Notes 11/21

Refeed: metabolism speeds up so people may start losing weight

Eating Disorders Not Otherwise Specified (EDNOS):

* regular use of inappropriate compensatory behavior by an individual of a normal body weight after eating small amounts of food.

How to prevent eating disorders in athletes

* instruct coaches and ATCs to recognize signs and symptoms
* provide athletes with accurate information regarding weight, weight loss, body composition, nutrition, and sports performance.
* Emphasize health risks of low weight
* Refer to a sports psychologist or other therapist skilled at treating disorders if an athlete is chronically dieting and or exhibits mildly abnormal eating.
* De-emphasize weight and focus on things that affect performance like strength and physical conditioning
* Do not assume that reducing body fat will improve performance
* Since weight is emotionally charged for many, eliminate comments about weight. If there is concern about an athlete’s weight, refer to a registered dietitian
* Take warning signs seriously, there is a 10-15% mortality and 25% suicide rate for those with eating disorders

Treatment:

* Professional help is necessary
* Interdisciplinary treatment team
* Maybe: medical monitory, psychotherapy, nutritional counseling, medication, collaboration with schools, coaches, trainers, etc.

How to help an athlete with an eating disorder:

* Heed the signs.
* Express your concern carefully, using “I” statements
* Do not discuss weight or eating habits
* Suggest unhappiness as a reason for seeking help
* Be supportive and listen
* Offer a written list of professional resources for help (dumb)
* Limit your expectations
* Recognize that you may be overreacting
* Seek advice from health care professionals about your concerns
* Be patient
* Avoid shame, blame and guilt
* Avoid simple solutions
* Don’t police behavior
* Avoid oversharing your own personal struggles with food
* Don’t get involved in a power struggle around eating or symptoms

Hormones:

* Cortisol: mobilization of AA and glycerol, mobilizes FFA as a fuel source, blocks glucose uptake into adipocytes and muscles
* Insulin
* During exercise: catecholamines are produced
* Insulin secretion is inhibited
* Cells become more sensitive to insulin action
* Non-insulin dependent glucose up-take increases
* Immediate response to exercise: insulin sensitivity increases, blood glucose goes down.

Exam Questions:

Characteristics of bulimia: binge eating, purging, frequently visiting the bathroom or showering, guilt

Difference between bulimia and anorexia in a stress situation: binge eat, vs no eat

Vomiting: enamel wear, bloodshot eyes, tears in your esophagus, puffy cheeks, electrolyte imbalances

Swelling of salivary glands, drop in blood potassium, ulcers all occur due to bulimia