



SPEED PROJECT

Sport & Prevention of Emerging Eating Disorders

Practical advices and conclusions

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Practical advices for a first approach to individuals with EDs

Pay attention to:

- **dietary restriction** which may appear as going on a diet, eliminating certain foods or food groups, skipping meals, eating fiber-rich foods, counting calories, drinking large amounts of fluids and diet drinks, shifting to vegan or vegetarian diets, ecc...
- **Excessive exercise**, meaning practicing sport beyond what the coach requires, exercising excessively with the goal of losing weight.



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- **binge eating episodes**, meaning the consumption of large amounts of food accompanied by a sense of loss of control over eating; these episodes usually occur in solitude, eating in secret, with strong feelings of guilt and failure. Binge eating episodes often occur after longer or shorter periods of dietary restriction or in response to emotional distress.
- **Self-induced vomiting**, used to eliminate food consumed during binges or to purge normal meals that are subjectively considered excessive.



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- **Concern for body image**, primarily expressed as a desire for thinness and frequent checking of body weight and shape.
- **Mood depression**, sadness, anger, social isolation, obsessions, anxiety states, and other emotional and psychological disorders, which may accompany the above-described symptoms and are often intensified by the state of malnutrition.



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EDs are not just about food, but a global change in the person.

- Restriction “in disguise”.
- Excessive exercise.
- Secret binge eating.
- Body preoccupation.
- Social withdrawal and mood alterations.



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In the sports context:

- **The obsession with "more":** training secretly beyond scheduled hours or never resting, even when injured.
- **Social changes:** the athlete who stops attending team dinners or who always eats "before arriving" or "alone."
- **"Withdrawn" mood:** excessive irritability, decreased concentration, or apathy when the topic is not sport or food.



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It is important to remember that although the typical age of onset for Eating Disorders is between 12 and 25 years, in recent years there has been a **progressive lowering of the onset age**, on one hand, but on the other also an **increase in the age** at which it is possible to develop these disorders, so an ED cannot be ruled out in a patient over 25 years of age.

not only adolescents
not only females



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Why do Eating Disorders predominantly affect girls?

Classic studies have shown that in girls puberty-related changes, in particular the physiological increase in fat mass, accentuate **body dissatisfaction** and can lead to the development of restrictive eating patterns and, at times, the onset of full-blown eating disorders.

In practice, however, eating disorders are no longer an exclusively female condition: there is currently an **increase in care-seeking among men**, but this phenomenon remains underestimated. Onset is most commonly observed in adolescents or young adults.



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What is the relationship between obesity and eating disorders?

Overweight and obesity represent, in some cases, a symptom of binge eating. Often, both in adults, in children and in adolescents, overweight is seen as the primary problem, underestimating the possibility that it may be the manifestation of a true eating disorder.

The presence of overweight or obesity in childhood and adolescence is one of the most studied **antecedents of eating disorders**, particularly for Bulimia Nervosa and Binge-Eating Disorder, but also, though less frequently, for Anorexia Nervosa. Other risk factors include starting a restrictive diet for obesity treatment and experiencing weight-related criticism and teasing from peers and family members.



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How to Approach Someone with an ED

Avoid accusations ("You don't eat," "You're sick"). Use first-person messages expressing concern for **preoccupazione per il suo benessere**, not their weight:

- **NO:** "You look too thin, you need to eat more." (This shuts every door).
- **YES:** "I've noticed that you've been very tired lately and seem less at ease than usual. I'm concerned about you: how are you feeling??"
- **Focusing on performance:** "I've noticed you're struggling to recover from training sessions: is there anything I can do to help?"



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- **Do NOT improvise as a doctor:** do not give dietary advice or training schedules. You are not a nutritionist.
- **Normalize expert help:** suggest that speaking with a professional (sport psychologist or clinical nutritionist) is part of mental training for a great athlete.
- **Respect timing:** if the athlete denies the problem, don't force the issue immediately. Let them know the "door is open" and that you are there to support them, not to control them.



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Hospital Admission Criteria

- Body weight less than 75% of ideal body weight.
- Rapid, persistent, uncontrolled weight loss (10–15% in the 30 days prior to admission).
- Repeated syncopal episodes.
- Temperatura corporea < 36,1 °C.



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- Severe laboratory abnormalities (e.g., $K^+ < 2.5$ mmol/L, $Na^+ < 125$ mmol/L, blood glucose < 2.5 mmol/L; $Mg^{2+} < 0.7$ mmol/L); impaired liver and kidney function.
- Significant cardiac rhythm and/or heart rate abnormalities (HR < 50 bpm in adults; < 45 bpm in pediatric or adolescent patients).
- Significant hypotension (BP $< 90/50$ mmHg).
- Suicidal tendencies.
- Prolonged failure to achieve expected growth or physical development (pediatric or adolescent patients).



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Can Eating Disorders be overcome?

Today, full recovery from these disorders is possible. Treatments have become highly specialized and provide reassurance regarding the possibility of complete recovery. As with all conditions, early intervention and timely treatment are decisive. It is important that treatments be **specialized and integrated**.



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Take home messages

The DNA **are not disorders of food**, but disorders of the relationship with the body, emotions, and control.

Weight is not a reliable diagnostic criterion: it can be deceiving.

Eating behaviors are **the tip of the iceberg of a complex psychopathology**.

Malnutrition, whether due to deficiency or excess, sustains and amplifies psychological symptoms.

The DSM-5 describes, but clinical practice recognizes, understands, and intervenes.

Early diagnosis and multidisciplinary care change the prognosis.



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**Treating Eating Disorders means
going beyond weight, recognizing
suffering, and working on the
relationship with the body and
with oneself**



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