

Athletics and Eating Disorder Risks

Research on eating disorders among athletes has yielded complicated patterns of findings. Whereas participation in sports may serve as a protective factor against body dissatisfaction for some athletes, this effect appears to be influenced by the type of sport and level of competition. Among female high school students, some studies have demonstrated that the prevalence of disordered eating and dysfunctional attitudes about eating are no more common among athletes than nonathletes (Fulkerson, Keel, Leon, & Dorr, 1999). Yet, the “female athlete triad” risk factors (e.g., disordered eating, irregular menstruation, and low bone mass) each occur in about 1 in 5 female high school athletes (Nichols, Rauh, Barrack, Barkai, & Pernick, 2007; Nichols, Rauh, Lawson, Ji, & Barkai, 2006). Disordered eating is equally prevalent among African American, Caucasian, and Latina high school athletes, though binge eating may be more prevalent among Latinas and African American girls may have lower risk for developing an eating disorder (Pernick et al., 2006). Among collegiate-level female athletes, the rates of anorexia nervosa and bulimia nervosa range from 2-4%, though rates of “at risk” behavior range from 15-32% (Beals & Manore, 2002). The prevalence of eating disorders among male athletes has not been as well-studied, though research suggests that sub-clinical disordered eating symptoms are more common than clinical eating disorders (Woodside, Garfinkel, Lin, & al, 2001).

Though female collegiate athletes overall may not demonstrate higher levels of disordered eating than non-athlete female college students, there is evidence that participation in certain types of sport is associated with higher risk (Reinking & Alexander, 2005). In fact, for both male and female athletes, participation in a sport in which aesthetic appearance matters (e.g., gymnastics, figure-skating, body-building, ballet, etc.) or a sport in which there is pressure to “make weight” (e.g., wrestling, horse-racing, rowing, etc.) is associated with higher rates of disordered eating and eating disorders (Bachner-Melman, Zohar, Ebstein, Elizur, & Constantini, 2006; Baum, 2006; Beals & Manore, 2002; Byrne & McLean, 2002; Ravaldi et al., 2003). Participation in these sports is also associated with higher levels of menstrual irregularity among female athletes (Nichols et al., 2007). It appears that this increased risk may result from both external competitive pressure and personality factors, particularly perfectionism (Thomas, Keel, & Heatherton, 2005). Additionally, sociocultural pressure to be thin, sport-related performance anxiety, and negative self-evaluation with regard to athletic performance may influence development of dysfunctional attitudes and disordered eating (Williamson et al., 1995). Thus, athletes would likely benefit from screening for eating disorders or at-risk behaviors prior to participation in their sport (Nichols et al., 2006).

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