Eating Disorder Pathology in Elite Adolescent Athletes
Summary by Alexis Conason, Psy.D., IAEDP-NY Research Liason

Athletes have a unique relationship with their body. Success or failure is dependent on their body's performance at a specific moment in time. Many athletes are on a quest to improve their body's functioning through nutrition, exercise, and weight control. In the body-focused subculture of elite athletics, it is often difficult to parse out eating disordered behaviors from more normative performance enhancing behaviors. Adolescent elite athletes may be at an increased risk of eating disorder behaviors compared with adult elite athletes due to higher prevalence of eating disorders during the developmental period of adolescence.

In a study published in *International Journal of Eating Disorders*, Giel et al (2016) used data from the German Young Olympic Athletes' Lifestyle and Health Management Study (GOAL-study) to assess 1138 athletes competing in 51 different Olympic sport disciplines born between 1992 and 1995 (mean age was 16 years old). The objective of the study was to investigate potential vulnerabilities for eating disorder pathology in a large nationally representative sample of German elite athletes. As a secondary aim, the authors sought to assess the psychopathological burden (depression and anxiety symptoms) in athletes reporting eating disorder symptoms. The authors posited that the presence of depression and anxiety symptoms in athletes engaging in eating disorder symptoms would support the notion that these symptoms are indeed pathological, rather than being functional behaviors that the athletes are engaging in to improve their performance.

Results of this study indicate that 32.5% of the total sample endorsed eating disorder pathology and this subgroup did score significantly higher on measures of depression and anxiety when compared to athletes without eating disorder pathology. Eating disorder rates were highest in female athletes and athletes competing in weight dependent sports (boxing, weightlifting, judo, taekwondo, and wrestling).

Specifically, compensatory behaviors were higher in female athletes and athletes competing in weight dependent sports. Approximately 8% of the overall sample reported that they are constantly trying to lose weight and 12% reported engaging in compensatory behaviors, most commonly dehydration (eg. sauna, exercise in clothing designed for excessive perspiration). In comparison, nearly 80% of athletes competing in weight dependent sports reported compensatory behaviors. The authors note that these athletes report different compensatory strategies (dehydration) than the predominant compensatory behaviors used by eating disorder patients (self-induced vomiting, laxative, and diuretic use). This may represent a sport specific subculture, which is no less alarming than more traditional compensatory behaviors. Athletes competing in ball sports and endurance sports were least likely to report compensatory behaviors.

Overall, athletes reported positive body image. However, these scores were significantly lower for female athletes when compared to male athletes. The authors speculate that this may be due to the difference in societal body ideals. For male athletes, their strong and muscular body matches with societal ideals while for
female athletes their body is stronger and more muscular than the societal ideal allows.

Result revealed that there were four risk factors for eating disorder pathology in this sample of adolescent elite athletes. The first risk factor identified was participating in a weight dependent sport. For the remainder of the sample (those not participating in a weight dependent sport), having negative affect was a risk factor. For the remainder of that sample (athletes not participating in a weight dependent sport and having low negative affect), being female was a risk factor. For the remainder of that sample, males who participate in technical or power sports were another at risk group.

Limitations of this study include reliance on self-report data and lack of an age-matched non-elite athlete comparison group.

Eating disorder professionals working with athletes should be aware of the risk factors associated with eating disorder pathology in this population. Certain eating disordered behaviors may be normalized amongst subgroups of elite athletes, but the results of these behaviors are detrimental for physical and emotional wellbeing.