

## ANNOTATION

## EXCESSIVE WEIGHT LOSS IN ATHLETES

The dangers of excessive weight reduction in young athletes have been reviewed recently alongside the risks of the accompanying symptoms of food aversion (N. J. Smith, *Pediatrics* (1980) 66, 139).

Because increasing numbers of young people are nowadays seriously committed to highly competitive sports programmes and as many coaches and athletes are aware of the advantages of reducing fatness for optimal performance in most sports there are risks that excessive voluntary weight reduction may ensue. The urge to minimise body fat may indeed lead to a pathological degree of food and fatness aversion. The degree of body wasting motivated by such starving athletes can be so severe as to satisfy the major diagnostic criteria of primary anorexia nervosa. However, its prevalence in athletes differs from that usually found in anorexia nervosa since both male and female athletes appear to be at equal risk.

The affected athlete is usually recognised relatively early in the course of abusive weight loss by concerned teammates and friends who can provide relevant therapeutic support. The athlete with excessive weight loss and food aversion is more likely to be a male adolescent or young adult, as this is the age and sex group most heavily committed to sports participation. However, girls and even pre-adolescent boys are now being seen with problems as they become involved in highly competitive sports programmes.

It should be noted that the athletes' striking weight loss and aversion for food develop *consciously* and *voluntarily* as they do in anorexia nervosa in the absence of any organic disease. The maintained high level of energy expenditure in intense training activities in the absence of any significant food intake is remarkable and accentuates weight loss. Daily losses of a pound, or even more, are not uncommon. As in anorexia nervosa the involved athlete experiences and tolerates the consequent hunger pains. The starving athlete may have bizarre reactions to having eaten, and may go on eating binges at the end of a tournament or season. It must be pointed out that such gorging can be hazardous because of salt-induced water retention and cardiovascular overload.

However, the emotional stresses that may prompt the marked loss of weight in the athlete are not deep-seated chronic problems, but are usually an accumulation of immediate, short-term concerns that respond to reassuring counselling with a sympathetic physician. The prognosis for reversing the weight loss is generally excellent and is considerably better than for the typical adolescent girl suffering from anorexia nervosa.

Programmes are described for the safe induction of changes to bring about body fat reduction whilst at the same time increasing muscle weight.

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