

10 Things Coaches Can Do to Help Prevent Eating Disorders in Their Athletes

1. Instruct coaches and trainers to recognize the signs and symptoms of eating disorders and understand their role in helping to prevent them. Those with eating problems often hide their symptoms to avoid calling attention to them. They are often aware the behavior is abnormal.
2. Provide athletes with accurate information regarding weight loss, body composition, nutrition and sports performance in order to reduce misinformation and to challenge practices that are unhealthy and even counterproductive. Be aware of local professionals who will help educate the athletes.
3. Emphasize the health risks of low weight, especially for female athletes with menstrual irregularities or amenorrhea. The athlete should be referred for medical assessment in these cases.
4. Refer to a sports psychologist or therapist skilled at treating disorders if an athlete is chronically dieting and/or exhibits mildly abnormal eating. Early detection increases the likelihood of successful treatment -- left untreated, the problem may progress to an eating disorder.
5. De-emphasize weight by not weighing athletes and by minimizing (eliminating) comments about weight. Instead, focus on other areas in which athletes have more control in order to improve performance, i.e. focus on strength and physical conditioning, as well as the mental and emotional components of performance. (There is no risk in improving mental and emotional capacities!)
6. Do not 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. Additionally, many individuals respond to weight loss attempts with eating disorder symptoms. Improved performance should not be at the expense of the athlete's health.
7. Understand why weight is such a sensitive and personal issue for many women. Since weight is emotionally charged for many, eliminate derogatory comments or behaviors, no matter how slight, about weight. If there is concern about an athlete's weight, the athlete should be referred for an assessment to a Registered Dietitian and Sports Psychologist skilled in treating eating disorders.
8. 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.
9. Sport personnel should explore their own values and attitude regarding weight, dieting and body image, and how these values and attitudes may inadvertently affect their athletes. They should understand their role in promoting a positive self-image and self-esteem in their athletes.
10. Take warning signs seriously. Take eating disorder behaviors seriously. There is a 10-15% mortality and 25% suicide rate for those with eating disorders.

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Compiled by the Massachusetts Eating Disorder Association, 617-558-1881.

Addendum for coaches

Sports are great for girls' self-esteem and health. However, competitive female athletes are three times more at risk than other females for disordered eating, eating disorders, and the female athlete triad-amenorrhea, osteoporosis, and disordered eating. Girls with exercise-related amenorrhea are at increased risk for stress fractures and potentially non-reversible bone loss. Boys who participate in competitive sports where body size and weight influence performance are also at increased risk for eating disorders (wrestling, crew, skating, dance, gymnastics, swimming, fencing). Boys and girls are under enormous pressure today from themselves, parents, coaches, athletic trainers, teammates, school, community, athletic associations, and school administrators to perform aggressively at any cost. Sports programs with potentially harmful training techniques, constant focus on weight management, or prescribed weight goals may put girls and boys at increased risk for disordered eating and eating disorders. Sports programs should prepare health guidelines for participation in all activities. They should also have well-developed education materials and provide ongoing preventative education and medical care, including a safety net and treatment team with school athletic trainers, coaches and physicians.

Information from The Harvard Eating Disorders Center website.

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