



The Correlation Between Aesthetics and Eating Disorders in a Female Gymnast

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Abstract

A former competitive gymnast suffered from an eating disorder for twenty months after gaining approximately twenty pounds since her retirement from the sport. After hiding her illness for six months, the athlete confided in a trusted professor/athletic trainer about her recent actions and fear of gaining weight. The athlete reported episodes of bingeing and purging, laxative abuse, self-starvation, and over-exercising in an effort to lose weight. The athlete was referred to a counseling and psychological center where she was diagnosed with bulimia nervosa and began treatment.

PURPOSE

Gymnastics, a sport often understood and admired for its' aesthetic nature and high physical demands, remains a primary breeding ground for unhealthy eating behaviors due to increased pressures from parents, coaches and judges, the demand for perfection, negative body image, and weight pressures. These behaviors can further develop into eating disorders which have severe consequences on the athlete physically, mentally, and socially. It is important for health care professionals as well as parents, coaches, and teammates to be aware of the warning signs and help those suffering seek appropriate medical and mental care when disordered eating patterns are noticed. While most individuals coping with an eating disorder usually do not wish to discuss the matter with others, it is important as health care professionals to confront the individuals about their behaviors, not only to enhance their quality of life, but also to potentially save their life from an illness that often claims lives unexpectedly.

Background

- 20 year old female
- 5'4", 165 lbs
- Former competitive gymnast

How Anorexia and Bulimia affect your whole body

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| <p>Anorexia</p> <p>Brain and Nerves: can't think right, fear of gaining weight, sad, moody, bad memory, fainting</p> <p>Hair: dry brittle hair</p> <p>Heart: low blood pressure, slow heart rate, fluttering of the heart (palpitations) heart failure</p> <p>Blood: anemia and other blood problems</p> <p>Muscles and Bones: weak muscles, swollen joints, fractures, osteoporosis</p> <p>Kidney: kidney stones, kidney failure</p> <p>Body fluids: low potassium, magnesium, and sodium</p> <p>Hormones: menstrual period loss, bones loss, growth retardation, trouble getting pregnant</p> <p>Skin: bruise easily, dry skin, growth of fine hair over body, get cold easily, yellow skin, nails get brittle</p> | | <p>Bulimia</p> <p>Brain: depression, fear of gaining weight, anxiety, dizziness, embarrassment, low self-esteem</p> <p>Cheeks: swelling, soreness</p> <p>Mouth: cavities, tooth enamel erosion, gum disease, teeth sensitive to hot and cold foods</p> <p>Heart: irregular heart beats</p> <p>Throat & Esophagus: sore, irritated, can tear and rupture, blood in vomit</p> <p>Muscles: fatigue</p> <p>Stomach: ulcers, pain, can rupture, delayed emptying</p> <p>Skin: abrasion of knuckles, dry skin</p> |
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Picture retrieved from: http://healthyourpriority.blogspot.com/2013/12/bulimia-nervosa_19.html

DIFFERENTIAL DIAGNOSIS

- Bulimia Nervosa
- Anorexia Nervosa
- Eating Disorder not otherwise specified (EDNOS)

Clinical Presentation

- Constant/severe weight loss
- Withdrawal
- Anxiety
- Lack of concentration
- Memory loss
- Fatigue
- Chest pain
- Muscle pain
- Abdominal pain
- Headaches
- Low blood pressure

TREATMENT

- Cognitive Behavioral Therapy with a licensed mental health counselor
- Group Therapy
- Nutritional Support with registered dietician
- Selective Serotonin Reuptake Inhibitor prescribed by psychiatrist

IMPLICATIONS

- Only 1 in 10 men and women with eating disorders receive treatment.
- Only 35% of people that receive treatment for eating disorders get treatment at a specialized facility for eating disorders.
- Eating disorders have the highest mortality rate of any mental illness.
- In a recent study, of 280 NCAA, Division-I collegiate gymnasts, 28.9% of the individuals were classified with subclinical eating disorders and 6.1% were classified with diagnosable eating disorders

CONCLUSION

This case is unique as eating disorders often go without notice as the person suffering is not willing to confront the situation at hand. Because this eating disorder was recognized and addressed early, the athlete has made positive strides in gaining recovery. Although relapses have occurred throughout the recovery process, this disorder is not causing life-threatening risks to the athlete any longer. As with most illnesses, early detection and action can prove to be life-saving.