

Eating Disorders and Athletics: Signs, Symptoms, and How to Help

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Disclosures and References

- Nothing to disclose.

- References:

1. Bar, R. J., Cassin, S. E., & Dionne, M. M. (2015). "Eating disorder prevention initiatives for athletes: A review." *European Journal of Sport Science*, 16(3), p.325–335. <https://doi.org/10.1080/17461391.2015.1013995>
2. Cadavid, A., Hamrick, S., Terrell, K. R., Hamadi, H. Y., & Zeglin, R. J. (2025). "Exploring weight bias, fatphobia, and diversity training among collegiate athletic coaches." *International Journal of Sports Science & Coaching*, 0(0). <https://doi.org/10.1177/17479541241313052>
3. Chapa, D. A. N., Johnson, S. N., Richson, B. N., Bjorlie, K., Won, Y. Q., Nelson, S. V., Ayres, J., Jun, D., Forbush, K. T., Christensen, K. A., & Perko, V. L. (2022). "Eating-disorder psychopathology in female athletes and non-athletes: A meta-analysis." *International Journal of Eating Disorders*, 55(7), p. 861–885. <https://doi.org/10.1002/eat.23748>
4. Coelho, C., Oliveira, D., Branco, C., Gomes, A. R., Conceição, E., Machado, P. P. P., & Gonçalves, S. (2025). "The mediating role of self-criticism in the relationship between coaches' leadership styles and disordered eating in athletes." *Nutrients*, 17(3), p. 427. <https://doi.org/10.3390/nu17030427>
5. Conviser, J. H., Schlitzer Tierney, A., & Nickols, R. (2018). "Essentials for best practice: Treatment approaches for athletes with eating disorders." *Journal of Clinical Sport Psychology*, 12(4), p. 495-507. <https://doi.org/10.1123/jcsp.2018-0013>
6. Fewell, L. K., Nickols, R., Schlitzer Tierney, A., & Levinson, C. A. (2018). "Eating disorders in sport: Comparing eating disorder symptomatology in athletes and non-athletes during intensive eating disorder treatment." *Journal of Clinical Sport Psychology*, 12(4), p. 578-594. <https://doi.org/10.1123/jcsp.2018-0046>
7. Joy, E., Kussman, A., & Nattiv, A. (2016). "2016 update on eating disorders in athletes: A comprehensive narrative review with a focus on clinical assessment and management." *British Journal of Sports Medicine*, 50(3), p.154-162. doi: 10.1136/bjsports-2015-095735. PMID: 26782763.



Learning Objectives

After this presentation, participants will be able to:



Identify at least 3 reasons why athletes are at a high risk for the development of an eating disorder



Summarize the different symptoms and functions of the major eating disorder presentations

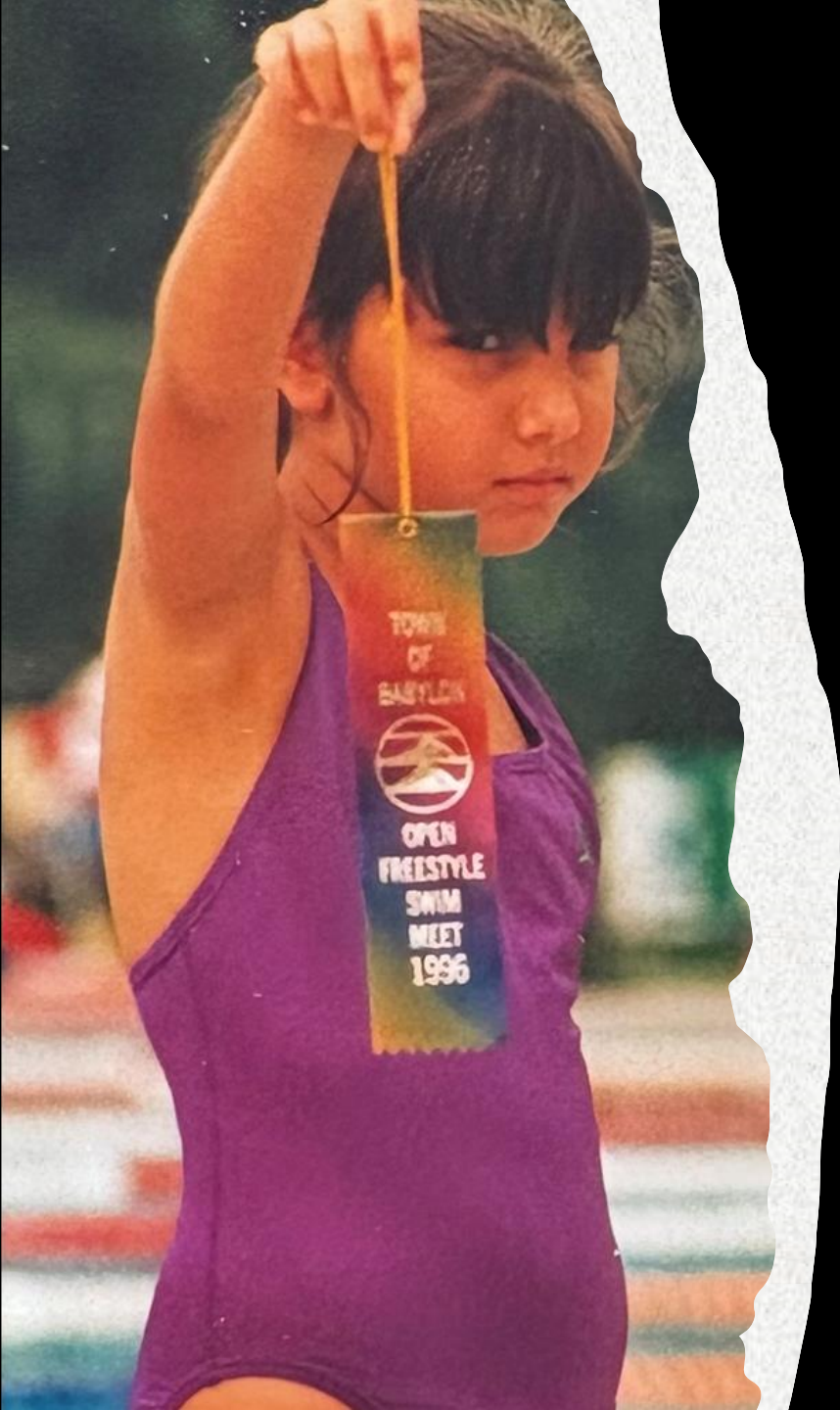


Develop ideas and plans for how to address eating disorders with athletes, on the individual, team, and macro levels.



Who am I?





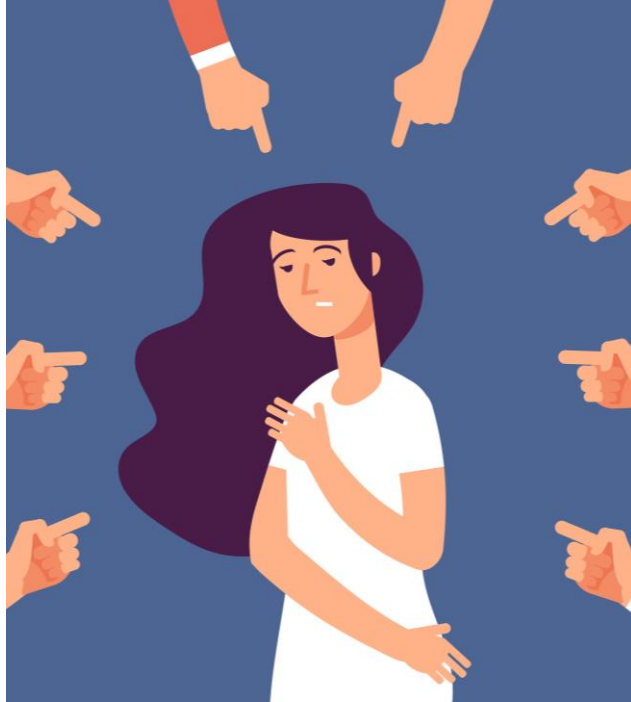
But also...



Why am I here?

- Athletes are at a higher risk of developing an eating disorder than the general population (2-3x more likely!)
- 13.5% of athletes struggle with an eating disorder
- Up to 19% of male and 45% of female athletes worldwide demonstrate disordered eating behaviors (2019, International Olympic Committee)





Overview of eating disorders

- Severe illnesses with both mental and physical risk factors, causes, symptoms, and consequences
- Disorders of isolation
- Often accompanied by anxiety, rigidity, emotional dysregulation, interpersonal difficulties, perfectionism, and/or difficulty being in the present moment



Things to remember...

Misconceptions and stereotypes about eating disorders have real consequences that can lead to fewer diagnoses, treatment options, and support for those who don't fit the stereotypical view of an eating disorder



Things to remember...



- Weight itself is not a determining factor for an eating disorder.
- Be aware of your own beliefs around weight, size, food, and exercise. Be aware of how you talk about these beliefs around athletes.
- Weight stigma, weight centric athletic practices, and societal views of weight are rooted in racism, sexism, and ableism.



Why Athletes?

- Temperament of many athletes = temperament risk factors for eating disorders:
 - High achieving and driven
 - Competitive
 - Rule followers/Play by the rules
 - High attention to detail
 - Sensitive to consequences
 - High pain tolerance
- Many of the traits that make someone an elite and/or amazing athlete also put them at high risk for the development and maintenance of an eating disorder/disordered eating

Why Athletes?

Stress of competition, competition in general, performance anxiety

Constant desire to improve

Sports with weight classes

Pressure to attain and maintain a particular body size (i.e. athletic aesthetic myth, thin performance fallacy)

Desire to fit in with team and culture of team

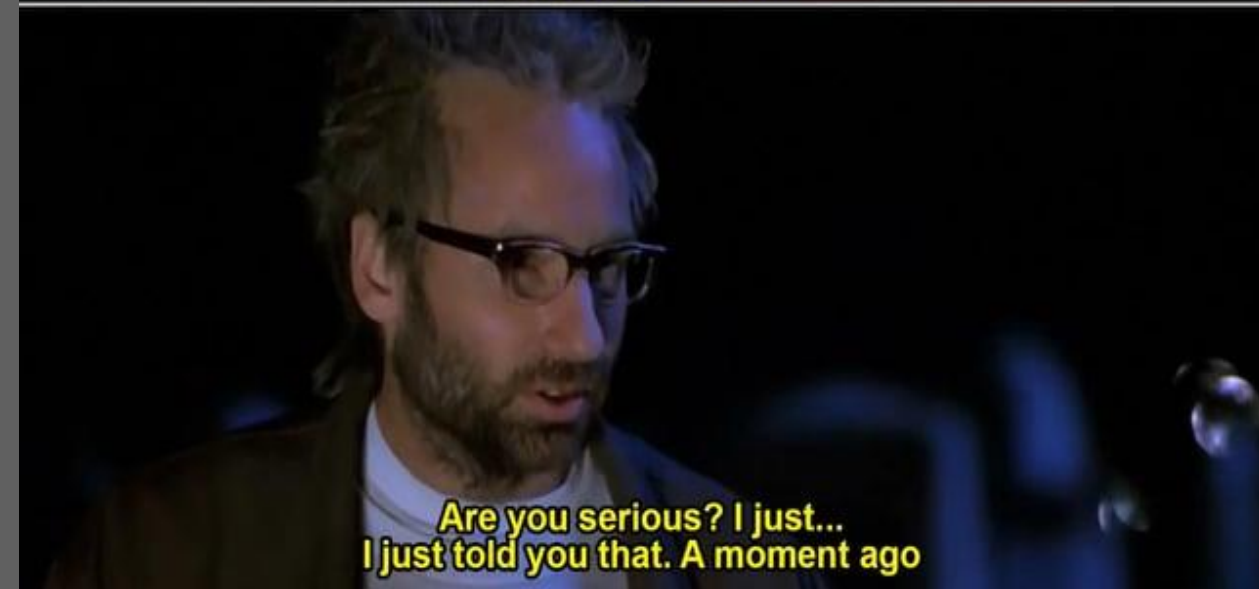
Prevalence of needing to “eat clean” or go on specific diets in sporting world

High levels of discipline

Coaches or family members who only focus on success and achievement

...But here are some more reasons why, athletes are at risk:

- Belief of needing to “tough it out” or needing to be “macho”, not allowed to show weakness
- Over-identifying with sport or being an athlete
- Risk of injury, may lead to loss of identity and eating disorder fills that role
- Difficulty identifying disordered behavior in athletic population
- Athletes may be less likely to come forward with issues due to team culture and/or not wanting to have sport restrictions in place



Subtypes of Eating Disorders

Anorexia Nervosa

Bulimia Nervosa

Binge Eating Disorder

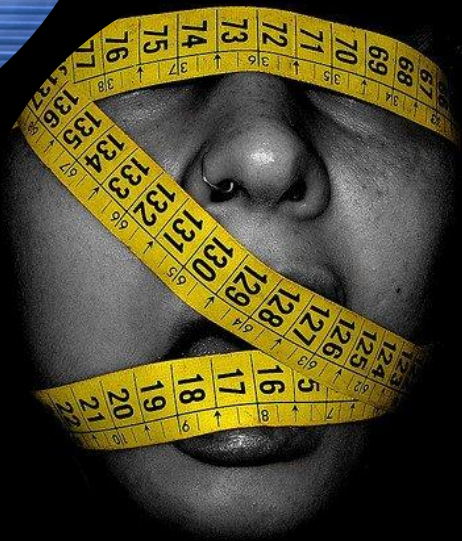
Avoidant and Restrictive Food Intake Disorder (ARFID)

Other Specified Feeding and Eating Disorder (OSFED)

Orthorexia (unofficial diagnosis)

A large iceberg floats in a blue ocean under a cloudy sky. The top part of the iceberg is visible above the water, while the much larger, submerged part is visible below the surface. The text is overlaid on the submerged part of the iceberg.

Eating Disorders are about
more than food and weight



Biopsychosocial Causes and Reinforcing Factors

- Biological and genetic vulnerability
- Psychological and temperament predispositions and co-morbidities
- Family dynamics and developmental history

Environmental, cultural, and societal influences

- Involvement in activities or professions that focus on performance of the body, appearance, weight control, dieting, etc.
- Transitions and stress tolerance



WTF: What's the Function

- Belief that altering weight/size and/or food intake will improve performance in sport
- Belief that altering weight/size and/or food intake will allow them to be noticed and seen; stand out
- Sense of control, sense of safety, sense of superiority, sense of specialness, sense of identity (perhaps beyond being an athlete)
- Numbing agent: attempt to get rid of or avoid difficult emotions, feelings, and thoughts
- Desire to fit in and be accepted



WTF: What's the Function

- Means of isolating oneself and shutting out the world
- Means of suppressing needs and focusing on others' needs; suppressing one's voice and making oneself "small" as to not be a burden or to take up space
- Form of "rebellion" (especially for perfectionists, people pleasers, etc.)
- Maladaptive coping with trauma, relational difficulties, etc.
- Maladaptive coping with pressures from sport (may unconsciously be a way of asserting that they no longer want to engage in sport)



Symptoms

Unexplained changes in weight

Changes in diet

Changes in personality

Skipping meals

Eating large quantities of food in short time periods

Excessive use of supplements, protein powders, etc.

Preoccupation with food, weight, size, fitness

Going to the bathroom after meals

Excessive exercise

Over-identification with eating healthy, exercising, or appearance related identifiers

Intense fear of gaining weight

Desire for control and/or intense fear of being out of control

Shame and guilt around eating

Eating fast

Eating slow

Lesser-Known Symptoms

Increasing self-criticism and/or criticism of others

Isolation, making excuses for cancelling plans

Apathy

Insomnia

Neglecting hygiene

Avoidance of water or excessive water intake

Shift in performance: school, work, and athletically

Low self-esteem

Hidden or “Masked” Symptoms

- Intrusive and repetitive thoughts
- Secretive behavior (eating, exercise, etc.)
- Not eating around others
- Encouraging friends or teammates to eat high calorie foods that they aren't eating
- Cooking or baking food without eating it
- Refusing to take tiny bites of food/refusing to try tiny bits of food
- Excessive interest in being healthy
- Excessive interest in what others are eating
- Ritualistic eating
- **RIGIDITY** around eating, exercise, and/or schedules





Unique Issues

- Medical complications are largely the same for athletes and non-athletes, however two unique issues:
 - Providers are likely to under-diagnose eating disorders in athletes if they rely solely on weight and vital signs.
 - Relative energy deficiency in sport (RED-S), a condition of low energy availability affecting male and female athletes of all levels and ages

Protective Factors for Athletes

- Awareness of eating disorders in athletics
- Positive, person-oriented coaching style rather than negative, performance-oriented coaching style.
- Coaches, sport personnel, and parents who abstain from giving specific nutrition, weight, and/or body composition recommendations to athletes.
- Coaches who support treatment recommendations.
- Participation in a sport culture that emphasizes body functionality over body appearance
- Coaches who prioritize athlete's mental health and create a safe and supportive culture within their team.
- Early detection and referral
- Coaches who emphasize factors beyond achievement; focus on enthusiasm, motivation, and enjoyment



Treatment – Multi-tiered and multi-modal

Medical management

**Medication/Psychiatry
management**

**Nutritional
rehabilitation and
weight restoration**

Psychotherapy

Relapse prevention

Family Involvement

**Community
Involvement**



Physical Activity

- The athlete may need to take some time off and focus on their treatment and recovery.
 - May mean loss of scholarship, not getting paid, having less time on the field, etc. → makes motivation for recovery murky at times
 - May not be doable to take time off. BE FLEXIBLE!
- Reincorporating physical activity post-treatment involves:
 - Multi-disciplinary team working with patient and support system on how best to reintroduce physical activity
 - Starting with lower-intensity movement
 - Focus on fueling for sport/activity, body esteem, eating competence, recovery skills, and resiliency.

Questions for the Individual

What does recovery mean to the athlete within the context of their sport? What about outside their sport?

Can they eat for their sport and not relapse at the same time?

What are their career goals and do any of those need/have to change for their recovery?

Are there consequences of their recovered body not meeting aesthetic standards for their sport?

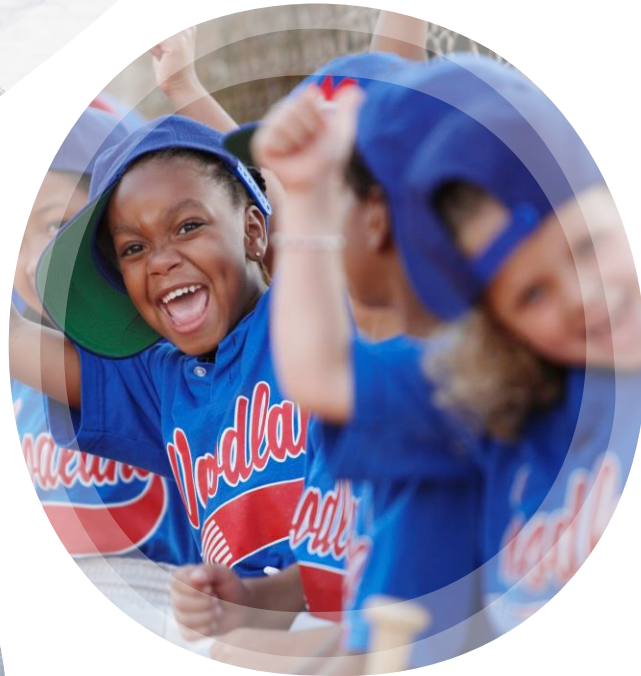
How to help – Individual Athlete Level

- Listen compassionately and non-judgmentally; when appropriate stay connected and **hold hope for them.**
- Remind them that they are a member of the team and that they have support from you and the team.
- Express how much you value the athlete BEYOND how they perform; reduce pressure to return to sports too soon
- Prioritize the athlete over the sport. Remind them that recovery comes first.
- Work with treatment team professionals, when appropriate, to set clear expectations around recovery parameters to resume or maintain athletic participation
- Encourage and reinforcement exploration of identity outside of sport and fitness
- Visualization and goal setting



How to help – Macro Level

- Talk about it!
 - Take this topic out of the shadows and name when disordered behavior is being normalized
- Continue to advocate for change on a systemic scale
- Leave behind the idea of the “superhuman” and treat athletes like human beings.
- Remember: It’s not just about the individual and their eating disorder, it’s about how the world of athletics relates to food and body size, achievement, and struggles.



Bringing it all together



Eating disorders are complex physical and mental illnesses



The results driven, high stress, and competitive environment of athletics creates high risk for athletes to develop eating disorders and disordered eating patterns



Work with the athlete's treatment team when possible



Support athletes in exploring identity beyond sport and physical activity



Compassion and continued connection go a long way

Resources

SEES Guidelines: <https://www.safeexerciseateverystage.com/sees-guidelines>

Health At Every Size (HAES): <https://asdah.org/haes/>

National Eating Disorder Association's Toolkit for Coaches and Trainers:
<https://www.nationaleatingdisorders.org/coaches-trainers/>

National Association for Anorexia Nervosa and Associated Disorders (ANAD)'s resource list for athletes and coaches: <https://anad.org/get-informed/athlete-resources/>



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Thank you!

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