

## **Eating Disorder Procedure**

Disordered eating in athletes is characterized by a wide spectrum of maladaptive eating and weight control behaviors and attitudes. These include concerns about body weight and shape, poor nutrition or inadequate caloric intake, binge eating, use of laxatives, diuretics, and/or diet pills, and extreme weight control methods such as fasting, vomiting and excessive exercise.

The purpose of this eating disorder policy is to identify, educate, refer, treat, and provide support of the affected student-athlete at Southeast Missouri State University.

### Definitions of Eating Disorders

Anorexia Nervosa is defined as a serious life-threatening disorder characterized by deliberate self-starvation resulting in excessive weight loss.

Criteria for Anorexia Nervosa include refusal to maintain body weight at or above a minimally normal weight for age and height, intense fear of gaining weight or becoming fat even though underweight, disturbance in the way in which one's body weight or shape is experienced (self-evaluation or denial of the seriousness of the current low body weight), and amenorrhea (the absence of at least three consecutive menstrual cycles within a 12 month period).

Warning Signs of Anorexia Nervosa include dieting despite being thin, obsession with calories, fat grams, and nutrition, pretending to eat or lying about eating, practicing strange or secretive food rituals, dramatic weight loss, feeling fat despite being underweight, fixation on body image (frequent weigh ins), becoming harshly critical of appearance, and denial that they are too thin.

Physical Effects of Anorexia Nervosa may include severe mood swings and depression, lack of energy and weakness, slowed thinking, poor memory, dry/yellowish skin, brittle nails, constipation and bloating, tooth decay and gum damage, dizziness, fainting, headaches, anemia, fractures, osteoporosis, low blood pressure, slow heart rate, heart palpitations, and heart failure.

Bulimia Nervosa is a serious life-threatening disorder characterized by recurrent episodes of binge eating usually followed by self-induced vomiting or some form of purging as a means of controlling weight (ex: vomiting, laxatives, diuretics, other medications, fasting, excessive exercise).

Criteria for Bulimia Nervosa include recurrent episodes of binge eating (eating in a discrete period of time an amount of food that is definitely larger than most people would eat or a sense of lack of control over eating during said episode), recurrent inappropriate compensatory behavior in order to prevent weight gain (self-induced vomiting, misuse of laxatives or other medications, fasting, excessive exercise), binge eating and compensatory behaviors both occur at least twice a week for three months, self-evaluation is unduly influenced by body shape and weight, and the disturbance does not occur exclusively during episodes of anorexia nervosa.

Warning Signs of Bulimia Nervosa include eating unusually large amounts of food, disappearance of food, alternating between overeating and fasting, going to the bathroom after meals, using laxatives, diuretics, or enemas after eating, smell of vomit, excessive exercising, calluses or scars on knuckles or hands, puffy "chipmunk" cheeks, discolored teeth, not necessarily underweight, and frequent fluctuations in weight.

Physical Effects of Bulimia Nervosa may include weight gain, abdominal pain and bloating, swelling of the hands and feet, chronic sore throat, hoarseness, broken blood vessels in the eyes, swollen cheeks and salivary glands, weakness and dizziness, tooth decay and mouth sores, acid reflux or ulcers,

ruptured stomach or esophagus, loss of menstrual periods, chronic constipation from laxative abuse, anemia, irregular heartbeats, low blood pressure and pulse rate, dehydration, and heart failure.

Eating Disorders Not Otherwise Specified (EDNOS) is a term used in the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders to describe eating disorders that do not meet the criteria for the more strictly defined disorders anorexia nervosa or bulimia nervosa. Criteria for an EDNOS include for females, all of the criteria for anorexia nervosa are met except that the individual has regular menstrual cycles, all of the criteria for anorexia nervosa are met except that, despite significant weight loss, the individual's current weight is in the normal range, all of the criteria for bulimia nervosa are met, except that the binge eating and inappropriate compensatory mechanisms occur at a frequency of less than twice a week or for a duration of three months, the regular use of inappropriate compensatory behavior by and individual of normal body weight after eating small amounts of food (ex: vomiting after consuming two cookies), repeatedly chewing and spitting out, but not swallowing large amounts of food, binge-eating disorder (recurrent episodes of binge eating in the absence of the regular use of inappropriate compensatory behaviors characteristic of bulimia nervosa. Physical Effects of EDNOS may include high blood pressure, high cholesterol, fatigue, joint pain, type II diabetes, gallbladder disease, and heart disease.

Other Unofficial Terms/Definitions –

Orthorexia a term used to describe individuals who take their concerns about eating “healthy” foods to dangerous and/or excessive extremes.

Anorexia Athletica – a term used for sub-group of athletes with eating disorder symptoms that do not permit a diagnosis of anorexia nervosa or bulimia nervosa to be made and therefore would fall within EDNOS.

(American Psychiatric Association Diagnostic and Statistical Manual for Mental Disorders-IV . 2000. American Psychiatric Association.) (National Eating Disorders Association Coach and Athletic Trainer Toolkit. 2010.

<https://www.nationaleatingdisorders.org/sites/default/files/nedaw18/3.%20CoachandTrainerToolkit%20-%20Copy.pdf>

Coaches and Staff Guidelines

- Tell your athletes that several factors can improve their athletic performance – genetic gifts, muscle mass and motivation among them – but that these can have an even greater effect when teamed with good nutrition and proper hydration.
- Remind athletes sports should be for fun, fitness, and healthy competition.
- Promote realistic goals to avoid physical and mental burnout.
- Encourage athletes to view sports as a lifetime pursuit, which means caring for their bodies over a lifetime.
- Healthy and appropriate exercise should improve your athletes' alertness and ability to relax, not exhaust them.
- Encourage flexibility in scheduling workouts and training sessions.
- Encourage athletes to strive for balance between exercise and other activities, and also between exercising and eating.
- Encourage athletes to learn how to do their chosen activity properly, and to rely on you, their coach, or other trusted sources for information and support.

(National Eating Disorders Association Coach and Athletic Trainer Toolkit. 2010.

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Signs and Symptoms that bear watching.

- Training more than coach recommends.
- Overuse injuries
- Muscle weakness
- Exercising seemingly without enjoyment
- Training in dangerous situations (running at night alone or when injured or sick)
- High level of anxiety when unable to practice or train
- Frequent weighing
- Negative comments about weight or being “fat”

(National Eating Disorders Association Coach and Athletic Trainer Toolkit. 2010.

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Intervention Attitude

- Approach the athlete sensitively and in private while being as direct and straightforward as possible
- Do not judge or criticize your athlete
- Seek help as soon as possible
- Encourage your athlete to seek treatment
- If the athlete is noncompliant with treatment recommendations, the designated team physician will have the authority to suspend participation until the athlete is willing to comply. The treatment panel will be responsible for implementation.
- Be open and cooperative with the treatment team
- Be a source of support and maintain open lines of communication
- Provide athletes and their families with accurate information on eating disorders (as well as healthy weight, good nutrition and sports performance)

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Intervention Procedure

1. Athlete with suspected eating disorder
2. Coach, fellow athlete, Certified Athletic Trainer (“ATC”), or someone else notices signs/symptoms
3. Symptoms are reported to ATC in charge of that sport
4. ATC informs Advisory Committee regarding student-athlete
5. ATC or head coach confronts athlete with information
6. Athlete is sent for evaluation Team physician Registered dietician Sport psychologist May or may not include a DEXA scan

7. Present findings and make recommendations to the Advisory Committee
8. Committee meets and implements a plan of action
9. ATC presents plan of action to athlete

#### Advisory Committee Goal and Members

The Eating Disorder Advisory Committee is in place to support the student athlete. If the student-athlete is willing, the Committee will do everything in its power to help the student athlete overcome the eating disorder and achieve a healthy lifestyle.

#### Advisory Committee Members

- Assistant Athletic Trainer
- Head Coach of Sport
- Registered Dietician
- SEMO Senior Woman Administrator
- SEMO Health Care Administrator
- Counseling and Disability Services

Attached: FAST Assessment EAT Assessment NOTE: Any student-athlete who fills out the FAST and/or EAT assessments should be assured that their responses will be kept confidential unless the student-athlete gives permission to release the information.