

What the Stopwatch Doesn't Tell

Coaches are central in identifying eating disorders among athletes, sometimes before they arrive on a campus

By ERIN STROUT

When Michael Whittlesey recruits for the University of North Carolina at Chapel Hill, he is scouting for more than the nation's top runners — he looks for female high-school athletes who are happy, healthy, and fit. It is a more difficult job than many people may assume.

Lurking behind the championships, trophies, and academic achievements of many top female athletes is a devastating battle with eating disorders — not a new problem, but one that has changed the way coaches talk to their teams about weight and nutrition. The illnesses, which are often difficult to detect, can throw an entire team into a tailspin.

The issue has become so prevalent, dangerous, and potentially disruptive that coaches like Mr. Whittlesey, North Carolina's cross-country and assistant track-and-field coach, have learned to spot the symptoms well before they decide which runners to sign to scholarships.

"An eating disorder can threaten a girl's long-term health or even cause death," Mr. Whittlesey says. "You can't pick out every person, but you can learn to see the warning signs."

Increasing numbers of college coaches are dealing with athletes' eating disorders, and the problem is particularly acute in sports like running, where a lean physique and unusually small frame can enhance performance. One 2002 study showed that almost half of female college athletes exhibited symptoms of eating disorders, such as fear of being too heavy or feeling pressure to achieve a certain weight.

Anorexia (self starvation and excessive weight loss) and bulimia (binge eating, followed by self-induced vomiting or excessive use of laxatives) are thought to be both psychologically and biologically based, triggered by emotional and cultural factors. The stress of the transition into college life, competing on the collegiate level, keeping up academically, and adapting to a new social scene can exacerbate the illnesses.

While eating disorders are nothing new, coaches are increasingly finding themselves on the front lines of identifying the athletes at risk, and dealing frequently with the aftermath of their diagnosis as essential support for the students' return to good health.

"If any coach says they don't deal with an eating disorder at least once in a season, they've got their head in the sand," says Ron Helmer, director of track and field and cross-country at Georgetown University. "Every year there are at least one or two conversations with people on the fringe."

Danger Ahead

Victoria Jackson was one such high-achieving recruit with troubled eating habits. When Mr. Whittlesey first met Ms. Jackson, during her junior year of high school, in 1998, he saw a "solid, healthy runner" who was on the brink of peaking nationally. A year later, she didn't disappoint, taking second at the national high-school cross-country championships, maintaining stellar grades, and compiling a laundry list of extracurricular activities.

Soon after Ms. Jackson committed to North Carolina, Mr. Whittlesey noticed a change in her. "She went from a really happy kid to melancholy," he says. "It was like talking to two different people on the phone, and I started to suspect something was wrong."

A few months before Ms. Jackson arrived in Chapel Hill, Mr. Whittlesey saw her at a track meet in Los Angeles, where she was a shadow of the runner he had recruited. His concern led him to meet with her parents and alert sports-medicine physicians at North Carolina that potential problems might arise when Ms. Jackson moved to the campus.

As Mr. Whittlesey suspected, his star recruit came to North Carolina too thin, frail, and sick to compete. But Ms. Jackson, who had battled anorexia for much of her young life, worked with the university's doctors and was determined to return to competition. Unlike many victims of eating disorders, she didn't try to conceal her problem. She gained enough weight that year to run the conference and national championship meets, as well as compete during indoor track season, but she later regressed.

By her sophomore year, the 5-foot-6 athlete weighed just 85 pounds.

While doctor-patient confidentiality laws protect athletes from having their doctors tell coaches about their health conditions, Ms. Jackson allowed her physicians to discuss her illness with Mr. Whittlesey.

"It was clear that running was a stressor to her and part of the reason for her anorexia," the coach says. "We decided that she could not compete anymore. It was time for her to take care of her life instead."

Early Detection

Like Ms. Jackson, many girls struggle with eating disorders before college. Research shows that about 40 percent of newly identified cases of anorexia are in females ages 15 to 19, making it important for coaches to learn the symptoms so they spot them during the recruiting process.

No system is perfect, but coaches have learned that looking beyond the record-breaking times and collection of medals is imperative. Seeing an athlete with an overly thin, pre-pubescent-looking body leads college coaches to search for other signs of eating disorders, like excessive body-hair growth, abnormally dry and yellowing skin, thinning

hair, brittle or discolored nails, and drastic mood swings. Many coaches ask members of their teams to hang out with recruits and report back any questionable behavior during meals, such as picking at their food instead of eating it or consistently going to the bathroom after eating.

Some coaches, including Mr. Helmer, say that high-school parents and coaches should more closely monitor young athletes to prevent negative eating habits, which can become amplified when women leave home for college.

Mr. Helmer watches how recruits interact with their coaches, parents, and teammates. He asks if an athlete tends to over-train against her coach's wishes, or if she shuts herself off from socializing with friends in favor of extra training or schoolwork.

"You can't recruit with blinders on," the Georgetown coach says. "You can find out how they deal with it, and if a great runner is in denial — if her parents and coaches are in denial — I stay away, because I know it's not worth it."

Clearly, prescreening does not always work, and a big concern for coaches is quickly identifying athletes with eating disorders before other team members start emulating their negative eating habits. Many runners who lose weight initially experience a spike in performance, tempting teammates to mimic the habits that are producing enviable results. In that way, coaches say, eating disorders can be "contagious."

Ian Solaf, head women's cross-country coach at the University of Portland, tries to prevent that from happening by setting expectations for his athletes from the beginning, emphasizing that the two most important aspects of success are training hard and eating healthy. He talks about nutrition in the context of how it fuels performance, and stresses that eating the right foods — and enough of them — is essential to competing at a high level.

"I try to get in their heads early and make them understand that you can't eat 500 calories a day and expect to go to meets," he says. "It's hard as a coach, but if you let somebody run who you know is not fueling themselves properly, you send a message to the team and usually end up with problems."

Subtle Signs

Coaches were not always so enlightened about the influence they could have on the women they coached. In sports like distance running, rowing, or gymnastics, where low body weight is advantageous, weigh-ins used to be the norm, and athletes were often told to maintain a certain number on the scale.

A 2003 survey of 2,800 coaches of female athletes, conducted by the National Collegiate Athletic Association, found that two-thirds of female coaches and 80 percent of male coaches did not understand that the disruption of regular menstrual cycles — called amenorrhea — is a sign of an eating disorder.

In response, the American College of Sports Medicine and the NCAA started educating coaches about what is called the "female athlete triad," which connects the symptoms of disordered eating, amenorrhea, and osteoporosis.

An athlete who has one component of the triad should be screened for the others. For example, an athlete who struggles with stress fractures should be asked if she misses her menstrual cycle. The two symptoms combined means the athlete should be screened for anorexia or bulimia.

Dena Evans, former head women's cross-country coach at Stanford University and a former competitive distance runner, says she believes that the more uniformity there is in dealing with eating disorders, such as awareness about the female athlete triad, the more likely it is that coaches will successfully help athletes overcome them.

As a coach, Ms. Evans says she found it important to be observant of the red flags, even when an athlete was successful.

"If you see a subtle uptick in exercise in order to do better, you see a change in body size, you know they've missed a period — it's the small signs of what may grow into larger problems," she says. "All of us in life get to places we didn't intend to get to, but it helps to have people around athletes who can see the subtle changes, not just the success they are achieving."

A Strong Finish

At North Carolina, Mr. Whittlesey took Ms. Jackson out of the game, but his willingness to put her on a medical redshirt allowed her to return to competition as a graduate student.

In her last two years at North Carolina, Ms. Jackson did not run a step. She surrounded herself with support from her counselor, physician, nutritionist, boyfriend, and family. She decided that anorexia was a childhood disorder and an element of her past.

Ms. Jackson says that Mr. Whittlesey's forethought was instrumental in allowing her to focus on her health and created a turning point in her life.

"He understood that I wanted to pursue graduate studies and I wanted to run," she says. "His decision saved my career and my life."

After she finished her undergraduate degree at North Carolina, she enrolled at Arizona State University. She chose Arizona State not because of its running program but because the university offered the faculty expertise she needed to complete a doctorate in American Indian history. With two years of eligibility remaining, and having gained 35 pounds, she decided to give running another try. This time she focused on a healthy lifestyle, and not on performance.

But she is clearly still setting high expectations on the track. Last June, Ms. Jackson won the national title in the outdoor 10,000-meter NCAA track-and-field championship. Wearing the maroon-and gold Arizona State colors, she crossed the final finish line of her collegiate running career happy, healthy, and with her hands held high, which was perhaps a bigger accomplishment than winning the title itself.

TIPS FOR IDENTIFYING EATING DISORDERS

Understand the "female athlete triad." The triad comprises involves eating disorders, amenorrhea (menstrual irregularity), and osteoporosis. The triad usually begins with disordered eating patterns, which lead to disrupted menstrual cycles and injuries such as stress fractures.

Know the symptoms. Some physical signs of eating disorders include dehydration, gastrointestinal problems, intolerance to cold, significant weight loss, and dental and gum problems. Behavioral and psychological symptoms include excessive exercise, difficulty concentrating, anxiety, depression, and excessive time spent in the bathroom.

Tread carefully. The initial contact with an athlete who may have an eating disorder is crucial and should be done privately and without criticism by a person in authority who has a good relationship with the athlete. Referrals should be made to health-care specialists immediately.

SOURCE: NCAA