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HOW TO HELP A FRIEND YOU SUSPECT HAS AN EATING DISORDER

Is your friend exhibiting a preoccupation with his/her food, weight, or body? Is he/she compulsively exercising? Here are tips on how to express your concerns in a loving and supportive manner:

- **Set a time to talk:** in a private and respectful meeting to discuss your concerns openly and honestly
- **Communicate your concerns:** Share memories of specific times when you felt concern about his/her eating or exercise behaviors. Explain that you think these things indicate problematic issues and that he/she should seek professional attention
- **Ask your friend to consider** exploring these concerns with a health professional who specializes in the treatment of eating disorders., Offer to help your friend to make the appointment and/or accompany him or her on the first visit
- **Avoid conflicts or battles of the wills:** If your friend refuses to acknowledge there is a problem or becomes defensive, simply restate your reasons and feelings and leave yourself open and available as a supportive listener in the future
- **Avoid placing shame, blame or guilt** on your friend regarding behaviors and attitudes
- **Avoid giving "fix it" or simple solutions**
- **Express your continued support:** Remind your friend that you care and want him/her to be happy and healthy

OUT OF CONTROL

EATING DISORDERS AMONG ATHLETES ARE AT EPIDEMIC PROPORTIONS

By Linda Hepler, BSN, RN

It began with a diet, undertaken in an attempt to turn the tide of a growing dissatisfaction with her body. She thought she was being healthy – counting calories, weighing her food on a Weight Watchers scale. But, then it evolved into something different, a sort of solitary competition. Each day, fueled by friends and family's compliments on her weight loss, she strived to eat fewer calories than the day before. And before long, Susan J. Mendelsohn, Psy.D. – now a successful clinical psychologist and author of "It's Not About the Weight" – had joined the ranks of women and men who suffer from an eating disorder.

Mendelsohn's experience is not unique. According to the National Association of Anorexia Nervosa and Associated Eating Disorders, 7 to 10 million women and 1 million men in the United States are affected with one or another form of an eating disorder. In fact, eating disorders – anorexia (food restriction), bulimia (binge eating then purging) and binge eating without purging – have reached epidemic proportions.

EATING DISORDER COMMON AMONG ATHLETES

According to Dr. Kimberly Dennis, the Medical Director of Timberline Knolls, a residential treatment center for eating disorders in Lemont, Illinois, eating disorders are common among athletes, perhaps because of the character traits that draw people to competitive athletics in the first place. "There's a culture of perfectionism around competitive sports – perfecting the skill or sport, perfecting the body," says Dennis. "And, perfectionism is highly associated with eating disorders."

A complicating factor, says Dennis, who herself was diagnosed with an eating disorder while playing sports at the University of Chicago, is there is a high level of denial among athletes about having a problem like this – higher than the denial seen among non-athletes. "When an athlete is still competing – even winning – while ill, it may be easier to deny a problem with food or eating," she says.

AN INHERITABLE ILLNESS

While athletes may be vulnerable to eating disorders because of the cultural arena of athletics, recent research is strongly suggesting that underlying genetic or biological factors predispose certain people to these illnesses. "There is definitely a genetic risk," says Dr. Kenneth Weiner, CEDS, a psychiatrist and Co-Founder/Medical Director of Eating

HOW TO AVOID EATING DISORDERS WHILE TRAINING

Recovery Center in Denver, Colorado. "The classic story is a young woman who is slightly overweight. She goes on a diet, has a genetic predisposition for eating disorder, and starts down the slippery slope."

In other words, it's a combination of genetic predisposition and triggering environmental factors, such as embarking upon a rigid diet, compulsively exercising, addictive use of performance enhancing substances – even experiencing a traumatic life event – that opens the door to an eating disorder.

"Genes load the gun and life pulls the trigger," says Weiner. "If you never go on a diet, never have any catastrophic events occur in your life and so on – you won't develop the eating disorder, even if you're genetically predisposed."

EARLY DETECTION

How to tell if someone – even you – may have an eating disorder? Dennis lists these common signs:

- An increased concern about body composition or body fat
- Increased concern about "healthy eating" and rigid behavior around food (eating fat free, not eating certain food groups, eating alone or in isolation)
- Social withdrawal, loss of intimacy or closeness with peers and family members
- Rapid weight loss or gain; going to the bathroom after meals
- Unmanageability in other areas of life (school, relationships, substances/intoxication)
- Loss of menses or irregularity of menses

If you even think you may have a problem, says Dennis, "Get an outside opinion from a health professional experienced with eating disorders – not a personal trainer."

GOOD NEWS ABOUT TREATMENT

The good news is that you can recover from an eating disorder. "I think that eating disorders get a bad reputation for not being treatable," says Weiner. "They can be successfully treated. But it's important to have a multidisciplinary treatment team, trained and skilled in working with eating disorders."

This team, says Weiner, may include a medical doctor, therapist, dietician and psychiatrist, among others. Help consists of medical treatment for physical complications of eating disorders, nutritional counseling to assist with an understanding of adequate nutrition and eating behaviors, and various types of psychotherapy. Cognitive behavioral therapy is one type of psychotherapy that helps people to identify and gradually change destructive thoughts, perceptions and reasoning about eating and eating behaviors. Other approaches include family and group therapy, expressive therapy, and even a modified 12-step recovery process (used in conjunction with traditional medical and psychological therapy models at Timberline Knolls).

Help for this illness is not a one-size-fits-all approach, says Dr. James Greenblatt, the Chief Medical Officer of Walden Behavioral Care in Waltham, Massachusetts. "Individuals with eating disorders respond differently to different types of treatment."

It's also important to know that most people with eating disorders have co-existing mental health issues that should be treated at the same time, cautions Greenblatt. "Eating disorder is a chronic relapsing illness that is more likely to relapse if there is an underlying problem like anxiety or depression that is left untreated."

While eating disorders are serious, especially anorexia, which according to Greenblatt, has the highest mortality rate of any other mental illness, the likelihood of recovery – if detected and treated early on – has never been better. "Thank goodness we have more research now, and it's more out in the open today, so those individuals who are 'dying to be thin' can get the care they need," says Mendelsohn, who has dedicated her practice to helping others with eating disorders. "We have a long way to go, but it's a start nevertheless. I practice and live by everything I preach ... and my life is most amazing and full of peace." **MS&F**

Does a New Year's resolution have you counting calories and hitting the gym more often? Dr. Kimberly Dennis offers these tips for staying safe while you embark on the "New You:"

- Exercise and train with a partner or in groups with other women (avoid isolation and secrecy around exercise and food)
- Replenish fluids and follow a well-balanced food plan (including enough protein, iron, calcium, and fat intake)
- Get guidance and help from a sports nutritionist
- Contact your physician if you begin to experience menstrual irregularity or lose menses
- Take 1-2 days off per week
- Avoid looking at "calories burned" displays on cardio equipment
- Seek professional help if you start to experience unmanageability in your eating, exercise, or weight/body concerns
- Avoid using diuretics, laxatives, stimulants, steroids for performance or training enhancement

