



COACH & ATHLETIC TRAINER TOOLKIT



National Eating Disorders Association

EDCare
www.eatingdisordercare.com

Athlete  EDGE
at EDCare

The National Eating Disorders Association (NEDA) seeks to fundamentally change the way eating disorders are understood and treated. We provide communities with accessible education, tools for early intervention, and groundbreaking research to achieve lasting well-being and recovery. Your generosity makes it possible to provide free resources like this to those in need.

Please support our work:
bit.ly/4lIZKJH



Learn more about NEDA:
nationaleatingdisorders.org



Thank you to our sponsor, Athlete EDGE® at EDCare, for their contributions to the *Coach & Athletic Trainer Toolkit*. EDCare's Athlete EDGE® program in Denver, CO provides athletes, ages 13 and older, with specialized eating disorder treatment designed to meet their unique needs in both sport and recovery. Free, confidential assessments are available, and housing is offered for those who need it: www.athleteEDGE.care



TABLE OF CONTENTS:

INTRODUCTION	2
PREVENTION	3
Creating a Safe and Supportive Sport Environment	3
A Note About Middle and High School Athletes	4
Types of Eating Disorders	5
Eating Disorders Signs and Symptoms Specific to an Athletic Setting	5
Eating Disorders and Athletic Performance	7
Relative Energy Deficiency in Sport (REDs)	8
EARLY INTERVENTION	11
What Should You Do If You're Concerned About an Athlete?	11
Considerations for Adult Athletes (over 18 years old)	13
Considerations for Adolescent Athletes (under 18 years old)	13
Eating Disorders and the Team Dynamic	14
TREATMENT	15
Types of Treatment	15
Role of the Coach and Athletic Trainer During Treatment.....	16
Confidentiality Issues During Treatment	16
Pausing or Modifying Sport Participation	17
The Benefits of Mental Performance Skills	17
Reintegration into Sport.....	18
APPENDIX	19
Frequently Asked Questions	19
Acknowledgements	21
References	22

INTRODUCTION

Sport offers numerous benefits such as building self-esteem, promoting physical conditioning, enhancing skills, teaching the value of teamwork, and setting a foundation for lifelong physical activity. However, the competitive nature of athletics can also introduce significant physical and psychological stressors. When combined with cultural pressures around body image and thinness, these stressors can make athletes vulnerable to disordered eating.

Disordered eating refers to problematic eating behaviors and distorted attitudes toward food, weight, shape, and appearance. These behaviors may include restricting food intake, binge eating, purging, excessive exercising, or the misuse of diuretics, laxatives, and weight loss medications. Although these patterns might not meet the criteria for a clinical eating disorder, they can pose serious health risks and are a significant risk factor for developing an eating disorder. Early intervention is critical to prevent symptoms from worsening or progressing into a clinical condition.

Certain athletes face heightened risk for disordered eating, particularly those in weight-class (e.g., wrestling, rowing), aesthetic (e.g., gymnastics, dance, bodybuilding), and endurance (e.g., running, cycling, swimming) sports that emphasize appearance, weight requirements, muscularity, or focus on individual performance. Additional risk factors include early specialization, high levels of competition, and environments where weight control and performance are prioritized over overall well-being. Individual factors like low self-esteem, perfectionism, family dysfunction, chronic dieting, and traumatic life experiences can further increase vulnerability. While disordered eating is more commonly recognized in female athletes, male athletes are also at risk. It's important to recognize that eating disorders can affect athletes of all genders, body types, sports, and competition levels.

Despite these risks, the solution is not to avoid sport—the benefits far outweigh the risks. Instead, we must address the cultural, psychological, and environmental contributors to disordered eating in athletics. As coaches and athletic trainers, you play a critical role in recognizing early warning signs, preventing disordered eating and body image concerns from developing into eating disorders, and guiding athletes toward help and recovery. This toolkit was developed with input from experts to equip you with the knowledge and resources to respond confidently and effectively when concerns arise.

Creating a Safe and Supportive Sport Environment

As a coach or athletic trainer, you play a significant role in the physical and psychological well-being of your athletes. You influence training environments, attitudes toward body image, and approaches to nutrition. This puts you in a powerful position to prevent harmful behaviors and foster resilience. The following strategies can help create a supportive environment and reduce the risk of developing disordered eating or an eating disorder:

Foster a positive, person-centered coaching environment that emphasizes growth, effort, and well-being over criticism or perfectionism. Focus on motivation, teamwork, and dedication rather than body weight, shape, or body composition.

Promote a team culture of body positivity and functionality. Celebrate what athletes' bodies can do—not how they look. Be mindful of the impact of uniforms on self-image, and eliminate body comparisons and derogatory comments, including your own value judgments around food, weight, or shape.



Avoid making recommendations about weight, nutrition, or body composition. Instead, refer athletes to qualified professionals and provide resources that promote balanced nutrition and debunk myths about dieting and disordered eating.

Discourage dieting and restrictive behaviors, which are major risk factors for disordered eating. Help athletes understand that these practices harm both health and performance.

Handle weigh-ins with sensitivity. If required, conduct them privately and supportively, with proper nutrition and eating disorders education. Collaborate with qualified providers to decide whether blind or non-blind weigh-ins are best for each athlete's mental well-being.

Prioritize mental health. Create a safe team environment where athletes feel seen, heard, and respected. Encourage open communication and trust.

Build strong relationships with athletes by learning about their goals, interests, and lives beyond sport. Show consistent support and mutual respect.

Teach that performance is shaped by many factors—genetics, muscle mass, training, sleep, nutrition, and hydration—not just body weight or shape. Reinforce that success comes from refining skills and strengthening psychological skills, not striving for perfection or weight loss.

Encourage balance, rest, and realistic goals. Frame sport as a lifelong, enriching pursuit that supports success both in and beyond athletics. Allow flexibility in training, set clear limits to prevent overtraining, and teach that appropriate training should enhance alertness and relaxation—not cause exhaustion.

A Note About Middle and High School Athletes: As a coach or athletic trainer of middle and high school athletes, your role goes beyond skill development—you're guiding young people through critical stages of physical and emotional development. Beyond the general tips we've provided, it's important to encourage younger athletes to participate in multiple sports rather than specializing early to support well-rounded development and reduce the risk of burnout or injury. Be cautious about moving young athletes into high-level training environments too soon, as both physical readiness and social dynamics are important. Normalize growth, including menstruation and weight changes, as healthy parts of athletic development. Most importantly, stay observant. A lack of growth, noticeable weight loss, or disordered eating behaviors can be warning signs. Your attention, support, and communication can make a lasting difference.

Types of Eating Disorders

Below are the most common types of eating disorders. To learn more about additional types and their symptoms visit:

www.nationaleatingdisorders.org/what-are-eating-disorders.

Anorexia Nervosa (AN) involves severe restriction of food intake, leading to weight loss or a lack of appropriate weight gain in growing children. Individuals often struggle to maintain a body weight that is healthy for their age, height, and growth needs. Many also experience intense concerns about body image.

Avoidant Restrictive Food Intake Disorder (ARFID) involves extreme restriction in the amount or type of food eaten, unrelated to body image concerns. This restriction may stem from sensory sensitivities, low interest in eating, or fear of negative consequences such as choking or vomiting.

Binge Eating Disorder (BED) involves repeated episodes of eating large amounts of food often rapidly and

beyond the point of fullness. Binges typically occur alone or in secret and are associated with feelings of loss of control, shame, and guilt.

Bulimia Nervosa (BN) is characterized by cycles of binge eating followed by compensatory behaviors, such as self-induced vomiting, fasting, excessive exercise, misuse of laxatives, diuretics, or other medications.

Other Specified Feeding or Eating Disorders (OSFED) describes clinically significant eating concerns that do not meet the full criteria for other diagnoses. Examples include Atypical Anorexia, subthreshold Binge Eating Disorder or Bulimia Nervosa, Purging Disorder, and Night Eating Syndrome.



Eating Disorders Signs and Symptoms Specific to an Athletic Setting

As a coach or athletic trainer, you are often the first to notice subtle changes in mood, behavior, or performance that may indicate an eating disorder. Recognizing these signs early is critical to supporting the athlete and preventing long-term harm. Early detection is the strongest predictor of full recovery. When concerns arise, involve the athlete's parent or guardian whenever appropriate. Addressing the issue promptly is essential, as eating disorder behaviors can become deeply ingrained and may spread within a team if left unaddressed.

Emotional and Behavioral Symptoms:

- Withdrawal or reduced interaction with coaches/teammates
- Perfectionistic tendencies
- Difficulty taking rest days or tapering training
- Avoidance of water or excessive water intake
- Preoccupation with one's own or other people's food
- Comparisons of food intake, weight, shape, size, or exercise routines
- Ritualistic eating behaviors or avoidance of certain foods
- Heightened awareness to changes in diet, weight, or training patterns
- Excessive concern with body image or aesthetics
- Prolonged or additional training above and beyond what is required (e.g., extra sit-ups, laps, or workouts)
- Training in dangerous situations, such as when injured, sick, or alone at night
- High anxiety or guilt when unable to train
- Frequent self-weighing and negative comments about weight or being "fat"
- Reports of concern from teammates about the individual
- Personality changes or extreme mood shifts, such as increased irritability, anxiety, social withdrawal, or extreme behaviors

"Early detection is the strongest predictor of full recovery. When concerns arise, involve the athlete's parent or guardian whenever appropriate."

Physical Symptoms:

- Decreased concentration, energy, muscle function, coordination, endurance, and speed
 - Increased fatigue and higher perceived exertion
 - Decreased training response and longer recovery times after workouts, games, or races
 - Frequent muscle strains, sprains, or fractures (often due to overuse)
 - Slow heart rate and low blood pressure
 - Reduced body temperature and heightened sensitivity to cold (e.g., cold or mottled hands and feet, or swelling of feet and ankles)
- Complaints of lightheadedness and dizziness
 - Abdominal pain or gastrointestinal discomfort
 - Brittle hair/nails, dry/yellowing skin, or fine body hair called lanugo
 - Mild anemia
 - Joint swelling/pain
 - Dental erosion due to vomiting (tooth enamel damage)
 - Swollen salivary glands (giving a puffy facial appearance)
 - More frequent overheating and dehydration
 - Decreased bone density

Eating Disorders and Athletic Performance

Eating disorders affect more than an athlete's health—they can significantly impair sport performance. The physiological impact depends on the disorder's severity and duration, as well as the athlete's overall health, body composition, and genetics. While the body is resilient and can sometimes sustain high performance for a short period of time despite being compromised, this is temporary and comes at a cost. High athletic performance does not always indicate optimal health.

There's no universal "ideal" body fat percentage. Each athlete's optimal body composition is unique and influenced by body type, genetics, and fitness level. Being thinner does not guarantee better performance. In fact, too much weight loss or body fat reduction can negatively impact strength, power, recovery, and performance.

"Being thinner does not guarantee better performance. In fact, too much weight loss or body fat reduction can negatively impact strength, power, recovery, and performance."

Even short-term weight loss can negatively affect performance. Athletes who restrict food or fluids—even briefly during their competitive season—risk dehydration, fatigue, and reduced strength, speed, or stamina. Remind your athletes that cutting weight doesn't improve performance; it can actually hurt it.

Relative Energy Deficiency in Sport (REDs)

Athletes have significant energy demands. When these demands are not met, either unintentionally or intentionally, it can lead to significant physical and psychological consequences. One major concern is Relative Energy Deficiency in Sport (REDs). REDs is caused by low energy availability (LEA), where energy intake is insufficient to support both training demands and essential bodily functions. REDs poses serious health risks and can increase the likelihood of developing an eating disorder over time. Additionally, many athletes strive for extremely low levels of body fat, often compromising their overall health in the process.

Health Consequences of REDs

REDs can affect every major system in the body, leading to:

- Reproductive issues (e.g., menstrual dysfunction, low estrogen or testosterone, decreased sex drive)
- Cardiovascular dysfunction (e.g., bradycardia, tachycardia, unstable vital signs)
- Impaired immune function
- Slowed growth and development
- Hematological, gastrointestinal, and metabolic disturbances
- Psychological symptoms such as depression, irritability, and low motivation



Although REDs shares some symptoms with eating disorders, a diagnosis must be made by a qualified healthcare provider, who will assess whether disordered eating or an eating disorder is also present.

Performance Consequences of REDs

Although athletes may maintain, or even temporarily improve, performance for a short period, a continued state of REDs will ultimately impair athletic ability.

Consequences include:

- Poor concentration and focus
- Reduced training response and slower recovery
- Increased injury risk
- Lower glycogen stores
- Decreased coordination and impaired judgment
- Reduced muscle strength and endurance capacity

Diagnosing REDs

Accurate diagnosis requires a full evaluation by a sports medicine physician.

This typically includes:

- Detailed medical history
- Blood pressure and heart rate assessment
- Review of training volume and intensity
- Evaluation of eating habits
- Assessment of changes in mood, energy levels, injury patterns, hormonal symptoms, and performance

“Although athletes may maintain, or even temporarily improve performance for a short period, a continued state of REDs will ultimately impair athletic ability.”

Treating REDs

Treating REDs requires a multidisciplinary team approach involving a physician, sports dietitian, and mental health provider. The physician monitors overall health and coordinates care with specialists as needed. A sports dietitian helps restore energy through tailored nutrition plans, whether under-fueling is intentional or not. Intentional restriction may signal an eating disorder, requiring further evaluation. A mental health provider supports the athlete in managing mood changes and addressing underlying issues contributing to the development and sustainment of REDs. Treatment often includes increased nutrition, rest, and reduced training. If an athlete's weight or body composition poses a health risk, training should be paused or modified to protect their well-being. Return-to-play decisions should be guided by clinical tools in addition to qualified providers' judgment and expertise. If an athlete is unwilling or unable to restore energy with these interventions, further assessment for an eating disorder is essential.



REDs Prevention

Coaches and sport staff can help prevent REDs by:

- Educating athletes and staff about the negative effects of LEA and its associated risks
- Collaborating with qualified sports dietitians and physicians to assess individual energy needs, determine current energy availability, and implement strategies to support adequate fueling
- Using safe and appropriate body composition monitoring (e.g., using IOC guidelines: doi.org/10.1136/bjsports-2023-106994)
- Emphasizing that leanness does not equal better performance
- Prioritizing proper fueling by ensuring athletes consume food and fluids before, during, and after practices and competitions
- Upholding rest days and discouraging unplanned or excessive training



EARLY INTERVENTION

What Should You Do If You're Concerned About an Athlete?

If you think an athlete might be at risk for disordered eating or may have an eating disorder, you are in an important position to help. The following strategies can help you intervene with care and appropriate support:

Consult and Collaborate

Consult with a mental health provider to discuss how to compassionately intervene, and review your school or sport organization's eating disorder policy. Be open and cooperative with the treatment team, which may include a physician, therapist, and dietitian. A collaborative approach and your trust in the treatment plan are critical to your athlete's recovery.

Approach with Care

Speak to your athlete privately, with sensitivity and respect. Be direct and cite specific concerns or behaviors you've observed. Express your care for their health and well-being, and avoid judgment or criticism. Your goal is to support the athlete in informing important people in their life (like a parent or guardian) and seeking help. Athletic trainers often have good rapport with athletes and may be the best person to initially express concern to an athlete.

Refer Promptly

Make a timely referral to a qualified healthcare provider familiar with eating disorders (e.g., physician, therapist, dietitian). If the athlete is a minor, involve parents or school health services. If the athlete is an adult, be mindful that consent is required to communicate with an athlete's family.

Use and Build a Referral Network

Identify local and regional professionals with expertise in eating disorders and sports medicine. Develop and maintain a vetted list of providers and treatment centers. Keep it easily accessible so you can offer athletes specific options, as they're more likely to follow through when given specific recommendations. You can find treatment options here: www.nationaleatingdisorders.org/find-treatment.

Encourage Treatment

Encourage the athlete to seek treatment immediately. Follow up to ensure compliance, as eating disorders can make it difficult for individuals to be honest about their behaviors. If they resist treatment or do not comply, consult with a mental health professional for next steps. Reassure the athlete that their health comes first and that seeking help will not jeopardize their spot on the team.

Connect to Services and Support

Help the athlete access medical care, nutrition counseling, mental health treatment, and academic accommodations when needed. Comprehensive support significantly increases recovery success.

Maintain Open Communication

Stay involved as a supportive resource throughout treatment and recovery. Maintain open, nonjudgmental communication and ask how you can best support them.

Sample Conversation With an Athlete:

“Sarah, I really value you as a team member and appreciate your hard work and dedication. I’m concerned because I’ve noticed you seem to be having trouble focusing and you haven’t been as social with your teammates. I’m also worried that your eating and training patterns may be putting your health at risk. I care about your well-being and want to make sure you have the support you need. I think it would be beneficial for you to meet with a physician, a mental health provider, and a dietitian for an evaluation to determine if there is a problem. Would you be willing to explore this idea with me?”

Considerations for Adult Athletes (over 18 years old):

For adult athletes, sports medicine or student health services can coordinate medical evaluations, monitor vital signs, and refer to specialists. Mental health providers can address psychological factors, offer treatment, and support team education. Sports dietitians assess nutritional needs, guide weigh-in protocols, and promote balanced and healthy eating behaviors. Athletic trainers and coaches play a key role in early identification, communication, and implementing treatment recommendations. Always obtain the athlete’s consent before communicating with parents or guardians.

Considerations for Adolescent Athletes (under 18 years old):

When supporting adolescent athletes, collaboration with school-based professionals is essential. School nurses or medical providers can facilitate medical evaluations, monitor health metrics, assist with weigh-ins, and refer to eating disorder specialists. School mental health providers can connect athletes with specialists, offer short-term treatment, and promote awareness through team education. They can also help navigate school policies and intervene when athletes are reluctant to seek help. Athletic trainers and coaches play a key role in early identification, communication, and implementing treatment recommendations. Communication with parents or guardians is necessary and should be conducted as appropriate.

“Athletic trainers and coaches play a key role in early identification, communication, and implementing treatment recommendations.”

Eating Disorders and the Team Dynamic

When one or two athletes on a team are struggling with an eating disorder, it can significantly impact the entire group. Coaches may feel unsure about how to address this sensitive issue, however, it's important to intervene for several reasons:

- **The Contagion Effect:** Studies show that eating disorders and disordered eating behaviors can spread within teams, especially among young women and girls. Teams often eat together, change together, and observe each other's body sizes and eating habits, sometimes scrutinizing them.
- **Lack of Intervention:** Athletes struggling with an eating disorder may assume their behavior is acceptable if no one addresses it. Similarly, other athletes may interpret a coach's silence as tacit approval.
- **Team Dynamics:** Gossip and speculation can distract athletes, create tension, and shift focus away from training and performance goals.
- **Creating a Team Plan:** If concerns arise, having a clear plan helps ensure consistency and reduces confusion. Consider developing a policy at the start of the season with input from the team. A sample approach might include:
 - Athletes concerned about a teammate should approach the team captain.
 - The captain can either speak directly to the athlete or see if someone close to them can.
 - If the athlete denies a problem or refuses help, the captain escalates the concern to the coach.
 - The coach then addresses the issue privately and appropriately.

There are many variations on this approach, but having a plan in place—developed with input from the team at the start of the season and agreed upon by everyone—will make it easier to enforce when needed.

“Studies show that eating disorders and disordered eating behaviors can spread within teams, especially among young women and girls.”

TREATMENT

Eating disorder care begins with a comprehensive evaluation to establish a diagnosis and determine appropriate treatment recommendations. Treatment for eating disorders warrants a multidisciplinary team approach consisting of a physician, dietitian, and mental health provider who frequently collaborate on the care of an athlete. Treatment plans vary based on the specific diagnosis and severity of the eating disorder.

Types of Treatment

Treatment for eating disorders is provided at different levels of care, depending on the athlete's medical and psychological needs:

Outpatient Services (OP): Includes therapy with a mental health provider, medical evaluations by a physician, psychiatric care if needed, and nutrition counseling from a dietitian. Suitable for athletes who are medically and psychiatrically stable and can apply recovery skills independently.

Intensive Outpatient Programs (IOP): Provides structured treatment several times a week, including individual and group therapy, meal support, and nutrition counseling. Appropriate for medically and psychiatrically stable athletes needing more support than outpatient care.



Partial Hospitalization Programs (PHP): Offers full-day treatment with meals at the facility, while athletes return home at night. Recommended for individuals requiring a high level of support but who remain medically stable.

Residential Treatment Centers (RTC): Provides 24-hour care in a live-in setting for athletes with persistent symptoms who have not responded to lower levels of care. Athletes must be medically stable to participate.

Inpatient Treatment (IP): The most intensive level of care, offering 24-hour medical and psychiatric monitoring for athletes who are medically compromised or at risk of serious complications.

Role of the Coach and Athletic Trainer During Treatment

Recovery from an eating disorder is challenging because weight, shape, and physical performance are often tied to an athlete's identity. Adjusting food intake, training volume, and body weight to meet treatment goals and restore health can feel frightening, and recovery often requires the athlete to confront the underlying emotions, fears, and insecurities that the eating disorder has helped them avoid.

Given the many challenges athletes experience during treatment, it's essential to approach the recovery process with sensitivity and understanding. Staying connected to the team can be a vital source of support, even when the athlete isn't competing. Involve the athlete in deciding how they want to stay engaged, such as attending practices, meetings, or social activities, to maintain a sense of belonging.

To best support treatment, listen to the athlete's preferences regarding communication and team involvement. Follow treatment team recommendations, including modifications to training or competition. Since coaches and trainers manage daily routines, they are often seen as extensions of the treatment team. Following through on changes to training and participation is essential for the athlete's recovery.

Confidentiality Issues During Treatment

Coaches and athletic trainers should respect athletes' privacy during treatment and comply with HIPAA regulations, which protect health information. Athletes may prefer to keep treatment details private, and honoring this choice can support their recovery. While you may not be involved in formal treatment discussions, sharing observations with the healthcare team is still valuable. Maintaining confidentiality, providing encouragement, and following treatment recommendations are key to helping your athlete recover.



Pausing or Modifying Sport Participation

Athletes may remain involved in their sport during treatment, but if their physical or mental health is at risk, participation must be modified or paused. These decisions should always be made in consultation with the athlete's treatment team and should prioritize overall well-being over competition.

In some cases, the treatment team may determine that the athlete's health is at risk and must temporarily step away from sport. This can be difficult for everyone involved, especially if the athlete appears to perform well. However, continuing to train under these conditions can lead to serious health complications. When practices are missed or participation is limited, involve the athlete, and their parents or guardians if appropriate, in deciding what information to share with the team. This can also be an opportunity to provide education about eating disorders and how teammates can offer support.

The Benefits of Mental Performance Skills

Treatment for an eating disorder often requires significant changes to training and competition routines, which can be emotionally difficult for athletes. Participation in athletics is often linked to identity, stress relief, and confidence, so disruptions may cause distress. Mental performance skills can help athletes cope with these challenges and maintain focus on recovery.

These evidence-based skills strengthen mental preparation, resilience, and emotional regulation. Working with a trained mental performance coach or consultant, someone who has experience in both sport psychology and eating disorders, can help athletes learn and apply these tools effectively.

Although these skills originated in the athletic world, they are now widely used in fields like the performing arts, business, emergency response, and the military. Their benefits extend beyond sport and can play a valuable role in eating disorder treatment. These include adjusting to changes in eating and training, navigating intrusive thoughts and urges, and staying consistent and patient throughout the treatment process.

Common techniques include self-talk, imagery, breath work, progressive muscle relaxation, and goal setting. These skills support emotional regulation and distress tolerance during treatment, while also preparing athletes for a gradual, safe return to sport.

Reintegration into Sport

Similar to reintegrating sport training after a physical injury, deliberate consideration and consultation should be given to appropriately integrate an athlete back to training after, or during, eating disorder treatment. The risk of re-injury, or relapse, increases if/when an athlete with an eating disorder is reintegrated too aggressively into sport. It is important that coaches and athletic trainers understand and uphold clear parameters around sport participation and ensure the athlete's treatment providers are in agreement with the athlete's sport participation to support treatment goals.

In collaboration with the athlete's sport providers, the athlete's treatment team will make specific recommendations to guide the athlete for a safe return. Often, this will include a modified training plan that is intentionally conservative and progresses gradually. The athlete's training should be regularly supervised and re-evaluated to best determine the most appropriate course of action that prioritizes an athlete's health and recovery.

The Safe Exercise at Every Stage Athlete (SEES-Athlete) Guidelines (www.safeexerciseateverystage.com/sees-guidelines) provides specific medical, nutritional, psychological, and behavioral markers to monitor and evaluate when determining if, and how, reintegration of an athlete's sport training is safe and appropriate.

APPENDIX

Frequently Asked Questions

What is an eating disorder?

Eating disorders are serious but treatable mental and physical illnesses. They often co-occur with other mental health conditions such as depression or anxiety. Eating disorders can become serious, chronic, and sometimes even life-threatening if not recognized and treated appropriately. In fact, they have the second highest mortality rate of all mental health disorders, surpassed only by opioid use disorder.

Who gets eating disorders?

Eating disorders affect people of all genders, ages, races, religions, ethnicities, sexual orientations, body shapes, and weights. In the United States alone, nearly 30 million Americans will experience an eating disorder at some point in their lives. Prevalence rates for athletes is even higher, with studies showing that up to 45% of female athletes and 19% of male athletes have symptoms of an eating disorder.

Is long term recovery possible?

Yes—many people who get early, appropriate treatment for an eating disorder can fully recover and stay well over time. Even when some symptoms remain, treatment can significantly reduce the impact of the illness, leading to a better relationship with food, and improved mental health.

Recovery is different for everyone and should be tailored to each person and their family. Experts often view eating disorders as conditions that can be managed effectively with the right care and support. It's common for people to experience setbacks or relapses during recovery, but these are a normal part of the process. Many in recovery see it as an ongoing journey of managing food, body image, and mental health.

I'm noticing some changes in weight, eating habits, exercise, etc., with an athlete, but I'm not sure if it's an eating disorder. How can I tell?

Unless you are a physician or mental health provider, you can't make a diagnosis, but you can refer the athlete to appropriate resources that might help. Keep in mind, however, that denial is typically a large part of eating disorder behavior and an athlete may be unreceptive to the suggestion that anything is of concern and warrants immediate attention. Often it takes several conversations before the athlete is ready to listen to your concerns.

What if I say the wrong thing and make it worse?

Family, friends, school staff, and coaches often express concern about saying the wrong thing and making the eating disorder worse. Just as it is unlikely that a person can say something to make the eating disorder significantly better, it is also unlikely that someone can say something to make the disorder worse. See p. 13 of this toolkit for a sample conversation with an athlete you are concerned about.

What should coaches do when athletes diet as a group?

When an athlete develops an eating disorder, teammates may feel confused, anxious, or begin to question their own beliefs about body image, dieting, and balanced eating and weight loss. Some may imitate the disordered behavior—out of fear, a desire to relate, or an attempt to understand the illness. In other cases, group dieting can foster unhealthy competition and normalize harmful habits. When dieting becomes part of team culture, it's hard for athletes seeking acceptance to resist. Athletes mimicking disordered behaviors should be approached with the same care and concern as those suspected of having an eating disorder.

How do you address rumors about an athlete with an eating disorder?

When rumors about an athlete's eating disorder arise, intervene quickly and thoughtfully. Gossip can further isolate the athlete and even become a form of bullying. Address the purpose of the rumors, which often stem from curiosity or discomfort, and provide accurate, age-appropriate education about eating disorders, including emotional and social impacts, not just physical outcomes. Speak privately with those spreading rumors to stress the importance of confidentiality and empathy. You might say, "Can you help me figure out how to stop the rumors about [athlete's name]? It's been really upsetting for them."

Are the issues different for males with an eating disorder? What should I say?

Some issues may differ for male athletes with eating disorders. Because eating disorders are often portrayed as a female concern, males may experience greater shame or reluctance to seek help. When talking to a male athlete, avoid labeling the problem as an "eating disorder"; instead, focus on specific behaviors you've observed and why they concern you. Keep the conversation brief, direct, and supportive. While the emotional and physical consequences are similar across genders, males may be more focused on muscle gain rather than weight loss, so be mindful of how concerns present.

Are eating disorders a choice?

No, eating disorders are not a choice. They are serious mental health conditions influenced by a combination of genetic, psychological, and environmental factors. Recovery involves more than simply deciding to stop the behaviors—it requires professional treatment and support.



Acknowledgements for Revised Edition

Contributors:

Riley Nickols, PhD, CEDS-C, NEDA Clinical Advisor

Taylor Smith, MA, Mental Performance Coach, Athlete EDGE at EDCare
NEDA Staff

Acknowledgements for Original Edition

Contributors:

Kathryn Ackerman, MD, MPH

Joshua D. Adam

Carlin M. Anderson, PhD

Patrick Bergstrom

Sandy Dupcak, MS, MA

Tim Flannery

Marcia Herrin, EdD, MPH, RD

Diane Israel

Keith Jefferson

Andrea Kurilla, RD, LD, MPH

Lois Neaton

Whitney Post, MA

Kimiko Soldati

Kate Thomas

Ron Thompson, PhD

Roberta Sherman, PhD

Pauline S. Powers, MD

Kimberly Dennis, PhD

Christopher Blum, MA

Carol Tappen

REFERENCES

Introduction

Nickols, R. (2023). *Eating disorders and athletes*. National Eating Disorders Association. www.nationaleatingdisorders.org/eating-disorders-and-athletes-2/

Creating a Safe and Supportive Sport Environment

Biesecker, A. C., & Martz, D. M. (1999). Impact of Coaching Style on Vulnerability for Eating Disorders: An Analog Study. *Eating Disorders*, 7:3, 235-244. doi.org/10.1080/10640269908249289

Bissett, J. E. et. al. (2020). Determining the role of sport coaches in promoting athlete mental health: a narrative review and Delphi approach. *BMJ open sport & exercise medicine*, 6(1), e000676. doi.org/10.1136/bmjsem-2019-000676

Coker-Cranney, A., & Reel, J. J. (2015). Coach pressure and disordered eating in female collegiate athletes: Is the coach-athlete relationship a mediating factor? *Journal of Clinical Sport Psychology*, 9(3), 213-231. doi.org/10.1123/jcsp.2014-0052

Lunde, C., & Gattario, K. H. (2017). Performance or appearance? Young female sport participants' body negotiations. *Body Image*, 21, 81-89. doi.org/10.1016/j.bodyim.2017.03.00

Soulliard, Z. A. et. al. (2021). Differences in body appreciation and functionality appreciation outside of and directly following sport among collegiate student-athletes. *The Sport Psychologist*, 35(4), 320-328. doi.org/10.1123/tsp.2020-0175

Sundgot-Borgen, J. et. al. (2013). How to minimise the health risks to athletes who compete in weight-sensitive sports review and position statement on behalf of the Ad Hoc Research Working Group on body composition, health and performance, under the auspices of the IOC Medical Commission. *British Journal of Sports Medicine*, 47(16), 1012-1022. doi.org/10.1136/bjsports-2013-092966

Wells, K. R. et. al. (2020). The Australian Institute of Sport (AIS) and National Eating Disorders Collaboration (NEDC) position statement on disordered eating in high performance sport. *British journal of sports medicine*, 54(21), 1247-1258. doi.org/10.1136/bjsports-2019-101813

A Note About Middle and High School Athletes

Daley, M. M. et. al. (2023). Mental Health in the Specialized Athlete. *Current reviews in musculoskeletal medicine*, 16(9), 410-418. doi.org/10.1007/s12178-023-09851-1

Eating Disorder Signs and Symptoms Specific to an Athletic Setting

Conviser, J.H. et. al. (2018). Essentials for Best Practice: Assessing Athletes for Eating Disorders. *Journal of Clinical Sport Psychology*, 12, 495-507. doi.org/10.1123/jcsp.2018-0012

Types of Eating Disorders

American Psychiatric Association. (2022). *Diagnostic and statistical manual of mental disorders: DSM-5-TR*. American Psychiatric Association Publishing. doi.org/10.1176/appi.books.9780890425787

Pereira, R. F., & Alvarenga, M. (2007). Disordered eating: Identifying, treating, preventing, and differentiating it from eating disorders. *Diabetes Spectrum*, 20(3), 141-148. doi.org/10.2337/diaspect.20.3.141

Eating Disorders and Athletic Performance

Mathisen, T. F. et. al. (2023). Best practice recommendations for body composition considerations in sport to reduce health and performance risks: a critical review, original survey and expert opinion by a subgroup of the IOC consensus on Relative Energy Deficiency in Sport (REDs). *British journal of sports medicine*, 57(17), 1148–1158. doi.org/10.1136/bjsports-2023-106812

Relative Energy Deficiency in Sport (REDs)

Mountjoy, M. et al. (2023). 2023 International Olympic Committee's (IOC) consensus statement on Relative Energy Deficiency in Sport (REDs). *British journal of sports medicine*, 57(17), 1073–1097. doi.org/10.1136/bjsports-2023-106994

Otis, C. L. et. al. (1997). American College of Sports Medicine position stand. The Female Athlete Triad. *Medicine and science in sports and exercise*, 29(5), i–ix. doi.org/10.1097/00005768-199705000-00037

Carson, T. L. et. al. (2023). Identifying latent classes of Relative Energy Deficiency in Sport (REDs) consequences in a sample of collegiate female cross country runners. *British journal of sports medicine*, 57(3), 153–159. doi.org/10.1136/bjsports-2021-104083

Loucks, A. B. et. al. (2011). Energy availability in athletes. *Journal of sports sciences*, 29 Suppl 1, S7–S15. doi.org/10.1080/02640414.2011.588958

Shanley, D. et. al. (2023). Relative energy deficiency in sport: Diagnosis and management in Primary Care. *InnovAiT: Education and Inspiration for General Practice*, 16(5), 229–235. doi.org/10.1177/17557380231155943

Quesnel, D. et. al. (2019). *Safe exercise at every stage: Athlete (SEES-A)*. A guideline for managing exercise and return to sport in athletes with eating disorders. Available at: www.safeexerciseateverystage.com/sees-guidelines

Confidentiality Issues During Treatment

Centers for Disease Control and Prevention. (2024). *Health Insurance Portability and accountability act of 1996 (HIPAA)*. www.cdc.gov/phlp/php/resources/health-insurance-portability-and-accountability-act-of-1996-hipaa.html

Frequently Asked Questions

Deloitte Access Economics. (2020). *The Social and Economic Cost of Eating Disorders in the United States of America: A Report for the Strategic Training Initiative for the Prevention of Eating Disorders and the Academy for Eating Disorders*. www.hsph.harvard.edu/striped/report-economic-costs-of-eating-disorders/.

Bratland-Sanda, S., & Sundgot-Borgen, J. (2013). Eating disorders in athletes: Overview of prevalence, risk factors and recommendations for prevention and treatment. *European Journal of Sport Science*, 13(5), 499–508. doi.org/10.1080/17461391.2012.740504

Schaumberg, K. et. al. (2017). The Science Behind the Academy for Eating Disorders' Nine Truths About Eating Disorders. *European eating disorders review : the journal of the Eating Disorders Association*, 25(6), 432–450. pubmed.ncbi.nlm.nih.gov/28967161/

Bomben, R. et. al. (2022). Barriers to help-seeking for eating disorders in men: A mixed-methods systematic review. *Psychology of Men & Masculinities*, 23(2), 183–196. doi.org/10.1037/men0000382

Gorrell, S., & Murray, S. B. (2019). Eating disorders in males. *Child and Adolescent Psychiatric Clinics of North America*, 28(4), 641–651. doi.org/10.1016/j.chc.2019.05.012

EDCare
www.eatingdisorder.care

Athlete  **EDGE**
at EDCare



National Eating Disorders Association

nationaleatingdisorders.org

333 Mamaroneck Avenue, #214
White Plains, NY 10605
info@nationaleatingdisorders.org

Your generosity makes it possible for NEDA to provide free resources to those in need. Please support our work:
bit.ly/4IIZKJH

