Female Health: Equipping Coaches to be a Solution

Female distance runners and eating disorders in the NCAA

“It makes me sad and disappointed when I see coaches not helping a young woman with ED because at the end of the day I believe coaches have the ability and power to set the stage for that young person’s life. It’s a big responsibility, but it’s all about teaching life lessons and becoming the best versions of ourselves.”

Shalane Flanagan, Pro Athlete

What can coaches do?

1. **RECOGNIZE**

2. **REFER**

3. **DON’T RACE** ...

Eating Disorders (ED)
Mental disorders that manifest themselves in a variety of eating and weight-related signs and symptoms (Thompson & Sherman, 2010)

**Most Common Types of ED you will likely encounter:**
- Anorexia - Self Starvation
- Bulimia - Binge and Purge
- *or a combination of these*

Female Athlete Triad

**Triad Components:**

1. Low energy availability/disordered eating
2. Amenorrhea
3. Osteoporosis
15 Red flag symptoms coaches can recognize ...

1. Noticeable lanugo hair / “fur” on arms, face or anywhere on body
2. Brittle fingernails, blue fingertips
3. Itchy dry skin, pale skin tones
4. High risk stress fractures: pelvis, spine, femur, femoral neck
5. Overuse injuries that take unusual amount of time to heal
6. Menstrual Irregularity, losing three cycles in a row
7. Loss of bone density
8. Decreased Immunity: frequent colds, infections
9. Excuses to skip meals
10. Preoccupation with one’s food and others food
11. Exercise is the athlete’s primary way of coping; may react poorly forced days off or rest
12. Personality shifts: Withdrawal, negative moods, decreased ability to concentrate, impatience, crankiness
13. Light-headedness and dizziness, abdominal pain
14. Decrease in sport performance over time
15. Trainer or teammates reporting concern
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Red Flags in Recruiting

*Can elite high school championships be misleading?*

Things I look for when recruiting a high school runner:

Indicators of over training?

Late onset or loss of menstrual cycle

Eating behavior during on-campus recruiting visits

Overall appearance

Signs of obsession or compulsion about exercise

Injury history
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Peak Bone Mass Formation in Females

*What you need to know ...*

“Bone mass is now thought to peak between the ages of 18-25. Thus, behaviors which result in low bone density in youth could be detrimental to an athlete’s bone health throughout her lifetime.”

(Hobart & Smucker, 2000)

**PLEASE share this with your runners:**

90% of your peak bone mass by age 17

(NATIONAL INSTITUTES OF HEALTH, 2006)

Calcium Needs for Teenagers

Between 9 and 18 should get 1300 milligrams of calcium every day

(AAP, American Academy of Pediatrics)

“That translates into somewhere between four to five glasses of milk or equivalent per day. And most teens are not doing that.” Dr. Neville Golden AAP

Educate Your Runners ... Calcium Sources in Food

Choosing the right calcium supplement ... Key Ingredients

Calcium Citrate    Magnesium    Vitamin D3    Vitamin K

Other factors effecting calcium absorption

Cola    Coffee    Lactose Intolerance    Iron
Referring and Getting Support

Find out from your administration what the referral protocol is at your school

If there is no protocol, consider working with your school to develop one ahead of a problem developing

Most states require a pre-participation physical evaluation

Questions on this required form can help flag possible ED

HS Coach can refer to:

- School counselor
- School nurse
- Athletic Director

At this point, your school may require the runner to go back her physician

The physician would then redo her physical

In order for her to return to the team she would need a letter from her physician stating that she healthy, not underweight and/or at risk for ED

DON’T Race Runners with Eating Disorders

“When you allow an athlete with an ED the opportunity to compete in uniform you are sending a strong message to the team that poor choices are supported and you are sending a strong message to every single athlete that their health is not important as their immediate performance.”

Lauren Fleshman, Pro Athlete, Partner at Oiselle

Lauren Fleshman, in her own words –

Why you Don’t RACE a girl with ED:

You lose your credibility as caring for your athlete’s health
You send a statement to your athletes that performance trumps health
You essentially tell them that EDs aren’t a big deal
You make it an “unspeakable” thing ... rather than something out in the open
You provide opportunities for photos to be taken of your athlete in competition, which can become standards for what “fast” looks like

“This is a cycle that needs to be broken!”
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Conclusion: Dangers of NOT Recognizing & Referring

_Ticking time bomb?_

Death

Serious Stress Fractures

Life Long Battle with ED

Making Other Athletes at Risk for ED

“Most coaches encourage it, by doing nothing about it.”

_Letsrun.com Anonymous Poster_

_You are equipped to do the right thing now ... You can be a solution!_

Coach Karen Harvey
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References:


Suggested Reading:
