



## **The Coach's Guidelines for Talking About Eating Issues with Athletes**

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Coaches are power role models and have a strong influence on their athletes. Because of the frequent contact between the coach and athlete, the coach has an opportunity to observe changes in the their athletes' attitudes, behaviours, appearance and performances.

Coaches may not be able to prevent all eating disorders (or disordered eating) among their athletes. However, the coach should be able to recognize early warning signs and symptoms associated with disordered eating or eating disorders. If the coach suspects an athlete may be suffering from an eating disorder the coach should act quickly to refer to the athlete for appropriate medical, psychological and nutritional intervention.

Under pressure to excel at their sport, some athletes may attempt to lose weight or body fat by adjusting their food intake and/or exercise routine. Food restriction, bingeing and purging (including excessive exercise) are prevalent practices among athletes. Coaches, health professionals and parents have important roles to play in the prevention, identification and management of disordered eating and eating disorders in athletes.

There is a spectrum of disordered eating behaviours, ranging from mild to severe. Clinically recognized anorexia nervosa or bulimia nervosa represent the greatest severity. However disordered eating (e.g. sub clinical eating disorders) is considered a milder form of an eating disorder. Disordered eating of any degree can have adverse health consequences and potentially lead to an eating disorder.

### **The Spectrum of Disordered Eating**

- **Bingeing and/or Purging, Food Restriction, Prolonged Fasting**
- **Use of Diet Pills, Diuretics or Laxative to Control Body Weight**
- **Food Preoccupation; Other Abnormal Eating Behaviours**
- **Body Shape Dissatisfied and/or Fear of Gaining Body Fat**
- **Distorted Body Image**

Research indicates that athletes, especially female athletes, are at a greater risk for developing eating disorders than non-athletes of similar age.

**Contributing Factors that May Increase the Likelihood of an Eating Disorder Amongst Athletes:**

- Early onset of puberty; physical changes that occur during adolescence (e.g. increase body fat storage in females)
- Participation in judged, weight class and/or possibly endurance sports
- Psychological stresses and excessive physical demands of training and competitions
- Athletes who strive for unrealistic international body composition standards
- When an Athlete perceives pressure to lose weight (from societal, coaches, family, friends, etc.)
- Athletes who are perfectionists
- An athlete who engages in additional, excessive training outside of the training program
- Athletes prone to depression unnecessary worrying, and the “all or nothing” attitude
- Traumatic social event(s) in the athlete’s life (e.g. starting at a new school, parents divorcing, moving and/or family history of drug, alcohol and sexual abuse)

Many of the following signs and symptoms do not by themselves identify an eating disorder. Nonetheless the greater the number of warning signs, the greater the need for the coach in investigate. The coach’s position is NOT to diagnose an eating disorder, but to approach the suspecting athlete and direct them for appropriate medical, psychological and nutritional support.

### **Warning Signs of an Eating Disorder**

- Severe weight loss or weight gain; significant fluctuations in body weight
- Preoccupation with food, calories, bodyweight; criticizes personal body weight
- Changes in the Athletes usual eating behaviours
- Use of Diet pills and/or laxatives
- Going to the bathroom frequently after meals; bloodshot eyes; smell of vomit after bathroom visits
- Obsessive physical exercise beyond the training program
- Wearing layers of loose fitting clothing
- Avoids social activities with teammates (especially food related events)
- Mood swings; depression; low self esteem
- Irregular or absence of menstrual cycles; stress fractures; overuse injuries; sleeping problems
- Reduced and/or inconsistent performance in training and/or competition (decrease in strength, power, endurance and/or recovery)

### **What to Do If the Coach Suspects an Athlete has an Eating Disorder**

If the coach suspects that their athlete may be suffering from an eating disorder (or is in doubt about this issue) the coach should first confidentially discuss the matter with the athlete. In the least punitive manner possible, the coach needs to inform the athlete of the observations or facts that gave rise to this concern and allow the athlete to respond.

If the athlete denies that a problem exists then a specialist in the treatment of eating disorders should be consulted (refer to specialists) to assess the athlete. The athlete should be encouraged to meet with the

specialist. If the athlete does not consent to the consultation mandatory counselling is generally ineffective (e.g. expect non-compliance by the athlete).

Eating disorders can be successfully treated, however, professional help is almost always necessary. The treatment for an eating disorder should be multi-disciplinary to include psychological, nutritional and medical intervention. It may be necessary for the athlete's family member(s) and/or coach to attend treatment sessions with the athlete, especially if the athlete is under 18 years of age.

At any time that a coach may contact a professional for help and/or intervention. The faster the action is taken, the less damage will be caused and the greater the likelihood of a quicker recovery.

**The following steps further outline the coach's action:**

1. In a private, confidential meeting the coach informs the athlete of their observations of the athlete's changes in attitude, behaviour, appearance and/or performance
2. The coach assures that the athlete's role on the team is not in jeopardy and that the health of the athlete is the primary concern.
3. The coach contacts the designated physician, psychologist and/or dietitian to let them know of his/her concerns or to seek advice on the matter
4. The coach provides information on how the athlete can receive confidential professional help.
5. If the athlete is less than 18 years old, their parent(s) will need to be informed of the concern
6. It may be helpful for the coach to attend the athlete's treatment sessions.
7. If the athlete denies that a problem exists, the coach should continue to insist that the athlete receive professional evaluation, this insistence may necessitate intervention by the athlete's family members.

**\*\*Please note again, that the athlete may not even realize that what is happening is a problem, often the behaviour is learned from older athletes/mentors in the group and the behaviour is passed on, taught and learned. Those with such disorders are also taught well how to hide it.**

**The coach is responsible for the well being of their athlete and they should not be concerned about how they, as a coach, will be seen. The main job of the coach is to ensure that their athlete is in good shape/health physically and mentally**