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? (i.e., "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: "Moderation in everything, including moderation."

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Recommended Reading

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 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 consultation 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, 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.

Paula Quatromoni, DSc, RD, is assistant professor of nutrition, Sargent College of Health and Rehabilitation Sciences, Boston University.

References