

Occasional piece

Eating disorders among male and female elite athletes

Eating disorders can have long lasting physiological and psychological effects and may even be fatal. Estimates of the prevalence of eating disorders vary greatly (1–62%) depending on whether they are based on self reports or clinical interviews, and on the athletic population investigated.^{1–5} However, existing studies are consistent in showing that symptoms of eating disorders and clinical eating disorders are (a) more prevalent among athletes than non-athletes, (b) more prevalent in female athletes than male athletes, and (c) more prevalent in sports in which leanness or a specific weight are considered important than in sports in which these factors are considered less important.^{1–3 5–8}

In a study including the total population of Norwegian male and female elite athletes (representing national teams at junior and senior level, aged 15–40 years), results showed that as many as 20% of the female and 8% of the male athletes met the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) criteria⁹ for anorexia nervosa, bulimia nervosa, and eating disorders not otherwise classified compared with 9% and 0.5% for female and male controls.⁵

It is generally accepted that psychological, biological, and social factors interrelate to produce the clinical picture of eating disorders. In addition, recent studies have indicated potential risk factors and trigger conditions associated with the development of eating disorders in elite sports.^{4 5 10} Factors such as frequent weight cycling, pressure from important others to reduce weight, fear of puberty (female athletes), injury and overtraining, loss of coach, fear of failing, and so called causal comments are among those factors considered to be associated with the development of eating disorders.^{4 5} Experience from Norway, however, is that preventive work could be effective with elite sports people.⁷ The prevalence of eating disorders in cross country skiers was reduced from 33% in 1990 to 15% in 1998 after preventive work with athletes,

coaches and trainers, health care personnel, and administrators. It is the author's opinion, however, that in some sports the roles have to be changed to reduce the prevalence of eating disorders.

Longitudinal studies are necessary to determine whether these factors are necessary or sufficient for eating disorders to occur, or whether these and other factors such as age, gender, personality variables, or physiological processes interact to create the disorder. These issues should be taken seriously; the personal cost to the athlete is high because of the severe and deadly consequences of eating disorders. Ultimately, the cost to the sports will be high if participation is considered dangerous. Research on the development of eating disorders, treatment, and prevention must be considered a priority.

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