

Key Information About Eating Disorders (EDs) For Coaches

Facts

- The majority of people with EDs aren't underweight.
- EDs can affect people of all ages, genders, body sizes, races, religions, and ethnicities.
- EDs are serious mental illnesses that can cause serious physical problems.
- Strength and physical fitness improve lifetime health outcomes more than weight loss and are more sustainable.

Athletes are susceptible to EDs

- Relative Energy Deficiency of Sport (RED-S) refers to athletes without drive for thinness/body distortion who accidentally undernourish relative to their body's needs. This is often the cause when athletes lose their period or have a markedly delayed first period, even if they seem to be eating fine. RED-S causes multiorgan physiologic stress and needs to be addressed promptly.
- Low testosterone levels in boys and low estrogen levels in girls happen due to RED-S or EDs and can lead to osteoporosis at an early age that can contribute to injuries.
- Boys have twice the death rate from EDs as girls. They may not have a drive for thinness but rather a desire to look like the ideal body of their sport(s). Expert referral needed if this is suspected.
- An athlete truly operating from athletic identity will do whatever it takes to improve performance, including resting more and eating more. Someone operating from an ED identity will be driven instead by fear and will not be able to make these changes.

Common physical signs of EDs in athletes

- Fatigue, poor athletic performance, more talk about healthy/unhealthy foods, excessive workouts or exercising outside of scheduled practices, weight rise or fall, irritability or personality more closed off, cold hands and feet, heart rate slow at rest (<60 bpm, keeping in mind most elite athletes don't get heart rates under 50) that goes much faster (75% increase) after just walking down the hall and back, loss of period, possibly more expressed anxiety about body/food (although they may keep this to themselves).
- To help determine whether it might be an ED, think about when you tell your athlete, "You look like you're limping today. Are you ok?" they don't respond defensively. But if you ask an athlete if they are struggling with eating issues or weight loss, a defensive/minimizing answer is a key sign they do indeed have a problem.

Recommendations

- Coaches carry great power with their athletes. If you are concerned one of your athletes might have an ED, take them aside and share your concerns. Either for those with suspected RED-S or an ED, refer to an experienced registered dietitian or therapist after discussion with their parents, as age-appropriate, and remember many professionals in the state can see individuals by telemedicine if there aren't resources locally.
- Do not focus on weight loss, body fat percentage, or talk about body sizes and appearance with your athletes. Many believe a focus on weight will help them with performance and health, but it only fosters shame and risk for disordered eating. Never engage in public weighing/BMI checks; they are much more likely to cause problems than foster health.

Resources

Sick Enough: A Guide to the Medical Complications of Eating Disorders (Gaudiani)

iMove: Helping Your Clients Heal from Compulsive Exercise (Gardner)

An Athletic Trainers' Guide to Sports Nutrition (Amato)

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