



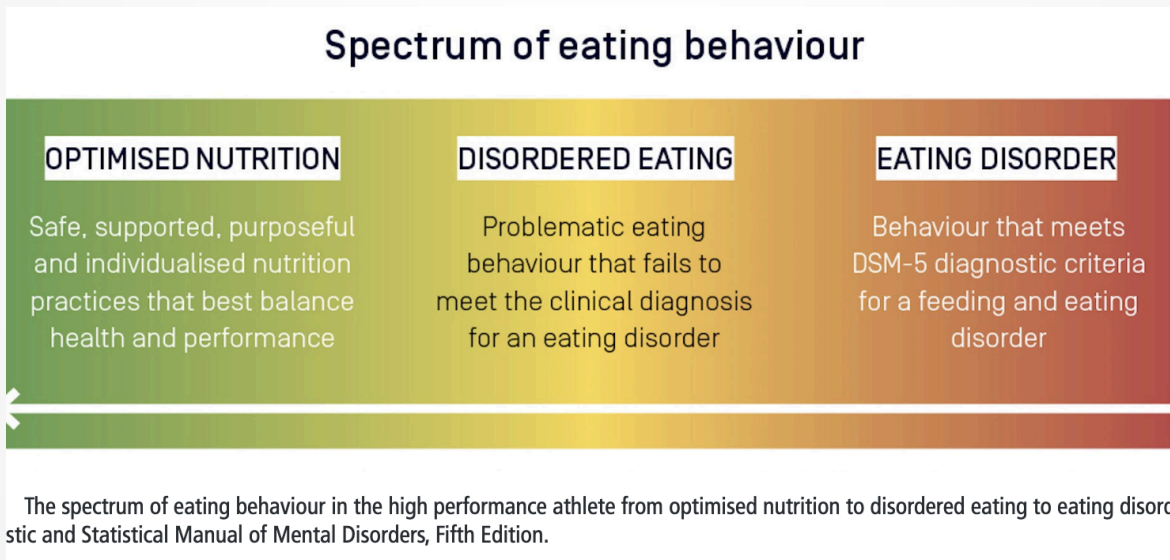
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for Sports Psychiatry

**Coaching Tip
Sheet for Teens
with Disordered
Eating**

Coaching Tip Sheet for Teens with disordered eating/eating disorders

Athletes and Nutrition:

As a population, athletes are more prone to develop a range of eating-related problems that can range from mild disturbances in eating habits to full-blown eating disorders (anorexia nervosa, bingeing-purging, etc). The diagram below illustrates the spectrum of eating habits:



Source: Wells KR, Jeacocke NA, Appaneal R, Smith HD, Vlahovich N, Burke LM, Hughes D. The Australian Institute of Sport (AIS) and National Eating Disorders Collaboration (NEDC) position statement on disordered eating in high performance sport. *Br J Sports Med.* 2020 Nov;54(21):1247-1258. doi: 10.1136/bjsports-2019-101813. Epub 2020 Jul 13. PMID: 32661127; PMCID: PMC7588409.





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As a coach, what concerns about athletes' problems with eating should I have?

One of the most important variables for an athlete's performance is fueling their body through their nutrition. Despite this, there is a significant emphasis in the world of athletics on appearance, body composition, and weight. Appearance is often incorrectly seen as an indication of performance and fitness. These variables may be emphasized in different ways depending on the sport (i.e. power vs. endurance sports). There are sports that have weight classes (i.e. wrestling) and sports that reward limiting or increasing one's weight (i.e. coxswain or football linesman). There are also sports that judge based on the appearance of the athlete's skill, which can lead to an aesthetic judgment regarding one's body during the event (i.e. gymnastics, figure skating).

Athletes may incorrectly focus on their body image and nutrition to improve their function and performance in their sport. This can also lead to a higher risk of disordered eating, struggles with body image, and even clinically defined specific eating disorders (i.e. Anorexia Nervosa). Complicating these athlete-specific challenges include going through body changes and insecurities associated with puberty and changes within that developmental phase in young athletes. Cultural expectations can also be a powerful variable for athletes and their body image. To be a coach (and/or parent) of an athlete, is to accept that you have the opportunity to support healthy nutritional habits and also help identify athletes who may be struggling and need someone to help them seek more support.

Risk behaviors to developing disordered eating can vary by sport type:

- **Endurance sports (running, swimming, cycling)**: dramatic mileage increases, overtraining - leading to “bonking,” frequent illness, persistent fatigue,
- **Aesthetic sports (gymnastics, dance, figure skating)**: intense body comparison, frequent outfit/weight comments, extreme attention to body shape
- **Weight-class sports (wrestling, martial arts)**: rapid weight loss before competition, frequent sauna/diuretic use, repeated “making weight” behaviors
- **Strength/power sports (football linemen, weightlifting)**: excessive bulking or “cutting” cycles, sudden shifts in eating patterns, use of supplements/steroids

Adolescence adds further complexity due to puberty-related body changes, developmental vulnerability, and cultural pressures.



What is the difference between disordered eating and an eating disorder?

Disordered eating is a general term to indicate the athlete is struggling with an eating routine that is not healthy and/or adequate for his or her needs while not rising to the level of a clinical diagnosis. It can be considered the first sign of a problem, and if addressed early may help avoid progression to a more clinical problem. Eating Disorders are diagnosable conditions based on criteria that allow classifying the behaviors in a way to guide treatment and interventions.

Athletes are at a higher risk for disordered eating and eating disorders. As a sports coach, the following information can help you spot warning signs and help you teach your athletes about optimal eating/nutrition for health, sports, and performance.

- Eating disorders on average start at 12 years of age¹ and a child's decline in growth rate can occur 9.7 months before the first symptoms are recognized.²
- When disordered eating progresses to an eating disorder, it is much harder to treat! An informed and observant coach can be a critical person to help identify a potential problem in the athlete.
- It is important to identify the risk for disordered eating and disordered body image in athletes of all shapes and sizes.
- Eating disorders are the second **leading cause of death** of all psychiatric illnesses behind substance abuse (opioid use) and can be incredibly difficult to treat.
- **Disordered eating and eating disorders can cause permanent changes in brain development, physical growth, and bone density.**



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What are the symptoms of eating disorders?

The signs and symptoms of eating disorders can vary widely between individuals and can depend on the type of eating disorder. The varying disorders can have overlap of symptoms of restricting intake, bingeing (i.e. eating an excessive amount in a short frame of time), purging (i.e. making oneself-vomit, abusing laxatives), excessive burning of calories (i.e. excessive exercising), excessive weight gain or loss, etc. Most concerns for athletes revolve around disorders that lead to weight loss and malnutrition. There are risks to those who bulk up as well with gaining weight for their sport (i.e. sumo wrestler, football linesmen). The following may be signs and symptoms of an emerging or developed eating disorder.

· Behavioral changes

- o Rituals or abnormal behaviors around eating
- o Stress during mealtime and talking about feeling guilty after eating
- o Wanting to eat alone or in secret (i.e. not wanting to eat with the team)
- o Use of medications or supplements to change weight
- o Going to the bathroom immediately after eating (regularly)
- o Restricting the amount and types of food
- o Increased dieting or frequent changes in what the youth is willing to eat

- o Increased quantity of food intake in one sitting or frequency of eating
- o Increased talking about food, weight, and/or body shape size
- o Loss of menses or delays in onset of menses

§ This is an indicator of inadequate nutrition, decreased growth and bone density

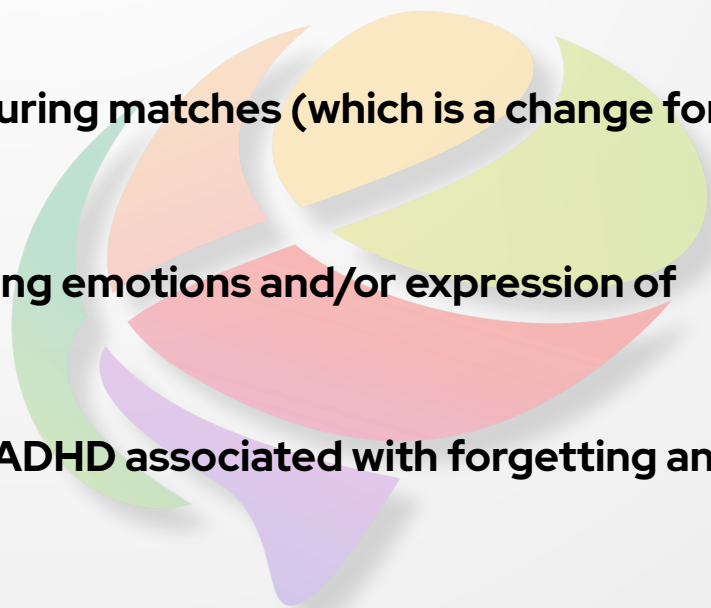
§ When menses is absent the athlete is at greater risk of injury!!!

- o Social isolation

Cognitive changes (without fuel the brain struggles to function)

- o Trouble learning plays/routines
- o Seems off track in practice and during matches (which is a change for the athlete)
- o New onset difficulty with regulating emotions and/or expression of suicidal thinking
- o Looks like new onset inattention ADHD associated with forgetting and difficulty concentrating

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- **Performance changes (without fuel the body may break down muscle and shut down body functions to conserve energy)**
 - o **If an athlete has a decline in performance and or stamina (especially if it was preceded by a burst of improved performance)**
 - o **Increased injuries**
 - § **Athletes with irregular menses were almost 3 times more likely to sustain an injury, which also resulted in 7 or more days of time lost from sport.** ³
 - § **Athletes with irregular menses also were at higher risk of severe injuries (missing ≥ 22 days of practice or competition).** ³
 - o **Increase in missed practice or performances (matches/games, etc)**



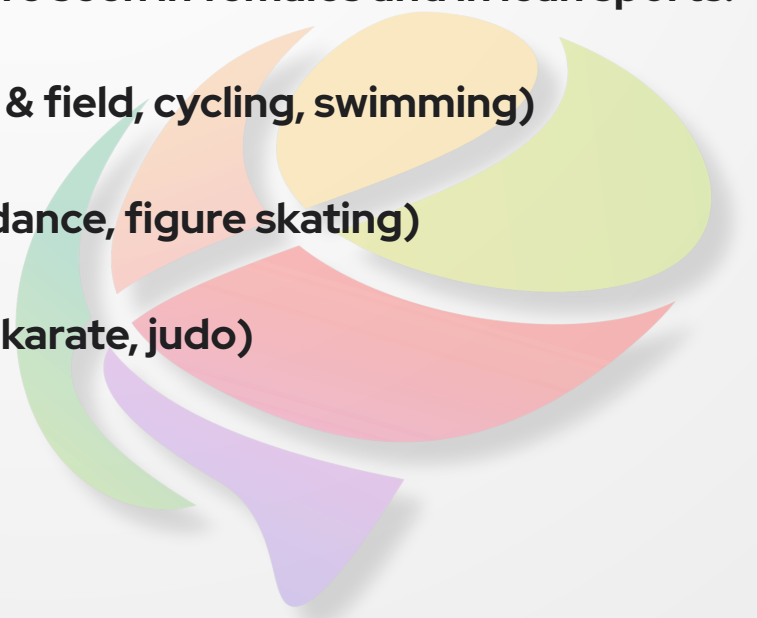
Myth vs. Reality (and What to Do Instead)

Myth	Reality	What to Do Instead	
Only underweight athletes develop eating disorders.	Eating disorders can occur at any weight, including athletes who appear muscular, “fit,” or above-average weight.	Watch for behavioral and performance changes, not just weight. Ask open questions and refer to a professional if concerned.	
Eating disorders are a choice or a lack of discipline.	Eating disorders are serious mental illnesses, influenced by biology, psychology, and environment.	Treat the athlete with compassion. Encourage professional support and avoid blame or shaming.	
If an athlete is performing well, they must be healthy.	Performance can temporarily improve even while the athlete is under-fueling. Long-term health and performance will decline.	Monitor injuries, fatigue, and recovery. Address fueling as part of performance strategy, not appearance.	
Eating disorders only happen in girls.	Male athletes are also at risk—especially in sports emphasizing weight, aesthetics, or endurance.	Always watch all athletes, regardless of gender. Normalize conversations about nutrition and energy.	
If an athlete eats enough, they’ll automatically recover.	Recovery typically requires medical, nutrition, and mental health support, plus a gradual return to sport.	Encourage a multidisciplinary treatment plan and support the athlete’s return-to-play guidelines.	

How common is disordered eating in youth athletes?

There is a high prevalence of disordered eating in student athletes of all ages compared to non-athletes.

- Rates of youth athletes with eating disorders:
 - Up to 45% in female athletes, and 19% in male athletes⁴
- In a recent study⁵ among athletes:
 - 18% reported having an eating disorder
 - 25% reported restrictive eating
 - 32% of the athletes reported menstrual dysfunction
- Highest rates of eating disorders are seen in females and in lean sports.⁶
 - Lean Sports: Endurance (ex: track & field, cycling, swimming)
 - Aesthetic (ex: cheer, gymnastics, dance, figure skating)
 - Weight-dependent (ex: wrestling, karate, judo)





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What a coach may see?			
Symptoms and signs of eating disorder	What a coach may see		
Weight loss, malnourished	Stamina in practice decreases, decreases in performance level, needing more breaks, dehydration struggles, complaints of dizziness, fainting, having more injuries (i.e.		
Restricting intake	Not eating at team meals, missing team meals, picking at food, making negative comments about their wt., size. body image		
Food focused rituals	Only brings certain foods to eat at all meals, counts calories obsessively (this can be tricky as sometimes hard to tell from an athlete's focus on performance behaviors)		
Binging	Observation of excessive eating at meals (although this behavior is usually done in secret, so it may be a close teammate who may notice something)		
Purging Behaviors	Athlete disappears into the bathroom after team meals, snacks Swollen face due to repetitive vomiting Poor teeth health Scars on back of hand due to teeth marks when trying to self-induce vomiting		
Fear of Gaining wt. or becoming overwt.	Negative self-statements about size and wt., even if the athlete is under wt.		



Does Athletic Participation Help or Hurt young athletes who have disordered eating? ⁷

- **Athletic participation can mask disordered eating and eating disorders delaying the time to treatment which can cause permanent damage to the athlete. This is why the coach is such a critical part of the team to help identify athletes who may be struggling.**
- **One silver lining is that athletes who are invested in their sport will change their behaviors to return to play which can precipitate improved treatment outcomes.**
- **Exercise can be a positive contribution to eating disorders treatments if incorporated appropriately.**
- **Yoga with emphasis on embodiment has been found to be helpful for performance, prevention and treatment of eating disorders.⁸**



What are the treatments for disordered eating?

- There are 3 levels of care: outpatient, partial hospitalization (day programs), and full hospitalization.
- **Outpatient** – will usually occur weekly to several days a week and involve family, nutritionist, medical provider and a therapist and/or psychiatrist. The Athlete may be taken out of the sport activities until healthy enough to return to play in a stratified way with parameters. The coach can support the athlete and the treatment plan. Also, a key is for the coach not to antagonize the efforts of treatment. (i.e. “you look fine to me.”)
- **Partial or Day Program** – will usually require 5 days a week attendance for a variable number of hours, it will pull the athlete from organized sport typically
- **Full hospitalization** – can be for medical stabilization and/or can be for acute psychiatric support for safety and/or residential treatment targeting the eating disorder when other levels of care are not enough
 - Some Athlete-specific treatment programs examples in the United States
 - Athlete Edge at EDCare
 - Eating Recovery Center
 - The Victory Program at McCallum Place
 - The Emily Program
 - Opal Food and Body
 - Walden Behavioral Care

As a coach, what can you do?

- 1. Require physical exam (which is usually already part of readiness requirements to participate in organized sports) with evaluation of growth curve and expected height every 6 months instead of yearly. This may be subject to the league requirements but the point is more frequent assessments may allow the identification of problems earlier in the process.**
- 2. Do not focus on weight as a variable of evaluating the athlete without education and support as to the rationale and have ongoing discussions about risks inherent to this aspect of the sport with nutritionist and medical team members.**
- 3. Implement eating disorder preventative programs such as yoga with embodiment into calisthenics routine.**
- 4. Do not worry alone! Have a medical, mental health, and nutrition team.**
 - a. Find an eating disorders team that has a strong understanding of sport and athlete context so that they understand the athlete mindset, the levels of nutrition needed for sport and how to plan a safe return to sport during recovery.**
 - b. Require medical team, mental health, and nutritionists to have training in spotting early signs of an eating disorder if that is part of the accessible support.**
 - c. For more competitive and higher level athlete systems perhaps develop a list of providers with this training if your facility does not provide these specialists. Have at least one health team member who is trained in treating eating disorders in athletes who can coordinate care with the rest of the treatment team.**

5. Avoid the word “weight” or excessively focusing on food/eating with, towards, or about your athletes.

a. Instead: discuss nutrition only in the context of making sure of sufficient fuel before, during and after training and allow nutritionists to provide more specific guidance and advice.

b. If you have concern about an athlete’s body image, weight, and/or eating habits refer them to medical, mental health, and/or nutritionist and express your concerns to the provider. Also, if appropriate, normalize the fueling of the body discussion with parents and emphasize that the goal is to be a healthy athlete.

6. Do not weigh your athletes!

a. Allow the medical team to weigh athletes only if necessary for your sport or for treatment.

b. Medical and nutrition teams should do blind weights when it is not necessary for athletes to know their specific weight for their sport.

7. If weight class is required for sport:

a. Require athletes to see nutritionists periodically to track eating patterns, identify and manage any disordered eating. In areas where this resource is less available, use available nutritional information for performance that can be accessed on the internet.

b. Especially important to implement eating disorder preventative programs such as yoga with embodiment into calisthenics routine.

8. When appropriate, allow “sidelined” players to act as, “Player advocate,” a liaison between administration/staff and athlete to allow some empowerment/ also gives athletes a voice.

a. This allows the athlete to give moral support to teammates in order to feel less isolated; allows the athlete to be a continued member of the team despite not being able to participate. Allows them to continue to contribute to team success while getting treatment.

b. Their story is a cautionary tale (ex. don’t do this because it will mess up your season).

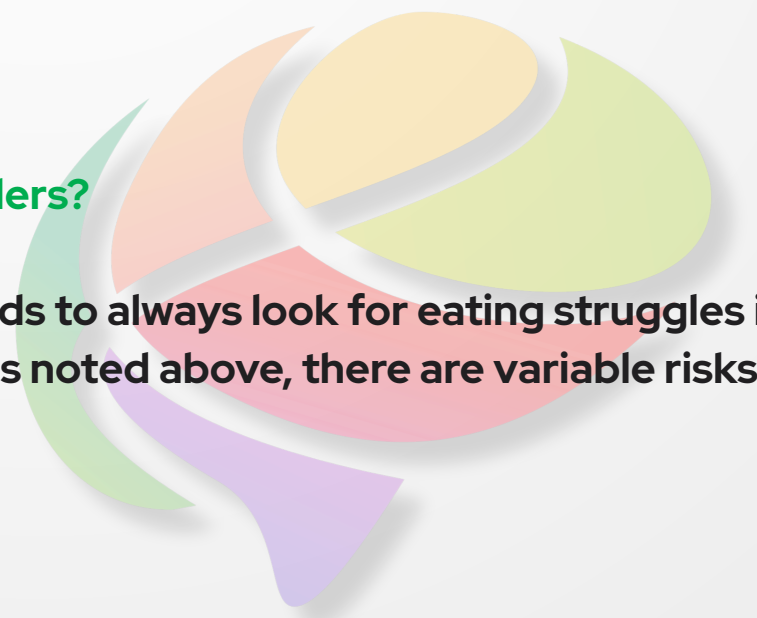


What is Relative Energy Deficiency in Sport (REDs) And how does it differ from eating disorders?

Athletes need fuel for day to day life. They need nutrition for growth and development and nutrition for learning at school. Many teens struggle with organization and planning and can accidentally get into health struggles due to poor nutrition that may not be tied to an eating disorder. For example, an athlete may think losing wt. will be helpful for their performance and thus the motivation to cut calories is so he or she can perform better and not due to fear of wt. gain or a distorted body image. In this instance the variables leading to the wt. loss are educational and not due to an eating disorder pathology. The overlap is sometimes hard to know though so anytime an athlete is having struggles with wt. and nutrition an eating disorder needs to be assessed for. Another way to think of this relationship, REDs may be due to a clinical eating disorder but not all athletes with REDs have clinical eating disorders.

Can male athletes have eating disorders?

Yes, while at a lower risk, a coach needs to always look for eating struggles in any athlete regardless of sex. Also, as noted above, there are variable risks based on types of sport.





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What sports are more at risk for the development of an eating disorder?

Lean Sports: Endurance (ex: track & field, cycling, swimming), Aesthetic (ex: cheer, gymnastics, dance, figure skating, diving), and Weight-dependent (ex: wrestling, karate, judo, jockey)

Compared to non-athletes, are athletes at a lower risk for eating disorders?

No, athletes are at higher risk which is why it is important for a coach to have this information

Help/Support:

NEDA (National Eating Disorders Association):

<https://www.nationaleatingdisorders.org/help-support/contact-helpline>

ANAD (Anorexia Nervosa and Associated Disorders): <https://anad.org/get-help/>



Resources/Additional References:

Running in silence: <https://runninginsilence.org/resources/#coaching>

NEDA (National Eating Disorders Association):
<https://www.nationaleatingdisorders.org/learn>

LEAD

(Let's Empower, Advocate and Do): <https://www.leadnow.org/sports-teams>

NCAA: <https://www.ncaa.org/sports/2014/11/4/mind-body-and-sport-eating-disorders.aspx>

IAEDP

Foundation (International Association of Eating Disorders Professionals Foundation): <http://www.iaedp.com/online-institute/>



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