Title: Female athlete experiences of seeking and receiving treatment for an eating disorder

Plateau, C. R., Arcelus, J., Leung, N. & Meyer, C. (2017). Female athlete experiences of seeking and receiving treatment for an eating disorder. Eating Disorders, 25 (3), pp.273-277.

Female athlete experiences of seeking and receiving treatment for an eating disorder

Date submitted: 14th November 2016

*Carolyn R Plateau, PhD [a]

Jon Arcelus, FRCPsych, PhD [b, c]

Newman Leung, PhD [a,d]

Caroline Meyer, PhD [e, f]

[a] National Centre for Sport and Exercise Medicine, Loughborough University, Loughborough, LE11 3TU, UK.

[b] Leicester Adult Eating Disorders Service, Bennion Centre, Glenfield Hospital, Groby Road, Leicester, LE3 9DZ, UK.

[c] Division of Psychiatry and Applied Psychology, Faculty of Medicine & Health Sciences, University of Nottingham, UK

[d] Birmingham and Solihull Mental Health Foundation NHS Trust, Barberry, 25, Vincent Drive, Edgbaston, Birmingham, B15 2FG, UK.

[e] WMG and Warwick Medical School, University of Warwick, Coventry, CV4 7AL, UK

[f] University Hospitals Coventry and Warwickshire NHS Trust, Coventry, CV2 2DX, UK

*Corresponding author: Carolyn Plateau, National Centre for Sport and Exercise Medicine, Loughborough University, Loughborough, LE11 3TU, UK. Phone: (+44) 1509 228487 Email: C.R.Plateau@lboro.ac.uk

Abstract

Clinical eating disorders are common among athletes; however research has yet to explore the process of seeking and receiving treatment for an eating disorder in this population. Semi-structured interviews were conducted with thirteen female athletes currently receiving treatment for an eating disorder. Three themes emerged: *Challenges to treatment seeking; Feeling out of place* and *Coping with exercise transitions.* Athletes reported low levels of eating disorder literacy and lacked motivation to engage with therapy due to a lack of perceived relevance. Athletes found it challenging to relinquish exercise behaviours in treatment and expressed concerns around managing a return to sport. It may be necessary to provide additional support to athletes when embarking on and leaving treatment programmes, particularly with regards to managing expectations about exercise.

Keywords: exercise; education; recovery; therapy; sport; disordered eating

Introduction

Athletes are at a significantly increased risk of eating disorders (ED; e.g., Sundgot-Borgen & Torstveit, 2004). A little is known about risk factors (e.g., Coehlo, Soares & Ribeiro, 2010) and consequences (e.g., Papathomas, Smith & Lavallee, 2015; Plateau, Arcelus, McDermott & Meyer, 2015). However, neither in-depth nor quantitative research has investigated the athlete ED treatment journey, and very few studies have been conducted with athletes with a current ED diagnosis. There is some evidence to suggest that, similar to other ED patients (de la Rie, Noordenbos, Donker & van Furth, 2006; Petterson & Rosenvinge, 2002) athletes report feeling misunderstood within the treatment environment, which may subsequently hinder their recovery (Sherman & Thompson, 2001). However, experiences of seeking and receiving treatment at an individual level remain unclear. This understanding could help to inform clinical practice and support the development of evidence-based guidelines for coaches, practitioners and athletes alike. Therefore, the broad research question guiding this qualitative study was as follows: How do athletes experience seeking and engaging with treatment for an ED, and what challenges do they face?

Method

Participants

Thirteen English-speaking women (M_{age} = 23.95yrs; *SD*=8.04), who were currently receiving treatment from four UK National Health Service (NHS) ED services took part in the study following consecutive referral from their clinician. They were all athletes, either currently or having previously been involved in training for competition in a particular sport. They had a mean BMI of 19.88 kg/m^2, (*SD* = 3.37; range 14.45-26.81). Three were diagnosed with AN, 6 with BN and 4 with OSFED. One was an inpatient, 3 day patients and 9 outpatients. They had a mean time since initial service contact of 5.00 yrs (*SD* = 4.45; range 4 mo-15 yrs). Six were active athletes, 1 retired and 6 currently not training. Seven participated in lean and 6 in non-lean sports. They had been involved in sport for a mean of 9.1 years (SD = 4.29). Eight had competed at national or international level, 3 at regional or university and 1 at club level. They currently reported spending a mean of 6.55hrs (*SD* = 6.44; range 0-22 hrs) exercising per week.

Procedure

Following ethical approval and informed consent, semi-structured interviews were conducted at the clinic, by an experienced researcher, herself an athlete. These explored experiences and perspectives on seeking and receiving treatment. They were recorded and transcribed verbatim.

Results

Using thematic analysis (Braun and Clarke, 2006), three main themes were identified: (i) *Challenges to treatment seeking,* (ii) *Feeling out of place,* (iii) *Coping with exercise transitions.*

(i) Challenges to treatment seeking:

Four areas (subthemes) emerged as important in relation to seeking treatment; *a lack of eating disorder literacy* among athletes and also their coaches, and particularly a lack of knowledge about available support; *difficulties in acceptance of the eating disorder*; *practical barriers to treatment seeking* and the *perceived availability of emotional support*, especially from family members, coaches, friends and partners. For example, one athlete describes how she confided in her coach about her eating problems, but he was unable to offer any specific support or advice on where to seek treatment:

> When I told him he just said "I really like, I don't really have any experience in this", he really didn't know what to say or do… I think sometimes he didn't really know how to act. I don't think any of them knew to be honest. (22 year-old athlete, OSFED).

(ii) Feeling out of place:

A further four subthemes were identified that were linked to athletes feeling out of place and uncomfortable within the treatment context. First, athletes observed differences in their physical appearance in comparison to non-athlete patients (predominantly in relation to increased levels of muscularity among athletes) and expressed beliefs of having an *atypical ED.* Second, athletes reported *difficulties in maintaining an athlete identity*; due to a lack of acknowledgement of their athlete status by staff, however the *involvement of the coach in treatment* was largely seen as positive in helping athletes to maintain their identity and in providing emotional support through treatment. Finally, athletes expressed concerns over a *perceived lack of relevance of therapy*, and often reported a lack of motivation to engage with therapy that they perceived to be too generic, as one 20-year old international athlete described:

> I started to get a bit frustrated actually with NHS stuff because it's so generic. I don't feel like I had a typical ED. I went to a group session once and it just didn't feel like it was relevant to me at all. It just felt like people didn't understand me and the athlete side of it at all (20 year-old athlete; BN).

(iii) Coping with exercise transitions:

Three subthemes emerged in relation to managing exercise throughout the treatment process; *changes in exercise cognitions and behaviours* as the ED developed, with exercise acting as a means to manage negative mood and for weight control; *managing exercise restriction* within the treatment context, with athletes emphasising the need for greater support and more open communication around exercise from staff and patients; and *preparing for a return to sport*. It was evident that athletes lacked confidence in their ability to cope within the sports context and were concerned about potential relapse. Those who were keen to return to sport expressed frustration with the lack of sports-specific support included within their treatment programme, and felt underprepared to manage the nutritional demands of exercise. Athletes also expressed concerns about the impact that the ED and time away from training would have had on their performance, and consequently were reluctant to return to their sport. "I'm not sure if I'm ever going to go back to it… I'd find too difficult to get back into now, because I know I won't be at the standard I was" (20 year old athlete; AN).

Discussion

This preliminary study is the first to explore the experiences of athletes seeking and receiving treatment for an ED. The findings indicated low levels of ED literacy among athletes and sports professionals, further reinforcing the need for education and guidance for coaches, parents, athletes and other key stakeholders in supporting athletes with eating problems (Plateau et al., 2015). In addition, athletes reported struggling to engage with treatment due to a lack of perceived relevance, and found the restriction of exercise during treatment particularly challenging. The findings suggest that (in line with evidence from non-athlete patients; e.g., Petterson & Rosenvinge, 2002) athletes with ED feel that they require an individualised treatment approach (i.e., that takes into account their athletic status). Whilst it is important for clinicians to be trained in those issues that affect athletes, it is unclear (due to the lack of quality treatment trials) as to whether currently available treatments are

indeed less effective for athletes as compared to other patients. What is clear is that those who exercise compulsively tend to respond less well to generic treatments (e.g., Dalle Grave et al., 2008). A treatment programme that addresses compulsive exercise attitudes and behaviours may be appropriate for athletes presenting with these symptoms (e.g., exercising to manage negative mood and for weight control; Meyer, Taranis, Goodwin & Haycraft; 2011).

In some cases, the inclusion of the coach may also help to promote athlete engagement with treatment, through reinforcing their athletic identity and providing valuable emotional support (Sherman & Thompson, 2001). Similarly, the prospect of returning to sport may help to motivate athletes to engage with therapy (Arthur-Cameselle & Quatromoni, 2014). However, ensuring athletes are sufficiently prepared to cope with the sporting context is important to prevent potential relapse and sport-specific nutritional support may be required for athletes who are planning to return to sport.

Whilst this research gives insight into athlete experiences of seeking and receiving treatment for ED, there are some limitations. Notably, participants varied in age, ED diagnosis, treatment type and progress, sport type and competition level, hence recommendations for specific athlete groups and ED types are not provided. In addition, ED diagnoses were self-reported; further research should ensure that these are clinician verified. All athletes were receiving treatment at the time of the study; rather than providing data retrospectively. The findings from this preliminary study highlight a need for further exploration into treatment efficacy and experiences among athletes with ED.

Acknowledgements

No financial assistance was received to conduct this study. The authors would like to thank the athletes who took part in this study for sharing their experiences.

References

Arthur-Cameselle, J.N., & Quatromoni, P.A. (2014). Eating disorders in collegiate female athletes: Factors that assist recovery. *Eating Disorders, 22*(1), 50-61.

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology 3*(2), 77-101.

Coelho, G.M.O., Soares, E.A., & Ribeiro, B.G. (2010). Are female athletes at increased risk for disordered eating and its complications? *Appetite, 55,* 379-387.

Dalle Grave, R., Calugi, S., & Marchesini, G. (2008). Compulsive exercise to control shape or weight in eating disorders: Prevalence, associated features and treatment outcome. *Comprehensive Psychiatry, 49*(4), 346-352.

de la Rie, S., Noordenbos, G., Donker, M., van Furth, E. (2006). Evaluating the treatment of eating disorders from the patient's perspective. *International Journal of Eating Disorders, 39*(8), 667-676.

Meyer, C., Taranis, L., Goodwin, H., & Haycraft, E. (2011). Compulsive exercise and eating disorders. *European Eating Disorders Review,19*(3), 174-189.

Papathomas, A., Smith, B., & Lavallee, D. (2015). Family experiences of living with an eating disorder: A narrative analysis. *Journal of Health Psychology, 20*(3), 313-325.

Petterson, G., & Rosenvinge, J.H. (2002). Improvement and recovery from eating disorders: A patient perspective. *Eating Disorders,10*(1), 67-71.

Plateau, C.R., Arcelus, J., McDermott, H.J., & Meyer, C. (2015). Responses of track and field coaches to athletes with eating problems. *Scandinavian Journal of Medicine and Science in Sport, 25*(2), e240-250.

Selby, C., & Reel, J.J. (2011). A coach's guide to identifying and helping athletes with eating disorders. *Journal of Sport Psychology in Action, 2*(2), 100-112.

Sherman, R.T., & Thompson, R. (2001). Athletes and disordered eating: Four major issues for the professional psychologist. *Professional Psychology: Research and Practice, 32*(1), 27-33.

Sundgot-Borgen, J., & Torstveit, M.K. (2004). Prevalence of eating disorders in elite athletes is higher than in the general population. *Clinical Journal of Sport Medicine, 14*(1), 25-32.