness

Source: Modo Sano Counseling (2006)
Anorexia Nervosa

A disorder in which an individual refuses to
• maintain minimally normal body weight
  • intensely fears gaining weight
• exhibits significant disturbance in his/her perception of the shape or size of his/her body

Picture: David Proctor, Boston University track and cross country runner

The above track and cross-country runner is David Proctor an athlete Boston University

For years he was anorexic. At nearly 6 feet tall during his freshman year (left) only weighed 130 pounds

It all start with the words from a coach after a weigh-in, “My coach patted my belly and said, ‘You’re getting a little fat’” (Waltz, 2009). That weigh in confirmed the coach’s suspicions that Procotor had gained 15 pounds. The coach advised him to lose weight, warning him that it could affect his performance. Proctor’s thoughts turned toward the feelings of letting down his coach, his team and himself

The next process was to diet, but didn’t work. Eventually cut out breakfast and lunch entirely and only allowed himself to eat a small dinner after practice. These practices gave him instant results losing 20 pounds in two weeks, then 10 more. He eventually didn’t eat for three day and ironically enough the less he ate the faster he ran. He came in second place in the 800-meter race in two different championships. His new conviction was “thinner equaled faster” (Waltz, 2009).
• He became obsessed with counting calories and weighing himself multiple times a day. The coaches praised him for his performance and his friends and teammates complimented him on how good his body looked. By the time he sought treatment he was 130 pounds and had a body fat percentage of 3.1. With the right treatment, the help of a nutritionist and a sports psychologist, Proctor is now a healthy 145 pounds (on the right) (Waltz, 2009).

• Picture: Dara Torres- Nine time Olympic gold medal swimmer

• At University of Florida she won 23 NCAA all american swimming awards, the max possible for a college career

• Also in college she became bulimic

• Between her junior and senior years of college she was ranked No. 1 in the world in the 100-meter freestyle but placed 7th in the 88 games. She felt like she just couldn’t get it together yet she did win medals only in the relays

• Another example that athletes can continue to perform while having disordered eating habits, but it will catch up to them eventually, just like it did to Torres

Eating Disorders Not Otherwise Specified (EDNOS)

Any disorder of eating that does not meet the criteria for anorexia nervosa or bulimic nervosa.
EDNOS

- Anorexia Athletica
- Bulimarexia
- Diabetic Omission of Insulin
- Drunkorexia
- Nonpurging
- Orthorexia Nervosa

- Anorexia Athletica- The use of excessive exercise to lose weight
- Bulimarexia- A term used to describe individuals who engage alternately in bulimic behavior and anorexic behavior
- Diabetic Omission of Insulin- A nonpurging method of compensating for excess calorie intake that may be used by a person with diabetes and bulimia
- Drunkorexia- Behaviors that include any or all of the following: replacing food consumption with excessive alcohol consumption; consuming food along with sufficient amounts of alcohol to induce vomiting as a method of purging and numbing feelings.
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- Orthorexia Nervosa- An eating disorder in which a person obsesses about eating only “pure” and healthy food to such an extent that it interferes with the person’s life

Why are they at risk?

- Sports that emphasize appearance or weight requirements
- Sports that focus on the individual rather than the entire team
- Endurance sports
- Inaccurate belief that lower body weight will improve performance.
- Training for a sport since childhood or being an elite athlete
- Low self-esteem, family dysfunction etc
- Coaches who focus only on success and performance rather than on the athlete as a whole person
How does this relate to you?

• Prevalence of disordered eating among athletes
  – 62% female athletes
  – 33% males athletes
• Disordered eating can lead to adverse effects on health and physical performance in both sport and school. In most extreme cases the condition can be fatal
• 84% of athletic trainers believed it was their responsibility to identify female intercollegiate athletes who are possibly at risk for an eating disorder
• Certified athletic trainers employed by institutions that have established eating disorder protocols are more confident in identifying eating disorders in athletes
Athletes who have serious eating problems can continue to perform well athletically for long periods of time. Eventually the disordered eating will catch up to the athlete, both physically and psychologically and performance will decrease. Early identification will reduce risk to the athlete as well as secure proper treatment so the athlete will recover more quickly.

Source: Sherman & Thompson, 2007

Warning Signs

- Eating disorders evolve before an athlete participates in sports
- Most commonly as an expression of emotional stress
- Disordered Eating is well masked
- Early identification is key
## Warning Signs

**Psychological/ Emotional Signs**
- Anxiety and/or Depression
- Mood Swings & Irritability
- Guilt & Shame About Eating Behaviors
- Intense Fear of Fat
- Low Self-Esteem
- Eating When Upset and/or Stressed
- Unfocused, Difficulty Concentrating
- Emotional Discomfort After Eating
- Perfectionism & Rigid Eating Schedule
- Preoccupations with Food

**Behavioral Signs**
- Excessive Exercise
- Routinely Restricting Calorie or Food Intake
- Eating Episodes That Feel Out of Control
- Excessive Use of Restroom
- Avoidance of Eating and Eating Situations
- Use of Laxatives, Diet Pills, etc
- Claims of “Feeling Fat” Despite Being Thin
- Unfocused, Difficulty Concentrating
- Preoccupation with Weight and Eating
- Temporary Fasting to Compensate for Eating
- Frequent Weighing
- Counting Calories
Health Consequences

• Affect student-athletes entire life
  – Athletic
  – Academic
  – Psychological
  – Social

CAN BE FATAL!
In anorexia nervosa's cycle of self-starvation, the body is denied the essential nutrients it needs to function normally. Thus, the body is forced to slow down all of its processes to conserve energy, resulting in serious medical consequences.

- Abnormally slow heart rate and low blood pressure
- Reduction of bone density (osteoporosis)
- Muscle loss and weakness
- Severe dehydration
- Fainting, fatigue, and overall weakness
- Dry hair and skin; hair loss is common
- Growth of a downy layer of hair called lanugo all over the body, including the face

Source: National Eating Disorders Association, 2005a
Health Consequences
Bulimia Nervosa

• Bulimia
  – Recurrent binge-and-purge cycles of bulimia
  – Affect the entire digestive system
  – Lead to electrolyte and chemical imbalances in the body that affect the heart and other major organ functions

• Electrolyte imbalances that can lead to
  – irregular heartbeats
  – possibly heart failure
  – Death.

• Potential for gastric rupture during periods of bingeing

• Inflammation and possible rupture of the esophagus

• Tooth decay and staining from stomach acids

• Chronic irregular bowel movements and constipation

• Peptic ulcers and pancreatitis

Source: National Eating Disorders Association, 2005a
Health Consequences
Binge Eating Disorder

• Binge Eating
  – same health risks associated with clinical obesity.

• High blood pressure
• High cholesterol levels
• Heart disease as a result of elevated triglyceride levels
• Type II diabetes mellitus
• Gallbladder disease
Medical Staff Guidelines
Identification

• Before acting on information that an athlete may have disordered eating, athletic trainers may want to consult with a member of the Eating Disorder Intervention Team (EDIT)

• EDIT
  – Associate Athletic Director
  – Nutritionist
  – Certified Athletic Trainer (ATC)
  – Counseling and Psychological Services

• You can approach one, some or all of the members of EDIT dependant upon how much information is necessary to approach the student-athlete.
Medical Staff Guidelines
Identification

• A member of the athletic training staff will arrange to meet with the student-athlete to discuss the concerns raised regarding his/her disordered eating behavior.
• The ATC’s approach when meeting with the student-athlete should consist of the following:
  – “I” statements to express observations that aroused concern
  – Empathy and listening; nonjudgmental, yet firm
  – Discussion focused on behaviors and emotions rather than appearance (i.e. “I’ve noticed that you seem tired lately”).
  – Avoidance of discussions about a student-athlete’s weight and/or appearance.
Medical Staff Guidelines
Identification

• Request that the student-athlete be evaluated by the SHS physician/or team physician.
  – Athlete is considered injured and must have an evaluation by a physician to continue participation.
  – Document!!
  – Already seeing a private physician or therapist
  – SHS physician/team physician in agreement with the Certified Athletic Trainer ultimate decision participation status
Medical Staff Guidelines
Identification

• ATC will contact the SHS physician/or team physician directly to arrange an examination of the student-athlete.
• Once a referral is made ask student-athlete to sign a written consent form for the release of any pertinent medical information
  – Athlete consent
  – Athlete declines
Medical Staff Guidelines
Management- Not at Risk

• The athletic training staff will be notified via telephone and writing as soon as possible
• May not be at immediate risk medically, but physician may determine further treatment is necessary which may include nutrition and/ or counseling services.
Medical Staff Guidelines

EDIT Evaluation

- EDIT evaluation indicate that an athlete is medically unstable the student-athlete will be asked to sign an agreement with the following:
  - Conditions under which the student-athlete may be required to limit or discontinue his/her participation
  - Minimum acceptable medical criteria will be decided for the athlete to resume limited or full participation in
  - Treatment plan outline medical goals determined by the EDIT
    • Medical surveillance by a physician
    • Timely nutritional intervention
    • Psychotherapy
    • Possible referral to a psychiatrist
    • Supportive environment to promote recovery
Medical Staff Guidelines
EDIT Evaluation

• RTP decision determined by the SHS physician/team physician/personal physician in consultation with the ATC and the rest of the EDIT.
• Must meet goals set out in the treatment plan and only at the level deemed safe by SHC physician/team physician.
• Differences of opinion as to the athlete’s RTP may be discussed
• ATC contact his/or her parents
Medical Staff Guidelines
EDIT Evaluation

- Safe to participate, EDIT may still make certain treatment recommendations
- Athlete’s condition may be re-evaluated at any time.
  - The student-athlete may or may not be cleared for athletic participation following review by the EDIT.
- Preferably, the athletic trainer will communicate all decisions to the student-athlete directly.
Medical Staff Guidelines
Treatment Settings

- Sacramento State will do its best to provide the most comprehensive care possible.
- Due to limited resources on campus or in the event a student-athlete chooses to seek treatment elsewhere he/or she is responsible for all costs.
- Level of care will be determined by the EDIT or and outside referral team:
  - Outpatient levels of care
  - Inpatient treatment settings
- Due to limited counseling from Counseling and Psychological Services (CAPS) at Sacramento State outside referral to another facility may be necessary:
  - Summit Eating Disorder and Outreach Program
- If a referral for more counseling is necessary Sacramento State is not responsible for the payment of further treatment.
- Sacramento State SHS recommends Summit Eating Disorder and Outreach Program. This facility is medically supervised, comprehensive treatment program in Sacramento, serving adults and adolescents with anorexia, bulimia, and binge eating disorder. They offer a variety of levels of care depending on client needs.

- If a referral for more counseling is necessary Sacramento State is not responsible for the payment of further treatment. It must be made clear to the student-athlete that he/or she must utilize his/her private insurance. The student-athlete will be responsible for payment for the remaining balance which insurance does not cover. Sacramento State **can not pay** the remaining balance for these treatment sessions.
Medical Staff Guidelines
Treatment Issues and Follow-up Care

• The student-athletes physical and mental health are the primary concern
• Sacramento State Athletics Department has the right to withhold participation (Noncompliance)
  – 2 missed meetings
  – Document
• ATC will communicate with parents/guardians.
• ATC responsible to monitor athlete once return to competition
• Athlete meet on a regular basis with a member of the EDIT
Medical Staff Guidelines
Treatment Issues and Follow-up Care

- Athletes returning to a team may also need help in deciding what and how to tell teammates and in handling team-related eating situations
- Confidentiality form
- Medical hardship
Guidelines On How to Talk to an Athlete

**Situation 1**: A student-athlete self-identifies as having an eating disorder, or is worried that he/she might have one, and comes to you for help.

- Thank the athlete for coming forward, and acknowledge to the athlete that you know how difficult a decision this can be
- Speak with the athlete about the nature of the condition.
- Ask the athlete what steps he/she has taken to deal with the condition so far?
- Explain that it is the policy of the athletics department that all athletes with clinical eating disorders or suspected eating disorders be referred to for a medical evaluation
- Reassure the athlete that his/her health and well-being are the main concern
- Reassure the athlete that needing help in order to deal with an eating disorder does not represent a personal failure, and that the evaluation is not a punishment, but is a first step towards recovery.
- Explain to the athlete that the results of the medical and counseling and their recommendations will be shared with the athlete.
evaluation for the athlete’s own safety. (Note: Even in cases where an athlete already has been seen by his/her own physician or therapist, the coach or athletic trainer should insist that the athlete be evaluated by the Student Health Services (SHS) physician/team physician

- Reassure the athlete that his/her health and well-being are the main concern, that his/her place on the team is not at issue, and that continued participation in training or competition will be limited only if his/her health is in question

- Reassure the athlete that needing help in order to deal with an eating disorder does not represent a personal failure, and that the evaluation is not a punishment, but is a first step towards recovery

- Explain to the athlete that the results of the medical and counseling and their recommendations will be shared with the athlete. Tell the athlete that you will be informed of his/her participation status and would like to be a part of the discussion of the treatment recommendations as well, and request that the athlete give permission to EDIT to discuss his/her care with you.

Adopted from: Eastern Washington University, n.d.
**Guidelines On How to Talk to an Athlete**

*Situation 2: You become aware, or suspect, that an athlete may have an eating disorder from your own observation of the athlete’s behavior.*

- Before meeting with the athlete, you may want to consult with a member of the EDIT.
- DO NOT question teammates.
- The tone of the meeting should be supportive, rather than confrontational.
- Without being critical, describe to the athlete the specific behaviors that have aroused your concern. You SHOULD NOT simply tell the athlete that you suspect that the athlete may have an eating disorder!
- If the athlete reacts defensively or denies that there is a problem DO NOT get into a power struggle with the athlete by insisting that he/she does have a problem.
- Explain that it is the policy of the Department of Athletics that athletes with a suspected eating disorder be referred to for a medical evaluation.
- Reassure the athlete that his/her place on the team is not at issue.
- Avoid making “deals” with the athlete who may be resistant to an evaluation.
- Reassure the athlete that needing help in order to deal with an eating disorder does not represent a personal failure and that the evaluation is not a punishment.
- Explain to the athlete that the results of medical and counseling evaluation and their recommendations will be shared with the athlete.
• Explain that it is the policy of the Department of Athletics that all intercollegiate athletes with a suspected eating disorder be referred to for a medical evaluation. Address whatever reservations or anxieties the athlete may have about such an evaluation, but be clear about the importance of this evaluation for the athlete’s own safety.

• Reassure the athlete that his/her place on the team is not at issue and that continued participation in training or competition will be limited only if his/her health is in question.

• Avoid making “deals” with the athlete who may be resistant to an evaluation. Wanting to believe that he/she is in control of the problem and can deal with it on his/her own is part of the profile of an eating disorder, and you should be careful not to collude with this distortion.

• Reassure the athlete that needing help in order to deal with an eating disorder does not represent a personal failure, and that the evaluation is not a punishment, but is a first step towards recovery.

• Explain to the athlete that the results of medical and counseling evaluation and their recommendations will be shared with the athlete. Tell the athlete that you will be informed of the athlete’s participation status and would also like to be a part of the discussion of the treatment recommendations, but tell the athlete that this is entirely up to him/her. Inform the athlete that if he/she does not wish to give permission, only his/her participation status will be communicated back to you. The details of the evaluation will be kept confidential.

Adopted from: Eastern Washington University, n.d.
Guidelines On How to Talk to an Athlete cont.

Situation 3: A third party (friends, teammates, a parent) comes to you to express concern for an athlete who may have an eating disorder

- The tone of the meeting should be supportive, rather than confrontational
- If the athlete reacts defensively, and either denies that there is a problem, DO NOT get into a power struggle with the athlete by insisting that he/she does have a problem.
- Explain that it is the policy of the Department of Athletics that athletes with a suspected eating disorder be referred to for a medical evaluation.
- Reassure the athlete that his/her health and well-being are the main concern, that his/her place on the team is not at issue
- Avoid making “deals” with the athlete who may be resistant to an evaluation
- Reassure the athlete that needing help in order to deal with an eating disorder does not represent a personal failure, and the evaluation by the medical and counseling services is not a punishment, but is a first step towards recovery.
- Explain to the athlete that the results of the medical and counseling evaluation and their recommendations will be shared with the athlete
- Finally, be sure to ask the athlete how he/she would like you to respond to the concern of the third party
• Ask the third party to be as specific as possible in describing the athlete’s physical symptoms or behavior that is causing concern.
  o Is the athlete underweight, or has he/she lost weight recently?
  o Is the athlete purging (vomiting or using laxatives) or abusing exercise?
  o What other signs and symptoms has the third party observed?
  o How long has this been going on?

• Determine whether anything in particular has occurred recently to motivate the third party to come forward with his/her/their concern.
  o Has the situation worsened?
  o Is the athlete saying things that have alarmed him/her them?

• Ask whether the third party has expressed his/her/their concern to the athlete. If he/she/they have, how did this go?

• Inquire as to whether the athlete knows that the third party is coming to speak with you. If not, you should ask the third party for permission to share with the athlete his/her/their concerns

• Before speaking with the athlete, you may want to consult with a member of EDIT to discuss the information that you have received from the third party and how best to approach the athlete

• If you have sufficient reason to believe that the athlete may have an eating disorder, arrange to meet with the athlete privately.

• The tone of the meeting should be supportive, rather than confrontational. You should reassure the athlete that the athlete’s health and well-being are your main concern, and that you have reason to believe that these may be in jeopardy right now

• Explain to the athlete that friends, teammates, or a parent have expressed concern about him/her. You SHOULD NOT simply tell the athlete that the third party suspects that the athlete may have an eating disorder, but, without being critical, you should describe the specific physical symptoms and behaviors that have aroused concern

• If the athlete reacts defensively, and either denies that there is a problem or insists that he/she has it under control, you SHOULD NOT get into a power struggle with the athlete by insisting that he/she does have a problem
• Explain that it is the policy of the Department of Athletics that all intercollegiate athletes with suspected eating disorders be referred to the EC Team for evaluation. Address whatever reservations or anxieties the athlete may have about such an evaluation, but be clear about the importance of this evaluation for the athlete’s own safety.

• Reassure the athlete that his/her health and well-being are the main concern, that his/her place on the team is not at issue, and that continued participation in training or competition will be limited only if his/her health is in question.

• Avoid making “deals” with the athlete who may be resistant to an evaluation. Wanting to believe that he/she is in control of the problem and can deal with it on his/her own is part of the profile of an eating disorder, and you should be careful not to collude with this distortion.

• Reassure the athlete that needing help in order to deal with an eating disorder does not represent a personal failure, and that the evaluation by the medical and counseling services is not a punishment, but is a first step towards recovery.

• Explain to the athlete that the results of the medical and counseling evaluation and their recommendations will be shared with the athlete. Tell the athlete that you will be informed of the athlete’s participation status and would like to be a part of the discussion of the treatment recommendations, but tell the athlete that this is entirely up to him/her. Inform the athlete that if he/she does not wish to give permission, only his/her participation status will be communicated back to you. The details of the evaluation will be kept confidential.

• Finally, be sure to ask the athlete how he/she would like you to respond to the concern of the third party:
  o Would the athlete prefer to speak to the friends, teammates, or parent him/herself, or would the athlete like you to get back to that person(s)?
  o If the latter, what would the athlete like you to say?
  o How would the athlete like you to handle further inquiries from that person(s) or from other third parties?

Adopted from: Eastern Washington University, n.d.
Remember......

• An athlete’s health care is the number one priority
• Take warning signs and eating disordered behaviors seriously!
• Suspected athletes will be referred to medical professionals- YOU!
• Prevent, Indentify and Manage
• Be prepared
APPENDIX C

Tips for Athletes Regarding Disordered Eating

Tips for Talking to a Friend Who May Be Struggling with and Eating Disorder

If you are worried about your friend’s eating behaviors or attitudes, it is important to express your concerns in a loving and supportive way. It is also necessary to discuss your worries early on, rather than waiting until your friend has endured many of the damaging physical and emotional effects of eating disorders. In a private and relaxed setting, talk to your friend in a calm and caring way about the specific things you have seen or felt that have caused you to worry.

Set a time to talk. Set aside a time for a private, respectful meeting with your friend to discuss your concerns openly and honestly in a caring, supportive way. Make sure you will be some place away from other distractions.

Communicate your concerns. Share your memories of specific times when you felt concerned about your friend’s eating or exercise behaviors. Explain that you think these things may indicate that there could be a problem that needs professional attention.

Ask your friend to explore these concerns with a counselor, doctor, nutritionist, or other health professional who is knowledgeable about eating issues. If you feel comfortable doing so, offer to help your friend make an appointment or accompany your friend on their first visit.

Avoid conflicts or a battle of the wills with your friend. If your friend refuses to acknowledge that there is a problem, or any reason for you to be concerned, restate your feelings and the reasons for them and leave yourself open and available as a supportive listener.

Avoid placing shame, blame, or guilt on your friend regarding their actions or attitudes. Do not use accusatory “you” statements like, “You just need to eat.” Or, “You are acting irresponsibly.” Instead, use “I” statements. For example: “I’m concerned about you because you refuse to eat breakfast or lunch.” Or, “It makes me afraid to hear you vomiting.”

Avoid giving simple solutions. For example, “It you’d just stop, then everything would be fine!”

Express your continued support. Remind your friend that you care and want your friend to be health and happy.

After talking with your friend, if you are still concerned with their health and safety, find a trusted adult or medical professional to talk to. This is probably a challenging time for both of you. It could be helpful for you, as well as your friend to discuss your concerns and seek assistance and support from a professional.

Source: National Eating Disorders Association, 2005c

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