Exercise Science

Eating Disorders and the Female Athlete Triad
Bell Work

- Have you ever had to confront someone about something that was hard to do, but worth it!!!?? Has anyone ever approached you about a problem, and you were upset at first, but then glad they did??!!
- Write down a few sentences about this process or how it made you feel??

- Video of high school documentary...
18) Choose a health parameter relevant to weight management disorders, such as the presence of anorexia nervosa in teens. Research local incidence information and investigate the scope of the disease/disorder in vulnerable populations. Compare that data to similar state, regional, and national information. Develop an action plan for addressing the weight management disorder for the identified area, complete with an analysis of the pros and cons associated with popular diets, recommended caloric intake, appropriate exercise, and other healthcare interventions.

High School Eating Disorder Documentary
Objectives

Day One
- Note statistics related to weight management disorders
- Explore the scope of these disorders among vulnerable populations through a reflective writing activity.

Day Two
- Explore various risk factors (including body image) that may lead to weight management disorders.
- Develop an action plan for addressing the individual practicing anorexia or bulimia.
To be able to help anyone with such disorders we must be able to describe and identify each.

We must be able to note the signs and symptoms before we can provide assistance.
The STATS

One out of every 150 American females ages 12-30 years will develop an eating disorder. Statistically athletes are at a greater risk.

1/3 of all Americans are obese and 60% are overweight.

77% of individuals with eating disorders report that the illness can last anywhere from one to fifteen years or even longer in some cases.

Anyone with an eating disorder is at risk for death.
Eating Disorders

1. **Bulimia**
   - Most common in females, ranging from adolescence to middle age.
The “Binge-Purge” Cycle:

The bulimic individual typically gorges herself with thousands of calories after a period of starvation and then purges herself through induced vomiting and further fasting, or through the use of laxatives or diuretics.
The “Binge-Purge” Cycle:

- This cycle can continue for years.
- Side-effects include stomach rupture, disruption of heart rhythm, and liver damage.
- Stomach acids brought up by vomiting cause tooth decay and chronically inflame the mucous lining of the mouth and throat.
Typically, the bulimic athlete is perfectionistic, obedient, over compliant, highly motivated, successful academically, well-liked by her peers, and a good athlete.

The athlete most commonly participates is gymnastics, track, or dance.

Who else might develop bulimia?

Male wrestlers
2. Anorexia Nervosa

It is estimated that 30-50% of all individuals diagnosed with anorexia nervosa also develop some symptoms of bulimia. Anorexia nervosa is characterized by a distorted body image and a major concern about weight gain.
As with bulimia, anorexia nervosa affects mostly females.

It usually begins in adolescence and can be mild, without major consequence, or can become life-threatening.

As many as 15-21% of individuals diagnosed as anorexic ultimately die from this disorder.
2. Anorexia Nervosa

- Despite being extremely thin, the athlete sees herself as **too fat**.
- These individuals deny hunger and are hyperactive, engaging in **abnormal** amounts of exercise such as aerobics or distance running.
- In general, the anorexic individual is highly **secretive**, and the coach and athletic trainer must be sensitive to eating problems.
Early intervention is essential.

- Any athlete with signs of bulimia or anorexia nervosa must be confronted in a kind, empathetic manner by the coach or athletic trainer.

- When detected, individuals with eating disorders must be referred for psychological treatment, and must be encouraged to follow through with the treatment.
Female Athlete Triad Syndrome

This potentially fatal problem is a combination of 3 factors:

- **An eating disorder** (either bulimia or anorexia nervosa)
- **Amenorrhea** (absence of a menstrual cycle)
- **Osteoporosis** (diminished bone density)
The incidence of this syndrome is uncertain; however, some studies have suggested that eating disorders in female athletes may be as high as 62% in certain sports, with amenorrhea being common in at least 60% of female athletes.

What is the major concern with this syndrome?

Bone loss from osteoporosis (May not be regained, even if treated.)
To identify the athlete with an eating disorder, observe for the following signs:

1. Social isolation and withdrawal from friends and family
2. A lack of confidence in athletic abilities
3. Ritualistic eating behavior (e.g. organizing food on plate)
4. An obsession with counting calories
To identify the athlete with an eating disorder, observe for the following signs:

5. An obsession with constantly exercising, especially just before a meal
6. An obsession with weighing self
7. A constant overestimation of body size
8. Patterns of leaving the table directly after eating to go into the restroom
To identify the athlete with an eating disorder, observe for the following signs:

9. Problems related to eating disorders (e.g. malnutrition, menstrual irregularities, or chronic fatigue)

10. Family history of eating disorders
Bottom line…

- The root of anorexia is a desperate need for CONTROL.
- The root of bulimia is a deep sense of ANGER.
Writing Activity

- Select one of the two eating disorders: Anorexia Nervosa or Bulimia Nervosa
- Write a reflective essay about what "A Day in the Life" of someone with this disease would be like.
- Include information about interaction with family and friends/peers and what they think their mental status would be like (cravings, obsessions, shame, etc.).
- They should consider how the eating disorder would affect them emotionally, mentally, and physically.
- This needs to be 1-2 pages typed.
Day Two: Bell Work

Explain what a person’s “body image” is in your own words. 2-3 sentences.
Body image dissatisfaction is so epidemic in our society that it is almost thought of as normal. Western society has placed such a high value on appearance that almost 2/3 of American women and young girls consider weight as the key factor in determining how they feel about themselves, even more that, family, school, or career.

Contributes to overall self-esteem and contributes to our behaviors, thoughts, and feelings.
What do we compare ourselves to in our culture!!
Body image is made up of the following...

- How you see yourself when you look in the mirror or picture yourself in your mind
- How you feel others perceive you
- What you believe about your physical appearance (memories, assumptions, and generalizations)
- How you feel about your body (height, shape, and weight)
- How you feel in your body
Positive Body Image

A person with positive body image will:
- Have a clear, true perception of her shape.
- Celebrate and appreciate her body for the way it is.
- Accept her body as unique.
- Refuse to spend an unreasonable amount of time worrying about food, weight, and calories.
- Is comfortable and confident in her body.
DOVE Beauty

Does true beauty only come in size 8? Join the beauty debate.

□ fat?
□ fit?

□ ugly spots?
□ beauty spots?

campaignforrealbeauty.com Dove
grey?
gorgeous?

Why can’t more women feel glad to be grey? Join the beauty debate.
campaignforrealbeauty.co.uk

wrinkled?
wondeful?

Will society ever accept that can be beautiful? Join the beauty debate.
campaignforrealbeauty.co.uk
Negative Body Image

- **A person with negative body image:**
  - has a **distorted** perception of her shape.
  - Is convinced that only other people are attractive and that their body size or shape is a sign of personal **failure**.
  - feel **ashamed**, self-conscious, uncomfortable, and awkward in her body.
  - Is much **more** likely to develop an eating disorder.
  - Is prone to suffer from feelings of **depression**, isolation, low self-esteem, and obsessions with weight loss.
Body Image is NOT static!!!

- It is ever-changing in response to our mood and environment.
- It is psychological in nature, and much more influenced by self-esteem than by actual physical attractiveness as judged by others.

What are examples of times of change for a person’s body image and self-esteem?
Body image is learned.

- Body image is not inborn, it is learned, and the learning comes from cultural expectations and peers, but is most significantly influenced by our families.

**My missionary friend’s experience: “his fat wife”**
**Clothes today verses 200 years ago??**
**Access to mirrors, pictures/images...**

- The foundation of a positive body image and acceptance of oneself is the key to creating a healthy relationship with one’s body and the food that fuels it.
By Definition...

An eating disorder is a *dysfunctional* relationship with food and feelings towards the body.
Compared to other addictions...

- In the same way alcoholic or drug addicts abuse their substances, the person suffering from an eating disorder uses food and the control of food as a means to **numb, avoid, and escape** whatever feelings or emotions they believe they cannot handle.
TOP EIGHT CONTRIBUTING FACTORS
The body feels out of control and unstable, so the person attempts to re-gain some control (imagined or otherwise) over the body by developing an eating disorder.

Why is this? What causes a young person to feel out of control?

Statistically, 90% of those suffering from an eating disorder are between 12 and 25, with 40% of newly identified cases of anorexia found in girls between the ages of 15 and 19.
Vulnerability

Someone who is highly sensitive and easily wounded will be more likely to look for ways to self-medicate.
Frequent moves, switching schools, births and/or deaths in the family, and financial changes are all major inconsistencies that can contribute to developing an eating disorder.
Cultural Pressures

- Females receive 400-600 messages per day about what they should look like. The average American woman is 5’4” tall and weighs 140 pounds. The average American model is 5’11” and weighs 117 pounds.
- This creates an unattainable standard for almost every woman in the country. Where do you see evidence of cultural pressures to look a certain way?
- DOVE videos and website...
Family Functioning

Is the person’s family chaotic? Rigid? Overprotective? Uninvolved?

Those with eating disorders may use their disease as a means of gaining control of their life in an overprotective or rigid family system, or as a means of gaining attention in a chaotic or uninvolved family situation.
Perfectionism in the Family

Children in families that emphasize perfectionism learn to focus on the “outside” and “looking perfect” in order to gain acceptance and approval, which can predispose eating disordered behavior as a means of achieving this goal.
Family History

A family history of trauma, obsessive-compulsive disorder or rigidity, addictive behaviors, or eating disorders can contribute to their development.

In fact, if someone in the family is bulimic, the child is 4 times more likely to have an eating disorder. If someone in the family is anorexic, the child is 12 times more likely to have an eating disorder.
Primary Care Givers

Again, this is the #1 factor in the development of eating disorders. If parents are focused on diet, body size, body shape, weight, exercise, etc. they predispose their children to developing an eating disorder.
Developing Positive Image

- Ditch the diet.
- Accept your genetics.
- Recognize the influence of negative self-talk.
Developing Positive Image

- Decide to avoid judging others and yourself on the basis of body weight and shape.
- 5. Learn to love and appreciate your body.
What to say...
(handout)

Have you ever had to reach out to a friend or be a part of an intervention?

What should you say?

What should you NOT say?
Bell Work

Look at the eight factors we discussed last week.

Which factor do you think has the most influence? Explain.

Which factor do you think has the least influence? Explain.
Choose a health parameter relevant to weight management disorders, such as the presence of anorexia nervosa in teens. Research local incidence information and investigate the scope of the disease/disorder in vulnerable populations. Compare that data to similar state, regional, and national information. Develop an action plan for addressing the weight management disorder for the identified area, complete with an analysis of the pros and cons associated with popular diets, recommended caloric intake, appropriate exercise, and other healthcare interventions.

Objective:
- Review the signs/symptoms of anorexia and bulimia by evaluating case studies for each.
- Develop an action plan to assist someone we know suffering from an eating disorder.
Agenda Day Three: Eating Disorders

- Review two case studies.
- Work in groups to decide what steps were missing or should have been taken to help these individuals.
- Develop an action plan to potentially help someone you know suffering from an eating disorder.
Individual Activity

- Research and decide on three health care professionals that might assist in the treatment of someone with an eating disorder.
- What will the role/responsibility be of each person?
- Describe three possible treatments that a patient with an eating disorder may be involved with.
- What is the possible time frame for such treatments?
- Assessment of this series of lessons/Exit ticket
- Pretend you have a friend with an eating disorder. Summarize how you would approach your friend with your concerns. Also, what would you say to your friend to explain the treatments that are available to help her.
- (About one to two pages)