

CURRENT KNOWLEDGE, PERCEPTIONS, AND INTERVENTIONS USED BY COLLEGIATE COACHES IN THE U.S. REGARDING THE PREVENTION AND TREATMENT OF THE FEMALE ATHLETE TRIAD

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ABSTRACT

Background. Coaches play an important role in the prevention of female athlete triad, but their current knowledge level, perceptions, and practice behaviors are not known.

Objectives. The purpose of this study was to describe the knowledge, perceptions, and behaviors college coaches have about the female athlete triad. This study's purpose was to describe the relationships between these variables, and to compare coaches having high levels of general knowledge about the triad with coaches having low levels of general knowledge with their perceptions, behaviors, and more specific knowledge about the triad.

Methods. A questionnaire was sent to 300 Division I collegiate coaches in the United States. Descriptive statistics, the Pearson product-moment correlation, and independent t-tests were used to describe the participants, relationships between variables, and compare groups of coaches with high and low levels of knowledge about the triad.

Results. Forty-three percent of the 91 college coaches responding to the survey (30% return rate) were able to correctly list the specific components of the disorder. Coaches with high levels of general knowledge about the triad had statistically significant differences in their perceptions, behaviors, and more specific knowledge of the triad than coaches with low levels of general knowledge about the triad.

Conclusion. The best intervention for the female athlete triad is prevention. Future education about the triad should focus on treatment and prevention

as well as specific factors related to the syndrome, such as nutritional requirements, methods of assessing menstrual irregularities, and screening techniques.

Keywords: female athlete, disordered eating, menstrual dysfunction, osteoporosis

INTRODUCTION

Greater participation of women in sports has increased competition among female athletes. The desire to succeed in athletics, combined with the pressure to maintain a lean appearance may cause female athletes to intentionally or inadvertently restrict their dietary intake and train excessively. This desire may be particularly true for athletes who participate in sports having a competitive or aesthetic value on maintaining a lean appearance (cross-country, gymnastics, figure skating, and ballet).^{1,2} Female athletes may engage in disordered eating patterns to achieve a low body weight believing that it will improve their sports performance.³ The internal desire to achieve an "ideal appearance" may be intensified by external stresses, such as societal pressure to be thin and demands placed upon the athlete by coaches or parents to excel in their sport. Women who chose disordered eating patterns to attain a desired body weight and athletic performance may be at risk for developing a condition known as the female athlete triad.^{4,5} The female athlete triad includes three interrelated components that are often expressed on a continuum: disordered eating, menstrual dysfunction, and osteoporosis.

Disordered eating is a continuum of abnormal patterns of eating ranging from mild or occasional abnormal eating behaviors (restriction of high fat foods or episodic fasting) to the more extreme conditions of anorexia (voluntary starvation) and

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