

## Eating Disorders - Part III - Athletes

🕒 Expires Thursday, October 31, 2019

📁 Nursing

👤 Colleen Symanski-Sanders, RN

---

### Examination

- 1. For female athletes, all of the following sports are considered higher-risk categories for potentially leading to an eating disorder EXCEPT**
  - a. gymnastics
  - b. ballet
  - c. softball
  - d. figure skating
  - e. cheerleading
  
- 2. Which of the following categories is considered higher risk for a male athlete to develop a disordered eating pattern?**
  - a. wrestling
  - b. basketball
  - c. baseball
  - d. rugby
  - e. lacrosse
  
- 3. Which of the following statements regarding disordered eating is true?**
  - a. Disordered eating has its own strictly defined criteria like those of anorexia or bulimia.
  - b. The clinical definitions of anorexia nervosa and bulimia nervosa were developed for non-athletes; whereas the definition of disordered eating was developed for the athlete.
  - c. The classification of "not otherwise specified" (NOS) in the DSM-IV manual can be of assistance, because all of the criteria for anorexia or bulimia have to be met.
  - d. Disordered eating in athletes' ranges from failing to meet energy demands with an appropriate diet on one end of the spectrum to the defined diagnoses of anorexia nervosa and bulimia nervosa on the other end of the spectrum.
  - e. Disordered eating behaviors rarely if ever develop into one of the strictly defined eating disorder categories.
  
- 4. Food restriction and purging in disordered eating can result in all of the following EXCEPT**
  - a. menstrual dysfunction
  - b. reversible bone loss
  - c. depression
  - d. fluid and electrolyte imbalance
  - e. changes in the cardiovascular system
  
- 5. All of the following are examples of excuses that an athlete may use for not eating EXCEPT**
  - a. "I don't have enough time due to my training schedule"
  - b. "Eating before practice may increase my energy level"
  - c. "Eating before practice is impossible because I'm too nervous"
  - d. "I don't have enough time because of traveling"
  - e. "Eating before practice makes me nauseous"
  
- 6. Reported prevalence rates of eating disorders in female athletes ranges from 15% to 60%. This wide range is primarily accounted for by**
  - a. varying sports
  - b. a genetic predisposition
  - c. a family history of an eating disorder

- d. the psychosocial relationship between the athlete and the coach
  - e. overbearing parents
7. A study regarding young elite swimmers was discussed in this article, and it revealed that approximately 61% of average-weight girls and 18% of underweight girls were trying to lose weight. Most of the girls were trying to lose weight by
- a. vomiting
  - b. using laxatives
  - c. using diuretics
  - d. using diet pills
  - e. decreasing food intake
8. Gymnasts and ballet dancers, who begin training at early ages, may not go through a normal development or height spurt. This can result in late onset of menstrual periods - sometimes not occurring until \_\_\_\_\_ years of age.
- a. 26-28
  - b. 24-26
  - c. 20-22
  - d. 16-18
  - e. 12-14
9. Female athletes often restrict food intake but may develop other disordered eating behaviors, such as purging. A form of purging that is often overlooked in these athletes is
- a. vomiting
  - b. use of laxatives
  - c. use of diuretics
  - d. use of diet pills
  - e. compulsive exercise
10. The "female athlete triad" consists of
- a. cardiac dysfunction, osteoporosis, and anorexia or bulimia
  - b. menstrual dysfunction, cardiac dysfunction, and thyroid dysfunction
  - c. menstrual dysfunction, osteoporosis, and excessive physical activity with disordered eating
  - d. excessive physical activity with disordered eating, thyroid dysfunction, and cardiac dysfunction
  - e. menstrual dysfunction, cardiac dysfunction, and excessive physical activity with disordered eating
11. There are two types of amenorrhea. Primary amenorrhea is the absence of
- a. menstruation by age 16 in a girl with secondary sex characteristics
  - b. three or more consecutive menstrual cycles after menarche
  - c. of menstruation by age 15 in a girl with no secondary sex characteristics
  - d. six or more consecutive menstrual cycles after menarche
  - e. menstruation by age 18 in a girl with no secondary sex characteristics
12. A higher prevalence of both primary and secondary amenorrhea has been reported in female athletes from 5% to as high as
- a. 75%
  - b. 60%
  - c. 45%
  - d. 30%
  - e. 15%
13. The easiest identified component of the female triad is
- a. amenorrhea

- b. cardiac dysfunction
  - c. disordered eating
  - d. osteoporosis
  - e. excessive physical activity
14. Amenorrhea is associated with low concentrations of \_\_\_\_\_, which can negatively impact bone health.
- a. adrenal hormones
  - b. thyroid hormones
  - c. pituitary hormones
  - d. ovarian hormones
  - e. pancreatic hormones
15. Regarding osteoporosis adequate levels of \_\_\_\_\_ slow bone resorption and improve or maintain bone mass.
- a. cortisol
  - b. estrogen
  - c. thyroxine
  - d. glucagon
  - e. serotonin
16. There is evidence that male athletes share the risk with female athletes for certain types of eating pathologies and or disorders. Today researchers find that for every 8 to 11 females with bulimia, there is
- a. 5 males
  - b. 4 males
  - c. 3 males
  - d. 2 males
  - e. 1 male
17. Regarding a comparison between males and females with eating disorders, which of the following statements is true?
- a. Studies reveal that males suffer more psychosocial morbidity.
  - b. Studies reveal that females suffer more psychosocial morbidity.
  - c. Males often begin an eating disorder at younger ages than females do.
  - d. Males were more often overweight as children, when compared to women.
  - e. A risk factor for men is participation in sports that "demand" thinness, unlike that of female sports.
18. What event occurred in the late 1990's that placed the problem of "excessive exercise and disordered eating in male athletes and its potential consequences" before the public eye?
- a. A nationwide report regarding the excessive use of anabolic steroids by male athletes
  - b. A nationwide report regarding the undue stress of "being perfect" placed on male athletes by coaches
  - c. The deaths of three young male athletes
  - d. The arrest of numerous individuals at various colleges for trying to sell illicit weight loss drugs
  - e. A nationwide report regarding the excessive amount of advertising (on "how to attain the perfect body") that was being distributed at colleges around the country
19. In a study discussed in this article, conducted of NCAA (The National Collegiate Athletic Association) athletes, which of the following is a true statement about their results between male and female athletes?
- a. They found that binge eating occurred more often in female athletes (compared to male athletes).
  - b. They found that more than three times as many female athletes used saunas or steam baths to lose weight than male athletes.
  - c. They found that males used steroids more often than females to improve athletic performance.

- d. They found that females used steroids more often than males to improve athletic performance.
- e. They found that female athletes were four times more likely than males to use vomiting to lose weight.

20. **Regarding screening and treatment, all of the following statements are true EXCEPT**

- a. The physical examination that precedes participation in sports provides the ideal opportunity to screen athletes.
- b. Exercise intensity, duration, and frequency, need to be part of the physical evaluation but not dietary practices or menstrual history.
- c. Treatment of athletes with eating disorders is similar to the treatment for non-athletic teens with eating disorders.
- d. Treatment often requires the cooperation of the coach, but the coach can be a double edge sword - if the teen views the coach as a contributor then inclusion needs to be carefully implemented.
- e. Education and counseling needs to be provided to athletes, parents, and coaches regarding disordered eating, menstrual dysfunction, decreased bone mineralization, and adequate caloric and nutrient intake.

