

EATING DISORDERS

Athletes aiming to optimise performance in their sport can obviously reap benefits from paying attention to what they eat. However, for some athletes this interest develops into an unhealthy obsession with food, calories and body weight. Such an obsession with food and body weight is termed an eating disorder.

Studies have shown that athletes are far more prone to developing eating disorders than non-athletes. For some athletes, such as distance runners, low body weight is thought to provide a competitive advantage.

In other sports, where a subjective judging element is involved, such as gymnastics, diving and dancing, athletes may feel that their body size will influence their score. In addition, certain sports where weight categories are involved, such as boxing and rowing, can lead to cycles of weight gain followed by sudden weight loss.

Although tennis is not a sport in which weight is obviously related to scoring or performance, newspapers and magazine articles have scrutinised the weight and appearance of women tennis players.

There has become an excessive focus on the female player's weight and shape, with different expectations from society regarding body weight of women versus that of men. Unsurprisingly then, female athletes are ten times more likely to develop an eating disorder than men.

Two well-known clinical eating disorders are anorexia nervosa and bulimia nervosa. These disorders go beyond a concern with weight and body image, and also include serious psychological problems. They are recognised as types of psychiatric illness and are clinically defined by a set of diagnostic criteria.

Diagnostic Criteria for Anorexia Nervosa

- Refusal to maintain bodyweight over a minimal normal weight for age and height (e.g., weight loss leading to bodyweight 15% below that expected)
- Intense fear of weight gain or becoming fat, even though underweight.
- A disturbance in the way in which one's shape and weight is experienced.
- In females, amenorrhea for at least three consecutive cycles.

Diagnostic Criteria for Bulimia Nervosa

- Recurrent episodes of binge eating (i.e., rapid consumption of a large amount of food in a discrete period of time).
- A feeling of lack of control over eating behaviour during eating binges.
- Self-induced vomiting, use of laxatives or diuretics, strict dieting or fasting, or vigorous exercises in order to prevent a weight gain.
- Persistent over concern with body shape and weight.
- Two binge episodes a week for at least three months.

Treatment

The biggest challenge in treating eating disorders is having patients recognise that their eating behaviour is itself a problem.

In anorexia, the purpose of treatment is first to restore normal body weight and eating habits, and then attempt to solve the psychological issues. Hospitalisation may be required in some cases (usually when body weight falls below 30% of expected weight).

Supportive care by health care providers, structured behavioural therapy, psychotherapy, and anti-depressant drug therapy are some of the methods that are used for treatment.

In bulimia, treatment focuses on breaking the binge-purge cycles and may consist of behaviour modification techniques, as well as individual, group, or family counselling. Anti-depressant drugs may be used in cases that coincide with depression.