

Session Title:

High-Risk Behaviors: An Overview of Eating Disorders and Overtraining

*This session complements the session titled *Intervention and Support Strategies for Eating Disorders and Overtraining*.

Presenter:

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Objectives:

1. Coaches will be able to state the three most prevalent eating disorders in the United States
2. Coaches will be able to discuss observable signs and symptoms associated with overtraining and eating disorders
3. Coaches will be able to explain the connection between overtraining and eating disorders
4. Coaches will be able to explain the negative effects overtraining and eating disorders have on their athletes

Note(s):

This handout compliments the PowerPoint presentation provided during the specific session noted above. For a copy of the PowerPoint please email info@aashepardconsulting.com.

Overtraining

Overtraining occurs when individuals train too often and/or too hard thus not giving the body adequate recovery time and fueling. In other words overtraining is the result of pushing oneself beyond the parameters of well-designed, healthy, evidence driven workouts and proper nutrition. Individuals who overtrain experience decreased performance and greater susceptibility to injury. Overtraining should not be confused with Delayed Onset Muscle Soreness (DOMS), which is generally felt 24-72 hours after a workout. In some instances, an individual may overtrain because he or she was provided with inappropriate workouts. Worth noting is that some individuals who overtrain also struggle with eating disorders.

Signs and symptoms of overtraining include:

- Impaired physical performance
- Reduced enthusiasm and desire for training
- Increased resting heart rate
- Increased resting blood pressure
- Chronic muscle or joint soreness
- Increased incidence of musculoskeletal injuries

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- Increased incidence of colds and infections
- Impaired recovery from workouts
- Increased perceived exertion during normal workouts
- Reduced appetite
- Dramatic weight loss
- Disturbed sleep patterns
- Increased depression, irritability, or anxiety
- Metabolic imbalances

Eating Disorders

Eating disorders are conditions related to eating behaviors that negatively impact an individual's health, emotions, and overall ability to function in important areas of life. They often develop in the teen and young adult years. Most eating disorders involve a preoccupation with weight, body shape, and food. Therefore, the body isn't able to get adequate nutrition. Eating disorders can cause harm to the heart, digestive system, teeth, mouth, bones, and lead to other diseases. The most common eating disorders are anorexia nervosa, bulimia nervosa, and binge-eating disorder.

1. Anorexia Nervosa: Anorexia is the third most common chronic disease among young people, after asthma and type 1 diabetes. Males represent 25% of individuals with anorexia. Individuals have a distorted body image that causes them to see themselves as overweight even when they're dangerously thin. Individuals age 15-24 with anorexia have 10 times the risk of dying compared with their same-aged peers. Signs and symptoms include, but are not limited to:

Emotional and behavioral signs of anorexia nervosa

- Dramatic weight loss
- Dresses in layers to hide weight loss or stay warm
- Is preoccupied with weight, food, calories, fat grams, and dieting
- Refuses to eat certain foods, progressing to restrictions against whole categories of food (e.g., no carbohydrates, etc.)
- Makes frequent comments about feeling "fat" or overweight despite weight loss
- Complains of constipation, abdominal pain, cold intolerance, lethargy, and/or excess energy
- Denies feeling hungry
- Develops food rituals (e.g., eating foods in certain orders, excessive chewing, rearranging food on a plate)
- Cooks meals for others without eating
- Consistently makes excuses to avoid mealtimes or situations involving food

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- Expresses a need to “burn off” calories taken in
- Maintains an excessive, rigid exercise regimen – despite weather, fatigue, illness, or injury
- Withdraws from usual friends and activities and becomes more isolated, withdrawn, and secretive
- Seems concerned about eating in public
- Has limited social spontaneity
- Resists or is unable to maintain a body weight appropriate for their age, height, and build
- Has intense fear of weight gain or being “fat,” even though underweight
- Has disturbed experience of body weight or shape, undue influence of weight or shape on self-evaluation, or denial of the seriousness of low body weight
- Post-puberty female loses menstrual period
- Feels ineffective
- Has strong need for control
- Shows inflexible thinking
- Has overly restrained initiative and emotional expression

Physical signs of anorexia nervosa

- Stomach cramps, other non-specific gastrointestinal complaints (constipation, acid reflux, etc.)
- Menstrual irregularities—amenorrhea, irregular periods or only having a period while on hormonal contraceptives (this is not considered a “true” period)
- Difficulties concentrating
- Abnormal laboratory findings (anemia, low thyroid and hormone levels, low potassium, low blood cell counts, slow heart rate)
- Dizziness
- Fainting/syncope
- Feeling cold all the time
- Sleep problems
- Cuts and calluses across the top of finger joints (a result of inducing vomiting)
- Dental problems, such as enamel erosion, cavities, and tooth sensitivity
- Dry skin
- Dry and brittle nails
- Swelling around area of salivary glands
- Fine hair on body (lanugo)
- Thinning of hair on head, dry and brittle hair (lanugo)
- Cavities, or discoloration of teeth, from vomiting
- Muscle weakness

- Yellow skin (in context of eating large amounts of carrots)
- Cold, mottled hands and feet or swelling of feet
- Poor wound healing
- Impaired immune functioning

2. Bulimia Nervosa: Individuals eat excessive amounts of food, then purge by making themselves vomit or using laxatives. Many individuals with bulimia also struggle with co-occurring conditions such as impulsivity, self-injury, and substance abuse. Between 1.1% and 4.6% of females and 0.1% and 0.5% of males will develop bulimia. That said, subthreshold bulimia occurs in 2% to 5.4% of adolescent females.

Emotional and behavioral signs of bulimia

- In general, behaviors and attitudes indicate that weight loss, dieting, and control of food are becoming primary concerns
- Evidence of binge eating, including disappearance of large amounts of food in short periods of time or lots of empty wrappers and containers indicating consumption of large amounts of food
- Evidence of purging behaviors, including frequent trips to the bathroom after meals, signs and/or smells of vomiting, presence of wrappers or packages of laxatives or diuretics
- Appears uncomfortable eating around others
- Develops food rituals (e.g. eats only a particular food or food group [e.g. condiments], excessive chewing, doesn't allow foods to touch)
- Skips meals or takes small portions of food at regular meals
- Disappears after eating, often to the bathroom
- Any new practice with food or fad diets, including cutting out entire food groups (no sugar, no carbs, no dairy, vegetarianism/veganism)
- Fear of eating in public or with others
- Steals or hoards food in strange places
- Drinks excessive amounts of water or non-caloric beverages
- Uses excessive amounts of mouthwash, mints, and gum
- Hides body with baggy clothes
- Maintains excessive, rigid exercise regimen – despite weather, fatigue, illness, or injury—due to the need to “burn off” calories
- Shows unusual swelling of the cheeks or jaw area
- Has calluses on the back of the hands and knuckles from self- induced vomiting
- Teeth are discolored, stained
- Creates lifestyle schedules or rituals to make time for binge-and-purge sessions

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- Withdraws from usual friends and activities
- Looks bloated from fluid retention
- Frequently diets
- Shows extreme concern with body weight and shape
- Frequent checking in the mirror for perceived flaws in appearance
- Has secret recurring episodes of binge eating (eating in a discrete period of time an amount of food that is much larger than most individuals would eat under similar circumstances); feels lack of control over ability to stop eating
- Purges after a binge (e.g. self-induced vomiting, abuse of laxatives, diet pills and/or diuretics, excessive exercise, fasting)
- Body weight is typically within the normal weight range; may be overweight
- Extreme mood swings

Physical signs of bulimia

- Noticeable fluctuations in weight, both up and down
- Stomach cramps, other non-specific gastrointestinal complaints (constipation, acid reflux, etc.)
- Menstrual irregularities — missing periods or only having a period while on hormonal contraceptives (this is not considered a “true” period)
- Difficulties concentrating
- Abnormal laboratory findings (anemia, low thyroid and hormone levels, low potassium, low blood cell counts, slow heart rate)
- Dizziness
- Fainting/syncope
- Feeling cold all the time
- Sleep problems
- Cuts and calluses across the top of finger joints (a result of inducing vomiting)
- Dental problems, such as enamel erosion, cavities, and tooth sensitivity
- Dry skin
- Dry and brittle nails
- Swelling around area of salivary glands
- Fine hair on body
- Thinning of hair on head, dry and brittle hair (lanugo)
- Cavities, or discoloration of teeth, from vomiting
- Muscle weakness
- Yellow skin (in context of eating large amounts of carrots)
- Cold, mottled hands and feet or swelling of feet
- Poor wound healing
- Impaired immune functioning

3. Binge Eating: This is the most common eating disorder in the United States. It is characterized by recurrent episodes of eating large quantities of food (quickly and to the point of discomfort), feeling a loss of control, shame, distress or guilt afterwards, and not regularly using unhealthy compensatory measures (e.g. purging) to counter the binge eating. This disorder often begins in the late teens or early 20s, although it has been reported in young children. Nearly 40% of individuals diagnosed with binge eating disorder are male. Three of every ten individuals looking to lose weight show signs of binge eating disorder.

Emotional and behavioral signs of binge eating disorder

- Evidence of binge eating, including disappearance of large amounts of food in short periods of time or lots of empty wrappers and containers indicating consumption of large amounts of food.
- Appears uncomfortable eating around others
- Any new practice with food or fad diets, including cutting out entire food groups (no sugar, no carbs, no dairy, vegetarianism/veganism)
- Fear of eating in public or with others
- Steals or hoards food in strange places
- Creates lifestyle schedules or rituals to make time for binge sessions
- Withdraws from usual friends and activities
- Frequently diets
- Shows extreme concern with body weight and shape
- Frequent checking in the mirror for perceived flaws in appearance
- Has secret recurring episodes of binge eating (eating in a discrete period of time an amount of food that is much larger than most individuals would eat under similar circumstances); feels lack of control over ability to stop eating
- Disruption in normal eating behaviors, including eating throughout the day with no planned mealtimes; skipping meals or taking small portions of food at regular meals; engaging in sporadic fasting or repetitive dieting
- Developing food rituals (e.g., eating only a particular food or food group [e.g., condiments], excessive chewing, not allowing foods to touch).
- Eating alone out of embarrassment at the quantity of food being eaten
- Feelings of disgust, depression, or guilt after overeating
- Fluctuations in weight
- Feelings of low self-esteem

Physical signs of binge eating disorder

- Noticeable fluctuations in weight, both up and down
- Stomach cramps, other non-specific gastrointestinal complaints (constipation, acid reflux, etc.)
- Difficulties concentrating

