

Sports Medicine – Mental Health (Eating Disorders)

Summary

This policy has been developed to provide clear guidance on assessing and treating eating disorders, a specific form of mental disorder.

Purpose

To provide guidance on the assessment of and treatment for eating disorders.

Policy

Mental Health

As first conceived, the term “disordered eating” was a component of the female athlete triad – a syndrome that also includes decreased bone mineral density and osteoporosis – and defined as “a wide spectrum of harmful and often ineffective eating behaviors used in attempts to lose weight or attain a lean appearance.” The term was later supplanted by “low energy availability” to reflect the role insufficient energy plays in accounting for all physical activity, as well as to fuel normal bodily processes of health, growth and development. Eating disorders are not simply disorders of eating, but rather conditions characterized by a persistent disturbance of eating or an eating-related behavior that significantly impairs physical health or psychosocial functioning. The eating disorders most often diagnosed are: **ANOREXIA NERVOSA** is characterized by persistent caloric intake restriction, fear of gaining weight/becoming fat, persistent behavior impeding weight gain, and a disturbance in perceived weight or shape. **BULIMIA NERVOSA** is recurrent binge eating, recurrent inappropriate compensatory behaviors to prevent weight gain (for example, induced vomiting and excessive exercise), and self-evaluation unduly influenced by shape and weight. **BINGE-EATING DISORDER** is recurrent episodes of binge eating without compensatory behaviors but with marked distress with the binge eating.

- **Physical/Medical Signs and Symptoms**
 - Amenorrhea
 - Dehydration
 - Gastrointestinal problems
 - Hypothermia (cold intolerance)
 - Stress fractures (and overuse injuries)
 - Significant weight loss
 - Muscle cramps, weakness or fatigue

- Dental and gum problems
- **Psychological / Behavioral Signs and Symptoms**
 - Anxiety and/or depression
 - Claims of “feeling fat” despite being thin
 - Excessive exercise
 - Excessive use of restroom
 - Difficulty concentrating
 - Preoccupation with weight and eating
 - Avoidance of eating and eating situations
 - Use of Laxatives and diet pills
- **Health Consequences**
 - Purging behaviors that cause electrolyte imbalances
 - with possible irregular heartbeats and heart failure
 - Premature osteoporosis
 - Peptic ulcers, pancreatitis and gastric rupture
- **Performance Consequences**
 - Restricting carbohydrates can lead to glycogen depletion, forcing the body to compensate by converting protein into a less efficient form of energy and increasing the risk of muscle injury and weakness.
 - Intense dieting can negatively affect VO₂ max and running speed for some student-athletes.
 - Because of inadequate nutrition, student-athletes with eating disorders tend to be malnourished, dehydrated, depressed, anxious and obsessed with eating, food and weight. These problems decrease concentration and the capacity to manage emotions.
 - Behaviors such as vomiting, excessive exercise and restricting carbohydrates often lead to dehydration, which can compromise performance.
 - Male and female student-athletes who are inadequately fueling their bodies may experience hormonal disruptions that lead to compromised bone density and increased risk of bone injuries, including stress fractures.
- **Treatment Protocol**
 - When disordered eating is suspected, the athlete must first be withheld from participation.
 - The athlete then must visit the Student Health Center for an exam to determine their health status.
 - All of the Student Health Recommendation’s must be followed and a consent form must be signed to allow the release of the information to the Athletic Training Staff.
 - If the Student Health Center deems it safe for the athlete to participate during treatment the athlete will be allowed to do so.

- Upon completion of the Student Health Center protocol the athlete will be released for full participation.

BOR Policy

N/A

Last Update

6/2016

Responsible Authority

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