



6/2001

The following information is provided by the FCPS Athletic Training Program as a brief overview for parents, coaches and fellow student athletes. It is strongly suggested that nutritional concerns be brought to the attention of the school's NATA BOC Certified Athletic Trainer (ATC). Eating disorders are very serious and can lead to long term health problems. Consultation with qualified medical professionals regarding suspected problems is essential to proper care.

## ***EATING DISORDERS***

### ***BRIEF OVERVIEW***

It is difficult to define “normal eating” in today’s society, although there are many recommendations for proper sports nutrition for the student athlete. There is concern that an increasing number of athletes in high school experience “*disordered eating*” and “*eating disorders*”. *Disordered eating* can be characterized by changes in eating patterns for the purpose of weight loss or body image. Although somewhat common, *disordered eating* often adversely affects athletic performance, and is often associated with sports such as wrestling, cheerleading, gymnastics, crew, etc. *Eating disorders* are a more concrete concern, which encompasses physical, psychological and behavioral changes in a student athlete. It is important to note that *eating disorders* are a very serious problem which should not be considered a “passing fad”, and the seriousness of the problem is often denied by the athlete. Directing the athlete to receive help is a complicated process, and it is suggested that a referral to an appropriate medical clinician familiar with eating disorders in the athlete is provided. Participation in sports should be determined by the impact the psychological and physical symptoms have on the overall health of the athlete.

### **NORMAL EATING**

#### **NORMAL EATING IS....**

1. positive and flexible eating that depends on internal cues to regulate it.
2. being able to eat when you are hungry and continue eating until you are satisfied.
3. flexible, and varies in response to your emotions, your schedule, your hunger, and your proximity to food.
4. knowing it takes time and attention, but keeps its place as only one important area of your life.
5. being able to choose food you like and eat it and get enough of it, not just stop eating because you think you should.
6. trusting your body to make up for your mistakes in eating.
7. being able to use moderate constraint in your food selection to get the right food, but not being so restrictive that you miss out on pleasurable foods.
8. under eating at times and wishing you had more
9. overeating at times feeling stuffed and uncomfortable.
10. giving yourself permission to eat sometimes because you are happy, sad or bored, or just because it feels good.
11. eating more now because it tastes wonderful when it's fresh.
12. three meals a day, most of the time, but it can also be choosing a snack.
13. leaving some food on the plate because you know you'll have more tomorrow.

Reference: Satler, Ellyn. How to Get Your Kid to Eat...But Not Too Much. Bull Publishing Co. 1987. Pg. 69-70.

## **EATING DISORDERS**

While the following symptoms do not necessarily signify the existence of an eating disorder, their presence should signal an alert to the potential for a serious problem and take necessary precautions including the consultation of appropriate medical experts.

### **SYMPTOMS OF ANOREXIA NERVOSA**

<b><u>Behavioral Changes</u></b>	<b><u>Physical Changes</u></b>
<ol style="list-style-type: none"> <li>1. Restricting food intake</li> <li>2. Obsessive thoughts</li> <li>3. Perfectionism</li> <li>4. Ritualistic behavior</li> <li>5. Compulsive exercising</li> <li>6. Poor coping skills</li> <li>7. Isolative behavior</li> <li>8. Preoccupation with food, calories, recipes, cookbooks, cooking, weight, and body image</li> </ol>	<ol style="list-style-type: none"> <li>1. Weight loss</li> <li>2. Cessation or irregularity of menses in females</li> <li>3. Sensitivity to cold</li> <li>4. Decreased mental concentration</li> <li>5. Constipation</li> <li>6. Fatigue at times, or nervous energy</li> <li>7. Slumped posture</li> <li>8. Stunted growth in young people</li> <li>9. Thinning hair</li> <li>10. Lanugo (fine hair) on face and arms</li> <li>11. Osteoporosis</li> <li>12. Lowered pulse, blood pressure, and body temperature</li> <li>13. Malnutrition</li> <li>14. Electrolyte imbalance</li> <li>15. Muscular weakness</li> <li>16. Decreased muscle mass</li> <li>17. Dizziness</li> <li>18. Changes in appetite and sleep patterns</li> </ol>

### **SYMPTOMS OF BULIMIA NERVOSA**

<b><u>Behavioral Changes</u></b>	<b><u>Physical Changes</u></b>
<ol style="list-style-type: none"> <li>1. Self-induced vomiting</li> <li>2. Secretiveness</li> <li>3. Poor coping skills</li> <li>4. Compulsive eating/bingeing</li> <li>5. Compulsive exercising</li> <li>6. Abuse of laxatives/diuretics</li> <li>7. Social isolation</li> <li>8. Lack of control</li> <li>9. Manipulative behavior</li> <li>10. Competitiveness</li> <li>11. Preoccupation with food, calories, recipes, cookbooks, weight, and body image</li> </ol>	<ol style="list-style-type: none"> <li>1. Dizziness</li> <li>2. Menstrual irregularities</li> <li>3. Enlarged parotid glands</li> <li>4. Enamel erosion on the teeth</li> <li>5. Change in bowel habits</li> <li>6. Fatigue</li> <li>7. Stunted growth</li> <li>8. Muscle weakness</li> <li>9. Osteoporosis</li> <li>10. Thinning hair</li> <li>11. Malnutrition</li> <li>12. Electrolyte imbalance</li> <li>13. Lowered pulse, blood pressure, and body temperature</li> </ol>

*Please consult the school's NATA BOC Certified Athletic Trainer (ATC) and/or your family physician for further information. Contact information for Certified Athletic Trainers can be found on the FCPS website: [www.fcps.edu/Superintendent/activities/atp](http://www.fcps.edu/Superintendent/activities/atp)*