

- According to the National College Health Assessment (Spring 2006), 1.3% of the 94,806 male and female respondents reported that an eating disorder/problem had interfered with their academic performance within the past academic year.²

According to information compiled by Anorexia Nervosa and Related Eating Disorders, Inc. (ANRED) and the National Eating Disorders Association:

- It is estimated that college students have a higher prevalence rate for Anorexia and Bulimia than the general population.
- The average age of onset for Anorexia is 17 years and for Bulimia is 18 to 20 years, within the traditional college-aged years.
- Up to 3% of college women are diagnosed with an eating disorder.
- It is estimated that between 10% and 30% of college women have risk factors for the development of eating disorders.
- 83% of college women diet no matter how much they weigh.
 - 80% of college women use physical activity to control weight
 - 32% of these women skip breakfast
 - 9% smoke cigarettes to control weight
 - 58% said they feel pressure to be a certain weight
 - Among college females, 78% report bingeing experiences
 - 8.2% use self-induced vomiting to control weight²⁶
- Researchers at Harvard University Medical School (2007) conducted a mental health survey of nearly 9,000 adults across of the U.S. Results suggested that up to 25% of adults with eating disorders are male.²⁷
- Risk factors for males developing an eating disorder include:
 - They were overweight as children
 - They have been dieting. Dieting is one of the most powerful eating disorder triggers for both males and females
 - They participate in a sport that demands thinness
 - They have a job or profession that demands thinness
 - Some, but not all, males with eating disorders are members of the gay community where men are judged on their physical attractiveness in much the same way that women are judged in the heterosexual community
 - Living in a culture fixated on diets and physical appearance²⁷

Special Population Considerations

GLBTQ Students

Gay men and depression/anxiety

- Depression and anxiety appear to affect gay men at a higher rate than in the general population. The likelihood of depression or anxiety may be greater, and the problem may be more severe for those men who remain in the closet or who do not have adequate social supports.
- Adolescents and young adults may be at particularly high risk of suicide because of these concerns.
- Culturally sensitive mental health services targeted specifically at gay men may be more effective in the prevention, early detection, and treatment of these conditions.²⁸

Lesbians and depression/anxiety

- Lesbians have been shown to experience chronic stress from homophobic discrimination. This stress is compounded by the need that some lesbians still have to hide their orientation from family and colleagues at work, and by the fact that many lesbians have lost the important emotional support most others get from their families due to alienation stemming from their sexual orientation.²⁸

Transgender individuals and depression/anxiety

- For many reasons, transgender people are particularly prone to depression and anxiety. In addition to loss of family and friends, they face job stress and the risk of unemployment.
- Transgender people who have not transitioned and remain in their birth gender are very prone to depression and anxiety. Suicide is a risk, both prior to transition and afterward.
- One of the most important aspects of the transgender therapy relationship is management of depression and/or anxiety.²⁸

As detailed by the National Gay and Lesbian Task Force, many lesbian, gay, bisexual and transgender (LGBT) campus members find that they must hide significant parts of their identity from peers and others, thereby isolating themselves socially or emotionally.

- Those [campus members] who do not hide their sexual orientation and/or gender identity might encounter discrimination, verbal or physical harassment, and subtle or outright silencing of their sexual identities.
- These challenges and others can prevent LGBT students from achieving their academic potential or participating fully in the campus community.²⁹

*The Policy Institute of the National Gay and Lesbian Task Force released the report *Campus Climate for Gay, Lesbian, Bisexual, and Transgender People: A National Perspective (2003)* by Susan R. Rankin. The full report is available at <http://thetaskforce.org/downloads/reports/reports/CampusClimate.pdf>*



Athletics

- In a study of Division 1 NCAA athletes, over one-third of female athletes reported attitudes and symptoms placing them at risk for Anorexia Nervosa. Though most athletes with eating disorders are female, male athletes are also at risk—especially those competing in sports that tend to place an emphasis on the athlete’s diet, appearance, size, and weight requirements.³⁰
- Female athletes may be at an increased risk for injuries such as stress fractures due to disordered eating. The “Female Athlete Triad” is most frequently seen in endurance runners and those who participate in activities such as gymnastics, figure-skating, and dance—sports where leanness is considered a virtue and therefore where, regrettably, disordered eating is endemic. Factors contributing to the triad include:
 - Intense training plus disordered eating contribute to menstrual abnormalities, particularly when nutritional intake is insufficient to meet the energy needed for the training.
 - Menstrual abnormalities are associated with decrease of the estrogen needed to build bones, which, coupled with a poor diet may lead to osteoporosis or decreased bone mineral content.
 - Weaker bones are vulnerable to stress fractures related to the athlete’s training schedule.³¹
- In recent years, researchers have found that, contrary to popular belief, student athletes may be more at-risk than their non-athlete peers for experiencing mental health difficulties, such as alcohol abuse, social anxiety and depressive symptoms.
 - Reasons for this rate may stem from the culture of athletics, which emphasizes being “mentally tough,” “showing no sign of weakness” and “fighting through the pain.”
 - Some student-athletes also hesitate to seek mental health treatment when dealing with depression because they believe no one will really understand what they are going through—they do not know where they can go for help or they fear whatever stigmas may come along with seeking help.³²
- Student athletes must balance all of the demands of being a college student along with athletic demands. This includes the physical demands of their sport, along with the time commitment of participation as well as strength and conditioning and skill instruction.
 - Most athletes participate in their sport almost year-round, often missing holidays, school and summer breaks, as well as classes and even graduation.
 - Athletes may have difficulties if they struggle in their athletic performance, have difficulty interacting with their coach or teammates, or lose passion for their sport.

- For athletes who define themselves by their role as athlete, an injury can be devastating.

Team dynamics can dissuade a student from seeking help if it is a norm for problems to be kept “in the family.”³³

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