Promotion of Healthy Weight-control Practices in Young Athletes
Committee on Sports Medicine and Fitness
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Promotion of Healthy Weight-control Practices in Young Athletes

Committee on Sports Medicine and Fitness

Many athletes engage in unhealthy weight-control practices. This new policy statement urges pediatricians to attempt to identify and help these athletes and provides information about how to support sound nutritional behavior.

Athletes may engage in unhealthy weight-control practices, particularly in sports in which thinness or "making weight" is judged important to success, such as body building, cheerleading, dancing (especially ballet), distance running, diving, figure skating, gymnastics, horse racing, rowing, swimming, weight-class football, and wrestling. Some athletes may use extreme weight-loss practices that include overexercising; prolonged fasting; vomiting; using laxatives, diuretics, diet pills, other licit or illicit drugs, and/or nicotine; and use of rubber suits, steam baths, and/or saunas. The majority of these disordered eating behaviors do not meet Diagnostic and Statistical Manual of Mental Disorders, 4th ed, criteria for anorexia nervosa or bulimia nervosa.

In two surveys of 208 female collegiate athletes, 32% and 62% practiced at least one of the following unhealthy weight-control behaviors: self-induced vomiting, binge eating more than twice weekly, and using laxatives, diet pills, and/or diuretics. Of 713 high school wrestlers in Wisconsin, 257 (36%) demonstrated two or more behaviors related to bulimia nervosa. In a survey of 171 collegiate Indiana wrestlers concerning their behaviors in high school, 82% had fasted for more than 24 hours, 16% had used diuretics, and 9.4% had induced vomiting at least once a week. Many athletes are secretive about these potentially harmful practices.

Disordered eating may have a negative short-term impact on athletic performance. Athletes who lose weight rapidly by dehydration are probably impairing their athletic performance, especially if it involves strength or endurance, and these strength deficits may persist even after rehydration. The literature on the permanent risks associated with disordered eating is sparse, except for reports on the risk of suboptimal calcium deposition or loss of bone mineral mass among female athletes in whom menstrual disorders develop. The consequences of anorexia nervosa and bulimia nervosa are well documented and can be fatal.

Young athletes are sometimes encouraged to gain weight for sports such as football. These players also need careful guidance so that, if weight gain is appropriate, they increase lean-body and fat mass by appropriate amounts.

RECOMMENDATIONS

1. The goal of athletes, parents, coaches, and clinicians is maintenance of a healthy weight through sound eating behaviors and appropriate exercise.

2. Pediatricians are encouraged to attempt to identify athletes who demonstrate disordered eating or have eating disorders by inquiring about their body image, desired weight, and current eating habits and weight-control practices, as well as inquiring about coaches' and parents' opinions concerning an appropriate weight. Those athletes who cannot control their abnormal behavior should be referred to an appropriate physician (such as an adolescent medicine specialist) for evaluation and treatment.

3. Pediatricians are encouraged to help those who want to lose weight by helping them observe the established principles for healthy weight reduction. These principles are discussed in the manual Sports Medicine: Health Care for Young Athletes, published by the American Academy of Pediatrics. The weight goal should be based on appropriate body composition (percentage of body fat) and should consist of a range of values.

4. Pediatricians may need to consult with athletes' coaches, other health care providers, and parents to facilitate a consensus on weight goals. If weight loss is necessary, it should take place during the off-season, so that athletes do not compromise their performance through inadequate energy intake or loss of muscle mass. It is preferable to have a health care provider (pediatrician, athletic trainer, or school nurse) weigh the athlete. Punitive measures should be avoided if young athletes do not lose weight. Similar care should be taken with athletes who want to gain weight.

The recommendations in this statement do not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate.

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REFERENCES
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