

Understanding Eating Disorders in Elite Gymnastics

Ethical and Conceptual Challenges



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KEYWORDS

- Gymnastics • Eating disorders • Depressive symptoms • Self-esteem
- Female athlete triad syndrome • Elite performance

KEY POINTS

- Symptoms of eating disorders are more prevalent in high performance gymnasts than the normal population.
- The definition of eating disorders is problematic when applied to the high performance gymnastics environment.
- The high levels of eating disordered attitudes and behaviors and depressive and anxiety symptoms should be of concern, especially given the young age of this population.

INTRODUCTION

Eating disorders are serious mental disorders characterized by an overvalued desire to lose weight and/or be thin or a fear of fatness, a distorted body image, and associated behaviors.¹ They tend to begin in adolescence and young adulthood, and can derail development and life courses.^{2,3} The mortality associated with eating disorders is the highest of all mental disorders, with deaths occurring not only in the throes of severe disorder but even years afterward, both owing to suicide and the physical consequences of disordered eating and weight loss behaviors.⁴⁻⁶

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Of those who survive, much greater numbers suffer from psychiatric comorbidities and physical disabilities such as cardiac problems, gastrointestinal problems, osteoporosis, infertility, and neurologic deficits; some of these irreversible.⁷ Treatments for eating disorders are often ineffective and a majority of sufferers either remain chronically unwell or suffer a relapsing and remitting course.² The best outcomes for eating disorders are seen when eating disorders are detected early in younger individuals and prompt treatment is provided to prevent them from becoming entrenched or chronic.^{8,9} The cost of eating disorders to individuals, families, and society in terms of suffering, loss of potential and treatment costs are immense.¹⁰ The prevention, early identification, and treatment of eating disorders are therefore of paramount importance.^{9–11}

It is well-established that eating disorders have a greater prevalence among elite and high performance sport as compared with the normal population, with a particularly high prevalence in disciplines that emphasize leanness, low weight, or (slim) aesthetics.^{12,13} The term female athlete triad was coined to characterize a variant of eating disorders commonly found in female athletes, consisting of disordered eating, menstrual dysfunction, and low bone mass.^{14,15} Research has investigated the characteristics of eating disorders and the female athlete triad among athletes, and also the effects of high levels of physical training on the growth and sexual development of girls and young women.^{14,16}

Despite considerable scientific research, some conceptual issues in the context of eating disorders and elite sports remain largely unaddressed. Research studies largely assume that mental health criteria developed for the normal population can be applied to the high performance sports domain.¹² This assumption, however, that mental health criteria and concepts map well onto the particular and unusual context of high performance sports is problematic. In the process of conducting our empirical research, it became clear that there are difficulties with operating the current definition of eating disorders in an elite sport environment, where some features common to eating disorders are normalized within that milieu.¹⁷ Herein we report on a quantitative and qualitative study into disordered eating and eating disorders, in which a range of conceptual and ethical difficulties raised clear problems for research, diagnosis, and treatment.¹⁷

EATING DISORDERS: CLASSIFICATION AND DIAGNOSIS

There are 3 main eating disorders, namely, anorexia nervosa, bulimia nervosa, and binge eating disorder.¹⁸ Binge eating disorder is a recently recognized diagnosis in the newly released *Diagnostic and Statistical Manual of Mental Disorders* (DSM)-5 (the American Psychiatric Association's Diagnostic Classification system) and is mostly associated with obesity.¹⁸ In addition to individuals who fulfill criteria for these specific eating disorders, there are greater numbers who are significantly eating disordered but do not fulfill criteria; these are variously classified as eating disorder not otherwise specified in the *International Classification of Diseases* (ICD)-10 (which is the World Health Organization's classification of psychiatric disorders),^{19,20} or other specified feeding or eating disorder and unspecified feeding or eating disorder in the DSM-5.²¹

Eating disorders are characterized generally by disordered eating behaviors and distorted cognitions concerning food, weight, and shape. In anorexia nervosa, there is a strong drive to be thin or lose weight with self-induced weight loss, which is associated with distorted body perception and self-image; in bulimia nervosa, there are cycles of bingeing and purging that are associated with similar cognitive distortions. **Boxes 1** and **2** provide the current ICD-10 criteria for anorexia nervosa and bulimia nervosa, respectively, and **Box 3** provides a list of the other ICD-10 and DSM-5 eating disorders.

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