

Mark Jannot, health editor for *Men's Journal*, observed that cosmetic surgery for men is a booming market, and men are finally learning that "ageing is a disease."<sup>2</sup>

One result of this flawed beauty standard is that eating disorders are taking a mounting toll. Disordered eating affects an estimated 10 million females and 1 million males.<sup>3</sup>

After working with numerous people, I believe we simply do not know how to look at ourselves. We are too ready to give other people permission to define who we are and what we are worth. It is time to take personal responsibility for how we choose to look at and define things. The intent of this project is to help give us an alternative view, one that I feel will offer us healthier and happier lives.

*Larry Kirkwood is an artist in Kansas City, Mo. The project's website is [www.kirkwoodstudios.com](http://www.kirkwoodstudios.com).*

## References

1. ABC News. Unnatural beauty, Miss Brazil boasts 19 procedures. *Primetime Thursday*. Available at: <http://abc-news.go.com/sections/prime-time/2020/>. Accessed August 17, 2002.
2. Cottle M. How men's magazines are making guys as neurotic, insecure and obsessive about their appearance as women. *Washington Monthly*. May 1998.
3. National Eating Disorders Association. Statistics. Eating disorders and their precursors. Available at: [www.nationaleatingdisorders.org/p.asp](http://www.nationaleatingdisorders.org/p.asp). Accessed June 14, 2005.

## Eating: From Disordered to Order—"What is Normal"?

by Reba Sloan, MPH, LRD

Many of my eating disordered clients have asked me to define "normal eating." Whether clients are struggling to be free from the bondage of extreme dietary restraint or wrestling with the drive to binge on food, the

goal is to help them arrive at a normal relationship with food, eating, and activity. This involves abandoning the "all or nothing" thinking and discovering a life lived in the "middle ground."

The first task is to help clients understand which aspects of their relationships with food are disordered. Most clients understand from a rational standpoint that their behaviors are imbalanced in this area. The powerful hold of their eating disorder can hinder them from accepting and living out this intellectual truth. Here are a few areas that dietitians can explore with clients in an effort to uncover disordered eating behaviors or cognitions:

- Are you adhering to irrational rules regarding food and eating? (ie, "I can only eat 1,000 calories per day." or "Carbs are bad/fattening.")
- Have your eating practices/behaviors contributed to a disconnect with your hunger/full/satisfied cues?
- Has the way you are eating and the activity you are getting or not getting contributed to "artificial" weight loss or gain?
- Does your current relationship with food disrupt your emotional, social, or spiritual life?

After the client acknowledges that disordered eating is present, factors that may have contributed to this imbalance need to be addressed. This can include emotional triggers that might cause someone to eat or not eat continually over a period of time, frequent dieting that stems from unrealistic weight or size goals, or living in a social-cultural melee that complicates finding the middle ground with our food, activity, and weight. There is no clearly defined crossover point where disordered eating becomes an eating disorder. Even if one does not meet the diagnostic criteria for an eating disorder, disordered eating can destroy peace of mind and quality of life. My experience has been that many clients struggling with disordered eating fit the diagnostic criteria for Eating Disorder Not Otherwise Specified (ED NOS).

This initial work with a client lays the foundation required for the journey towards "the middle ground" of normal eating. I have come to see normal eating in the following terms:

- Eating that does not cause chaos in one's thoughts and behaviors with food.
- A relationship with food that is not guilt- or shame-based.
- Eating that is thoughtful and connected, not obsessive.
- Eating that is satisfying and enjoyable.
- Eating that is flexible, and, occasionally "disordered."

Achieving normal eating is even harder than defining the term. It is a process that involves a "hammer and chisel" approach. Our job is to assist clients in this pursuit by helping them identify and change faulty beliefs regarding eating, food, and weight, and giving them nutrition advice to encourage variety, balance, and moderation and to promote "style of eating" work that allows for more effective connection to the body's signals. In a nutshell, normal eating is a result of realistic and practical goals. This might be best summarized by a quote I once heard and have long since forgotten the source: "Moderation in everything, including moderation."

*Reba Sloan, MPH, LRD, is a nutrition therapist in private practice in Nashville, Tenn.*

## Recommended Reading

1. Koenig K. *The Rules of Normal Eating*. Gurze Books; 2005.
2. Kratina K, King N, Hayes D. *Moving Away from Diets*. Gurze Books; 2005.
3. Tribole E, Resch E. *Intuitive Eating*, 2nd ed. St Martin's Press; 2003.

## Sports Nutrition Services for College Athletes

by Paula A. Quatromoni, DSc, RD

At Boston University, we developed a comprehensive program to respond to the rising prevalence of disordered eating behavior among college

athletes<sup>1-3</sup> by creating a multidisciplinary team of professionals to serve the athletic community. The team consists of sports medicine physicians, athletic trainers, life skills specialists, sports psychologists, sports nutritionists, and related sub-specialists as needed.

Services provided include screening, referral, assessment, diagnosis, and treatment; counseling and education; and referral to outside providers when necessary. In this way, we are able to coordinate services that meet the medical, physical, life skills, mental health, and nutritional needs of our student-athletes. We believe that sports teams can be effective vehicles to promote, model, and support healthy lifestyles.

Our model provides a consistent, integrated on-campus team treatment approach for student-athletes. Our providers and services are accessible, confidential, and visible, located within the heart of the athletic complex on campus. This centralized location facilitates communication among providers and supports a resource center for athletes, offering educational materials, links to informational resources, a resource bulletin board, and a computerized nutritional analysis system. Most services are either free, third-party reimbursable, or provided at a reduced rate, encouraging ongoing contact and sustained followup.

The program's university affiliation allows us to interface with and benefit from other campus-based initiatives, including Student Health Services, nutrition courses offered for elective credits, and Sargent Choice, a campuswide healthy eating and dining program. In addition, we are able to respond immediately for crisis intervention, or simply to have a local presence to meet informally with teams at a coach's request.

This model is a notable improvement over our previous system, in which services were loosely coordinated and largely referred to outside providers. We now have a coordinated delivery of a range of services, an

effective system of communication, a wellness team that meets monthly, and an established identity within the university.

The nutrition service offers a lecture series for teams, coaches, and athletic trainers as well as a nutrition consultation service for individualized assessment, counseling, and intervention. Team lectures are tailored to meet the unique needs of the audience, providing sport-specific, practical, and relevant nutritional guidance for athletes, coaches, and athletic trainers. This year, we reached over 500 varsity athletes (up from 160 last year) through our lecture series, contributing to awareness-building and increased referrals for individualized nutrition counseling.

Individualized counseling is available to any student-athlete needing general nutritional guidance. We provide practical advice on such topics as nutrition for peak performance, healthy eating despite busy schedules, pre-competition meals, hydration, use of supplements, and weight management. Common scenarios among our athletes include restrictive eating and binge eating disorders, maladaptive coping and stress management, chronic dieting, constant dissatisfaction with weight, weight gain during the off-season, overly restrictive vegetarian diets, pressures of the sports environment, academic pressures, and difficult adjustments to college life. Alcohol binges are a precursor to bulimia for some women in our practice.

Currently, the nutrition consult service is following 38 athletes (84% female) across 17 of our 22 varsity athletic teams. Athletes are referred primarily through sports medicine, athletic training, sports psychology, or a coach. About half of all visits are for disordered eating, with more than 90% of those serving women and 50% serving athletes in "lean sports." Our experiences are consistent with the literature,<sup>4,5</sup> suggesting that potentially all student-athletes are "at risk."

The multidisciplinary nature of our program brings together a collection

of experts from various academic programs at Boston University. In particular, the nutrition service thrives on interdisciplinary collaborations and the nutritionist and sports psychologist often work as a team counseling eating disordered athletes in joint sessions. In addition to promoting the well-being of student-athletes, there are opportunities for research and training of graduate students and medical fellows. Our experience suggests that there is tremendous need for sports nutrition services at the college level, and that the athletic community values, seeks, and participates in programs that guide healthy eating to optimize performance.

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## References

1. Sundgot-Borgen J, Torstveit MK. Prevalence of eating disorders in elite athletes is higher than in the general population. *Clin J Sport Med.* 2004;14:25-32.
2. Johnson C, Crosby R, Engel S, et al. Gender, ethnicity, self-esteem and disordered eating among college athletes. *Eating Behaviors.* 2004;5:147-156.
3. Reinking MF, Alexander LE. Prevalence of disordered-eating behaviors in undergraduate female collegiate athletes and nonathletes. *J Athletic Training.* 2005;40:47-51.
4. Rumball JS, Lebrun CM. Use of the preparticipation physical examination form to screen for the female athlete triad in Canadian interuniversity sport universities. *Clin J Sport Med.* 2005;15:320-325.
5. Bass M, Turner L, Hunt S. Counseling female athletes: application of the stages of change model to avoid disordered eating, amenorrhea, and osteoporosis. *Psych Reports.* 2001;88(3 Pt 2):1153-1160.

