

Athletes and Eating Disorders: Overview

In a sense, eating and exercise disorders are diets and fitness or sports programs gone horribly wrong. A person wants to lose weight, get fit, excel in his or her sport, but then loses control and ends up with a body and spirit ravaged by starvation, binge-eating, purging, and frantic compulsive exercise. What may have begun as a solution to a problem of low self-esteem has now become an even bigger problem in its own right. I. Statistics Several studies suggest that participants in sports that emphasize appearance and a lean body shape are at higher risk for developing an eating disorder than are non-athletes or folks involved in sports that require muscle mass and bulk.

Eating disorders are significant problems in the worlds of ballet and other dance, figure skating, gymnastics, running, swimming, rowing, horse racing, and riding. Wrestlers, usually thought of as strong and massive, may binge eat before a match to carbohydrate load and then purge to make weight in a lower class.

One study of 695 male and female athletes found many examples of bulimic attitudes and behavior. A third of the group was preoccupied with food. About a quarter binge ate at least once a week. Fifteen percent thought they were overweight when they were not. About twelve percent feared losing control, or actually did lose control, when they ate. More than five percent ate until they were gorged and nauseated.

In this study, five and a half percent vomited to feel better after a binge and to control weight. Almost four percent abused laxatives. Twelve percent fasted for twenty-four hours or more after a binge, and about one and a half percent used enemas to purge.

Another research project done by the NCAA looked at the numbers of student athletes who experienced an eating disorder in the previous two years. Ninety-three percent of the reported problems were in women's sports. The sports that had the highest number of participants with eating disorders, in descending order, were women's cross country, women's gymnastics, women's swimming, and women's track and field events.

The male sports with the highest number of participants in eating disorders were wrestling and cross country. II. Male and Female Athletes: Different risk factors

The female athlete is doubly at risk for the development of an eating disorder. She is subject to the constant social pressure to be thin that affects all females in westernized countries, and she also finds herself in a sports milieu that may overvalue performance, low body fat, and an unrealistic body shape, size and weight. Constant exposure to the demands of the athletic subculture added to those bombarding her daily on TV, in movies, in magazines, and transmitted by peers, may make her especially vulnerable to the lures of weight loss and unhealthy ways of achieving that loss. Males also develop eating disorders but at a much reduced incidence (90-95% female; 5-10% male). Males may be protected somewhat by their basic biology.

Many sports demand low percentages of body fat. In general, men have more lean muscle tissue and less fatty tissue than women do. Males also tend to have higher metabolic rates than females because muscle burns more calories faster than fat does. So women, who in general carry more body fat than men, with slower metabolism and smaller frames, require fewer calories than men do.

All of these factors mean that women gain weight more easily than men, and women have a harder time losing weight, and keeping it off, than men do. In addition, women have been taught to value being thin. Men, on the other hand, usually want to be big, powerful, and strong. Therefore, we can predict that men are under less pressure to diet than women are. Dieting is one of the primary risk factors for the development of an eating disorder.

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