The University of Detroit Mercy Department of Athletics Eating Disorder Policy

May 23rd, 2005

Introduction and Philosophy

1) The Department of Athletics at the University of Detroit Mercy supports the development of healthy and responsible lifestyles for UDM student-athletes, with the goal of long-term enrichment and enhancement of their lives. Behaviors that threaten a healthy lifestyle include disordered eating.

2) The Department of Athletics recognizes that the origin of eating disorders reflect the interaction of biological, psychological, and sociological factors in the development of eating disorders. Due to the nature of college athletics, student-athletes in particular are at an increased risk of developing or sustaining patterns of disordered eating.

3) Depending on the extent of the disorder and the length of time the individual has engaged in such behaviors, the effects of disordered eating can range from mild to severe.

    - Medically, there is a potential for serious consequences in every system of the body. Disordered eating can have short-term and long-term health consequences.

    - Eating disorders are often associated with low self-esteem, obsessive thinking, and feelings of isolation. Psychologically, individuals with an eating disorder have an increased risk of depression and suicide.

4) Recovery from eating disorders can be a difficult process that takes time. In general, the greater the duration and frequency of disordered eating, the longer it will take for recovery to occur.

5) There is NOT substantial evidence linking thinness to superior performance. Body weight and composition is only one factor contributing to athletic performance.

Definitions of Eating Disorders

The following definitions are based on the criteria in the Diagnostic and Statistical Manual of Mental Disorders-Fourth Edition (DSM-IV):

1) *Anorexia Nervosa*

- Refusal to maintain body weight at or above a minimally normal weight for age and height (e.g., weight loss leading to maintenance of body weight less than 85% of that expected; or failure to make expected weight gain during period of growth, leading to body weight less than 85% of that expected.

- Intense fear of gaining weight or becoming fat, even though underweight.

- Disturbance in the way in which one's body weight or shape is experienced, undue influence of body weight or shape on self-evaluation, or denial of the seriousness of the current low body weight.

- In postmenarcheal females, amenorrhea, i.e, the absence of at least three consecutive menstrual cycles.

2) *Bulimia Nervosa*

- Recurrent episodes of binge eating. An episode of binge eating is characterized by both of the following:
    - Eating, in a discrete period of time (e.g., within any 2-hour period), an amount of food that is definitely larger than most people would eat during a similar period of time and under similar circumstances.
    - A sense of lack of control over eating during the episode (e.g., a feeling that one cannot stop eating or control what or how much one is eating.)

- Recurrent inappropriate compensatory behavior in order to prevent weight gain, such as self-induced vomiting; misuse of laxatives, diuretics, enemas, or other medications; fasting; or excessive exercise.

- The binge eating and inappropriate compensatory behaviors both occur, on average, at least twice a week for 3 months.

- Self-evaluation is unduly influenced by body shape and weight.

- The disturbance does not occur exclusively during episodes of Anorexia Nervosa.

3) *Eating Disorder Not Otherwise Specified (NOS)*

This category is for disorders of eating that do now meet the criteria for any specific Eating Disorder. Examples include:

- For females, all of the criteria for Anorexia Nervosa are met except that the individual has regular menses.

- All of the criteria for Anorexia Nervosa are met except that, despite significant weight loss, the individual's current weight is in the normal range.

- All of the criteria for Bulimia Nervosa are met except that the binge eating and inappropriate compensatory mechanisms occur at a frequency of less than twice a week or for a duration of less than 3 months.

- The regular use of inappropriate compensatory behavior by an individual or normal body weight after eating small amounts of food (e.g., self-induced vomiting after the consumption of two cookies).

Behavioral and Physical Signs of an Eating Disorder

The following list may serve only as a guideline for the recognition of disordered eating behaviors. Any one symptom alone may not indicated an eating disorder. Careful observation and awareness of a student-athlete's behavior will guide identification of a eating problem.

Anorexia Nervosa

Behavioral Signs:

1) Reports feeling "fat/heavy" despite low body weight
2) Obsessions about weight, diet, or appearance
3) Ritualistic eating behaviors
4) Avoiding social eating situations, social withdrawal
5) Obsession with exercise; hyperactivity- may increase workouts secretly
6) Feeling Cold
7) Perfectionism followed by self-criticism
8) Seems anxious/depressed about performance and other events
9) Denial of unhealthy eating pattern- anger when confronted with problem
10) Eventual decline in physical and school performance

Physical Signs:

1) Amenorrhea (Lack of Menstrual Periods)
2) Dehydration (Not related to Workout-Competition)
3) Fatigue (Beyond Expected)
4) Weakness, Dizziness
5) Overuse injuries, Stress Fractures
6) Gastrointestinal Problems
7) Lanugo (Fine hair on arms and face)
8) Hypotension (Low Blood Pressure)

II. **Bulimia Nervosa**

Behavioral Signs:

1) Excessive exercise beyond scheduled practice
2) Extremely self-critical
3) Depression and mood fluctuations
4) Irregular weight loss/gain; rapid fluctuations in weight
5) Erratic performance
6) Low Self-Esteem
7) Drug or Alcohol Abuses
8) Binges or eats large meals, then disappears

Physical Signs:

1) Callous on knuckles
2) Dental and Gum Problems (Bad Breath)
3) Red Puffy Eyes
4) Swollen Parotid Glands (At the base of the Jaw)
5) Edema (Bloating)
6) Frequent sore throats
7) Low or average weight despite eating large amounts of food
8) Electrolyte abnormalities
9) Diarrhea, alternating with constipation
10) Dry mouth, cracked lips
11) Muscle cramps/Weakness

Prevention and Education

- Literature from the National Eating Disorders Association regarding this disease can be accessed through the Detroit Titans Athletics website at www.detroittitans.com and double click on the sports medicine icon.

Guidelines for Coaches and Athletic Staff

1) If a coach wants a student-athlete to modify his or her diet, the coach will refer the student-athlete to the Director of Sports Medicine. The athletic trainer will work closely with the medical staff (Team Physician, Registered Dietician, Strength & Conditioning Coach) and will help the student-athlete to utilize these resources.

2) Coaches will not weigh student-athletes in group settings. Body weight/composition is private information. **Pre-season weight monitoring during two-a-days for both Men's and Women's Soccer teams in the Fall season are the exception to this rule so that proper monitoring of hydration status of the student-athlete participating in these sports are noted and the welfare and medical safety of the student-athlete is ensured and not compromised.**

3) If a member of the UDM Coaching or Athletics Staff has a concern, or if an individual(s) express concern to a UDM Athletic Staff member that a student-athlete may have a potential eating disorder or body image issue, these aforementioned concerns should be reported directly to the Director of

Sports Medicine. **All medical referrals will be coordinated through the Sports Medicine Department only.**

Intervention Protocol for student-athletes who has a potential problem with Disordered Eating

The Director of Sports Medicine will arrange to meet with the student-athlete to discuss the concerns raised regarding his or her disordered eating behavior. Based upon the objective information collected in the meeting, the following steps may be taken:

1) The student-athlete will be medically referred to either to the Nurse Practitioner at the UDM University Health Services or the UDM Team Physician for further objective findings and to determine suitable action. Facilitation of possible counseling and nutritional referral may be consulted and will be coordinated through these medical providers. All medical referrals made by the UDM Sports Medicine Department will possess written consent from the student-athlete for release of pertinent information.

2) The UDM UHS Nurse Practitioner or UDM Team Physician will determine the athletic participation status of the student-athlete via telephone or email and in writing. Return to athletic participation will be determined by these aforementioned medical providers.

3) The Director of Sports Medicine will communicate on a need to basis with the coaching staff, team members, etc. to assist the student-athlete in dealing with this issue.

4) If a student-athlete has not been medically cleared or if further intervention is necessary, a team or panel *may* be assembled to develop a formal healthcare plan and written compliance contract with the student-athlete. The team may consist of the following members:
   - Student-Athlete
   - Student-Athlete's Chosen Representative
   - UDM Director of Sports Medicine
   - UDM Athletic Director or Senior Women's Administrator
   - UDM Team Physician or other medical professional

5) The healthcare plan and compliance contract developed by this team will include a process for determining the student-athlete's compliance with the contract and the consequences of non-compliance.

6) The student-athlete may or may not be cleared for athletic participation following review this team.

Goals of the Program

1) To implement an effective multidisciplinary approach to the prevention, identification, and treatment of eating disorders. The UDM Eating Disorder team will consist of the following medical providers and athletic staff:

Michael Workings, MD	UDM Team Physician
Omar Wang	UDM Director of Sports Medicine
Jeanne Stevenson	Registered Dietician
Kevin Wildenhaus	Clinical Psychologist
Brad Kinsman	UDM Athletic Director
Keri Gaither	UDM Senior Women's Administrator
Authorized Counselors	Variable Per Case
Authorized Registered Dieticians	Variable Per Case
Clinical Psychologists	Variable Per Case

The UDM Team Physician, the UDM Director of Sports Medicine, and the Registered Dietician and/or Psychologist will oversee the student-athlete's compliance with regards to medical treatment, if necessary. Other physicians and/or medical providers may be consulted to assist the team or the

student-athlete with the treatment, prevention, and identification of the eating disorder, however, the UDM Team Physician in conjunction with UDM Athletic and Sports Medicine Department will have the final decision with regards to athletic participation. When necessary and/or appropriate, the UDM Director of University Health Services and/or the UDM Counseling Center could be a part of the Eating Disorder treatment team as well. Medical referral outside of the university will also be made available by a social worker or a psychologist to those student-athletes that need it.

2) To properly diagnose and provide medical treatment plans for student-athletes struggling with eating disorders or body image issues.

3) To provide medical, nutritional, and/or psychological services to the student-athlete while respecting his or her medical privacy.

4) To ensure and to make clear to all parties concerned that the UDM Sports Medicine Department and its designated agents shall act in the best interest and personal safety of the student-athlete.

Parental Involvement

The UDM Athletic Department reserves the right to inform parent(s)/guardian(s) of student-athletes who are suspended from athletic participation due to any health related or medically related injury and/or illness. With regards to this medical issue, the Athletic Director will be the athletic representative to inform the parent(s)/guardian(s).

Medical referrals to counseling and medical treatment will be coordinated with the student-athlete's primary medical insurance. The medical privacy with regard to the student-athlete is determined and established by the authorization filed with the parents' or guardians' group health plan. This would control the medical claims information transfer related to any therapy or counseling sessions for the student-athlete. Any bills or medical claims for therapy and counseling sessions not covered by the student-athlete's primary insurance will be the responsibility of the student-athlete. If the student-athlete is not covered by any family or personal health insurance, the Athletic Department may pay in full for all counseling and treatment provided by the program. However, for counseling or treatment that extends beyond one calendar year of the medical diagnosis will be the sole responsibility of the student-athlete.

The health and the medical welfare of the student-athlete will be the primary consideration and concern throughout the consultation and intervention process. Consequently, the Athletic Department reserves the right to withhold a student-athlete from sports participation to protect the interest of the student-athlete and the university. Medical confidentiality will apply to all information shared with the UDM Sports Medical Staff, UDM University Health Services, Henry Ford Health System, UDM Counseling Services, and members of the Eating Disorder Team.

Reproduced and adapted from the *National Collegiate Athletic Association*, The Ohio State University, University of Northern Iowa, and the University of Southern Maine Eating Disorder Policies

Sources: Eating Disorders Awareness and Prevention; Laura Hill, Ph.D.