

Resources

CSULB Counseling & Psychological Services

(562) 985-4001

www.csulb.edu/caps

CSULB Student Health Services

(562) 985-4771

www.csulb.edu/shs

National Eating Disorders Association

Business Office: (206) 382-3587

Toll-free Information and Referral Helpline:

(800) 931-2237

www.nationaleatingdisorders.org

References

American Psychiatric Association (2000).
DSM-IV-TR. Washington, DC: Author.

Johnson, et al. (1999). Athletes and eating disorders: the national collegiate athletic association study.
International Journal of Eating Disorders, 26: 179-188.

Kalodner & Scarano (1992). A continuum of nonclinical eating disorders: A review of behavioral and psychological correlates and suggestions for intervention.
Journal of Mental Health Counseling, 14(1): 30-41.

National Eating Disorder Association (2005).
Athletes and eating disorders: What coaches, parents
And teammates need to know.
Retrieved from www.NationalEatingDisorders.org.

Sanford-Martens, et al. (2005). Clinical and subclinical eating disorders: An examination of college athletes.
Journal of Applied Sport Psychology, 17: 79-86.

National Eating Disorders Association (2005).
Health consequences of eating disorders.
Retrieved from www.NationalEatingDisorders.org.

National Eating Disorders Association (2002).
What should I say?
Retrieved from www.NationalEatingDisorders.org.



Eating Disorders: What CSULB Athletes Need to Know

Are you preoccupied with food?

Do you binge eat?

Do you restrict your food intake?

Do you feel that food controls your life?

Have you ever forced yourself to vomit after a meal?

Have you ever abused laxatives?

Are you preoccupied with your body and weight?

If you answered YES
to ANY of these questions,
this information is for you...



Prepared by
Counseling and Psychological Services

What is an Eating Disorder?

Eating disorders are serious psychological and medical conditions. They usually begin with a preoccupation with weight and dieting that results in severe disturbance in eating habits and other problem behavior.

Anorexia Nervosa (AN) involves restriction of food intake. AN is characterized by extreme weight loss; intense fear of weight gain; body image disturbance; and the absence of menstruation.

Bulimia Nervosa (BN) is characterized by recurrent episodes of binge eating accompanied by purging behavior, such as self-induced vomiting, fasting, misuse of laxatives and/or excessive exercise. Individuals with BN generally have a self-evaluation that is strongly tied to body weight and shape.



Binge Eating Disorder (BED) involves the consumption of large portions of food during discrete time periods and a sense of lack of control over food. Binge eating usually includes a preference for eating alone; eating more rapidly than normal; and eating to the point of feeling uncomfortable, even sick.

Eating Disorder vs. Disordered Eating

Only a small percentage of the population meet the criteria required to be formally diagnosed with an eating disorder. However, a staggering number of individuals meet some of the criteria for one or more of these conditions; of those who seek treatment, most will fall into this category, sometimes referred to as *sub-clinical* or *partial syndrome*. It has been estimated that as many as 50% of college women have eating disorder symptoms. Even when criteria for a formal diagnosis is not met, an eating problem can be quite debilitating and dangerous, and should be taken seriously.

Athletes at Risk

While the incidence and prevalence of eating disorders in athletes is similar to the general population, one study found that out of 1,445 Division I college athletes, 58% of females and 38% of males were at high risk for developing eating disordered behavior.

Eating disorders are complex conditions with no simple explanation for how they develop or who will develop them. Athletes are at risk for the many of the same reasons that non-athletes are – intrapsychic, familial, societal and biological factors have all been implicated in the development of eating disorders.

However, there are several risk factors in the athletic environment that may make athletes more vulnerable to the development of eating disorders including:

- Perfectionism
- High need for achievement
- Increased awareness of one's body and athletic performance
- Training since childhood
- Pressure from coaches to achieve a body ideal

Certain sports may also put athletes at greater risk:

- Sports that emphasize appearance and weight
- Sports that focus on the individual rather than the team
- Endurance sports

Health Risks for Athletes

Eating disorders are serious medical conditions with risks including:

- Reduced bone density
- Muscle loss and weakness
- Severe dehydration
- Electrolyte imbalance
- Overall fatigue and weakness
- Risk of heart failure
- And in females, the Female Athlete Triad: disordered eating, loss of menstrual periods and osteoporosis

Seeking Help

It's never easy to ask for help. College students in need of assistance often resist seeking help for fear of being perceived as "weak" or even "crazy." Perhaps, as a student athlete, you're concerned about what your teammates or coaches might think. **Asking for help is not a sign of weakness; it's a sign of strength.** If you have a problem with food, you owe it to yourself to get the help you need. As a student athlete, you study hard for your grades and you train hard for your sport. Why would you neglect your emotional and physical health? There are confidential resources, both on and off campus, that can assist you.



Helping a Fellow Athlete

Perhaps you know someone who is struggling with an eating disorder. Consider the following tips for talking to a friend:

- Set aside a time to talk in private.
- Communicate your concerns in a caring and respectful way. Share specific memories of times when your friend's eating and/or exercise behaviors have concerned you.
- Explain that you think there may be a problem that requires professional attention.
- Avoid a power struggle. If your friend will not acknowledge a problem, restate your concerns but remain open and listen to what she or he has to say.
- Be prepared to offer resources (such as those listed on the back of this pamphlet). Remember that you cannot force someone to get help. After talking to your friend, if you are still concerned about his or her health and safety, talk to a trusted adult such as a parent, coach, counselor or physician.