

Investigating coaches' recognition of symptoms of eating disorders in track athletes.

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Supplementary Materials

Vignettes

Anorexia Nervosa Vignette for Female Character

Olivia is a 19-year-old competitive athlete who has struggled with her weight over the last few years due to the perceived need to be lean for sport. Olivia's current weight is well below the normal range for her age and height but she *thinks* she is overweight for a competitive athlete.

Olivia moved away for university a year ago and in doing so, began to work with a new coach. She began to train more than ever and would often go for extra runs without the knowledge of her coach. Olivia began to lose weight as a result of the increased training load. She then became stricter with her diet; avoiding all fatty foods, restricting her food intake by skipping meals, and eating small, set amounts of "healthy foods" each day. These healthy foods consisted mostly of fruit and vegetables, and bread or rice.

Olivia sometimes finds it difficult to control her eating and training but then will increase her efforts to overcome her temptation by eating even less than normal and running even more. Olivia has reported some pain in her left foot but tries to train through the pain. She has also developed an intense fear of gaining weight and has not menstruated in almost six months.

Q1: Please use as few words as possible to identify what problem(s), if any, Olivia is experiencing.

Q2 (coach sample): Imagine that Olivia is an athlete that you coach. How would you help or advise her?

Q2 (community sample): Imagine that Olivia is your friend. How would you help or advise her?

Anorexia Nervosa Vignette for Male Character

Josh is a 19-year-old competitive athlete who has struggled with his weight over the last few years due to the perceived need to be lean for sport. Josh's current weight is well below the normal range for his age and height but he *thinks* he is overweight for a competitive athlete.

Josh moved away for university a year ago and in doing so, began to work with a new coach. He began to train more than ever and would often go for extra runs without the knowledge of his coach. Josh began to lose weight as a result of the increased training load. He then became stricter with his diet; avoiding all fatty foods, restricting his food intake by skipping meals, and eating small, set amounts of "healthy foods" each day. These healthy foods consisted mostly of fruit and vegetables, and bread or rice.

Josh sometimes finds it difficult to control his eating and training but then will increase his efforts to overcome his temptation by eating even less than normal and running even more. Josh has reported some pain in his left foot but tries to train through the pain. He has also developed an intense fear of gaining weight and often reports having little energy - often picking up minor illnesses, such as coughs and colds.

Q1: Please use as few words as possible to identify what problem(s), if any, Josh is experiencing.

Q2 (coach sample): Imagine that Josh is an athlete that you coach. How would you help or advise him?

Q2 (community sample): Imagine that Josh is your friend. How would you help or advise him?

Bulimia Nervosa Vignette for Female Character

Megan is a 19-year-old competitive athlete. Although Megan struggled with her weight throughout adolescence, her current weight is within the normal range for her age and height. However, Megan *thinks* she is overweight and often reports feeling quite down about her weight and shape.

Since beginning university, Megan has increased her training load without consulting her coaches. She gradually began to lose weight as a result of the extra training and felt guilty if she missed any training (either set by her coaches or the supplementary sessions she set for herself).

Megan then became stricter with her diet. She reported avoiding fatty foods, not eating between meals and trying to eat daily set portions of “healthy foods”, consisting of mainly fruit, vegetables and lean protein. Megan continued with the elevated training load during her dieting and consequently lost several more kilograms. She has also reported pain in her left foot, which prevents her from running sometimes, despite her best efforts to run through the pain.

Although Megan is still within the normal weight range for an athlete of her age and height, she has found it difficult to maintain the weight loss and control her eating over the last 6 months. While able to restrict her dietary intake during the day, Megan is sometimes unable to stop eating during the night. She may consume, for example, a block of chocolate or several slices of toast.

Megan is worried that she is going to gain weight again and to counteract the effects of her bingeing, she will run a few extra miles than planned the following day and aim to eat even more “healthily”. Due to Megan’s increasing focus on her exercise and eating routines, she has become isolated from her friends.

Q1: Please use as few words as possible to identify what problem(s), if any, Megan is experiencing.

Q2 (coach sample): Imagine that Megan is an athlete that you coach. How would you help or advise her?

Q2 (community sample): Imagine that Megan is your friend. How would you help or advise her?

Bulimia Nervosa Vignette for Male Character

Mark is a 19-year-old competitive athlete. Although Mark struggled with his weight throughout adolescence, his current weight is within the normal range for his age and height. However, Mark *thinks* he is overweight and often reports feeling quite down about his weight and shape.

Since beginning university, Mark has increased his training load without consulting his coaches. He gradually began to lose weight as a result of the extra training and felt guilty if he missed any training (either set by his coaches or the supplementary sessions he set for himself).

Mark then became stricter with his diet. He reported avoiding fatty foods, not eating between meals and trying to eat daily set portions of “healthy foods”, consisting of mainly fruit, vegetables and lean protein. Mark continued with the elevated training load during his dieting and consequently lost several more kilograms. He has also reported pain in his left foot, which prevents him from running sometimes, despite his best efforts to run through the pain.

Although Mark is still within the normal weight range for an athlete of his age and height, he has found it difficult to maintain the weight loss and control his eating over the last 6 months. While able to restrict his dietary intake during the day, Mark is sometimes unable to stop eating during the night. He may consume, for example, a block of chocolate or several slices of toast.

Mark is worried that he is going to gain weight again and to counteract the effects of his bingeing, he will run a few extra miles than planned the following day and aim to eat even more “healthily”. Due to Mark’s increasing focus on his exercise and eating routines, he has become isolated from his friends.

Q1: Please use as few words as possible to identify what problem(s), if any, Mark is experiencing.

Q2 (coach sample): Imagine that Mark is an athlete that you coach. How would you help or advise him?

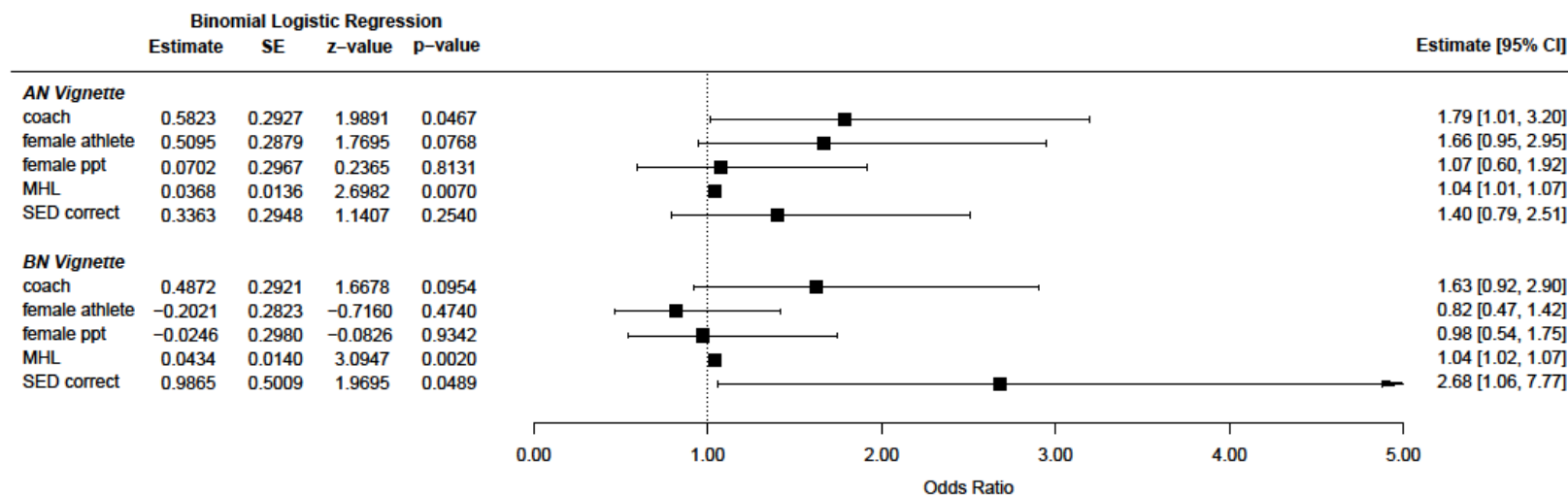
Q2 (community sample): Imagine that Mark is your friend. How would you help or advise him?

Supplementary Analyses

Predicting the likelihood of suggesting professional treatment as a function of SED

Identification of the SED compared with a GED was not associated with a change in the likelihood of suggesting professional treatment, for either the AN vignette ($B=-0.49$, $SE=0.34$, $z=-1.43$, $p=0.15$) or the BN vignette ($B=-0.53$, $SE=0.49$, $z=1.09$, $p=0.28$). Further, as shown in Figure S1, correct identification of the SED was associated with a greater likelihood of suggesting professional treatment for the BN vignette (and a trend in this direction for the AN vignette), consistent with the patterns of results found for GED.

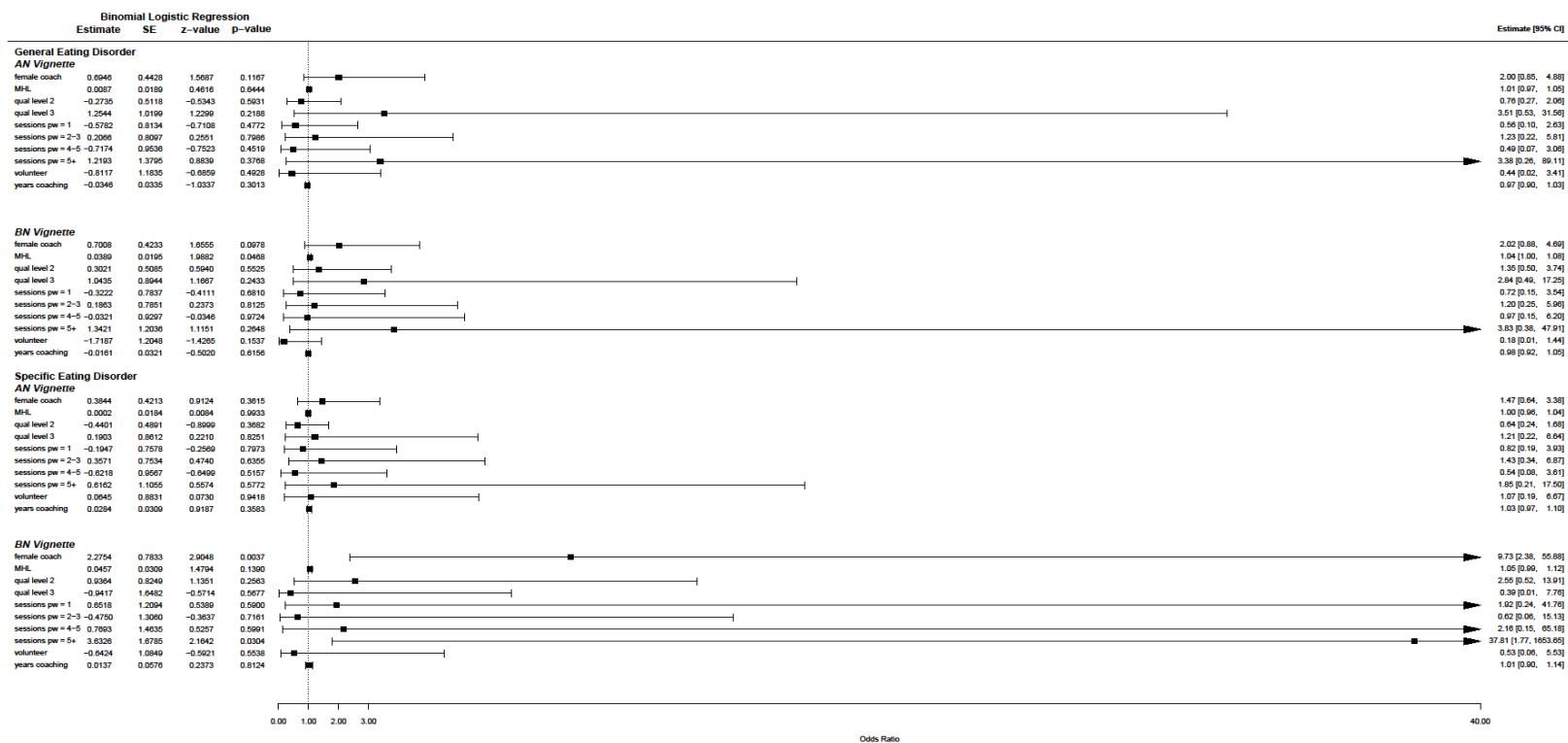
Figure S1. Logistic regression and odds ratio values for the likelihood of suggesting professional treatment in the AN and BN vignette, using the SED data.



Predicting the likelihood of correct problem identification as a function of coach gender

When considering the likelihood of correct identification of a GED and the SED as a function of participant gender, the coach-specific sample showed effects consistent those found in the full sample. For both the AN and BN vignette, there was a general pattern whereby female coaches were associated with a greater likelihood of correct problem identification.

Figure S2. Logistic regression and odds ratio values for the likelihood of correct problem identification in the AN and BN vignette, when coach gender is included in the model.



Predicting the likelihood of suggesting professional treatment as a function of coach gender

When considering the likelihood of suggesting professional treatment as a function of participant gender, the coach-specific sample showed patterns of effects consistent to those found in the full sample (in both the AN and BN vignette).

Figure S3. Logistic regression and odds ratio values for the likelihood of suggesting professional treatment in the AN and BN vignette, using the coach gender data.

