

PERFORMANCE ISSUES FOR PARENTS:

how to fuel active kids

by Suzanne Nelson Steen, D.Sc., R.D.



Whether it's practicing for a basketball game or playing a backyard game of catch, children's growth, development, and athletic performance depend largely on eating the right foods. So it is important for parents and coaches to learn the basics for keeping active children fueled and hydrated for health and peak performance!

Pyramid Power

Young athletes should obtain adequate energy and nutrients from a diet that emphasizes complex carbohydrates and moderate amounts of protein and fat to support growth and physical activity. This can be achieved by including a variety of foods from each of the major food groups, as illustrated by the Food Guide Pyramid. Especially for the young athlete, the pyramid serves as a visual guide for choosing foods and helping to plan healthful meals.

Each day, the young athlete should consume at least two to three servings from the milk group, two to three servings from the meat/protein group, four servings from the vegetable group, three servings from the fruit group and nine servings from the bread/grain group. Foods containing the majority of calories from fat or sugars at the top of the pyramid are not eliminated, but should be consumed only occasion-

ally as an addition to, and not in place of, other nutrient-dense foods.

In general, providing servings within these recommended ranges will supply the necessary vitamins, minerals and calories most active children require. However, depending on the frequency, intensity and duration of physical activity, the young athlete may need an additional 500 to 1,000 calories each day.



The Nutrition Game Plan

Young athletes should be encouraged to distribute calories throughout the day at regular meal times and snacks. This will ensure the presence of readily available sources of energy to support growth and training activity. Because of demanding schedules, many children have little time to eat before practice. Unfortunately, this leaves kids feeling tired, hungry, and nutritionally unprepared for the demands of

(continued on Page 6, see Active Kids)

Inside

PHYSICAL ACTIVITY FOR YOUTH
page 3

DANGEROUS DIETING THREATENS YOUNG ATHLETE'S HEALTH
page 5

MENSTRUAL CYCLE DYSFUNCTION IN ADOLESCENT ATHLETES
page 7



Letter from the Editor

Welcome to the spring issue of *ACSM Fit Society*® Page. In this edition, we focus on *Performance Issues for Parents*, including articles on nutrition for growth and development, weight loss in females, irregular or delayed menses, youth sports psychology, overtraining and the ever popular Q & A section. Why this topic area?

According to recent information from the government's first comprehensive study of sports injuries, 2.6 million children and young adults playing sports end up in the emergency room each year at a cost of \$500 million. Some of these unexpected visits could be prevented with a sound understanding of performance-related issues in children. Additionally, with a recent major focus on child nutrition and development, we have attempted to provide a sound overview on issues important in this area. For example, another study shows that an extra soft drink a day gives a child a 60 percent chance of becoming obese. Other information on abnormal menstruation and overtraining in young athletes will provide valuable insight about the causes of these conditions and how to deal with them.

As always, we hope you enjoy this issue of *ACSM Fit Society*® Page and find information that you can use to enhance your and your family's health and wellness. If you have any questions or comments, please be sure to contact us.

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Q&A with ACSM

by Bryan W. Smith, M.D., Ph.D.

Q: What are some tips for parents to decrease the likelihood of overtraining in their physically active children?

A: Have the child participate in a variety of physical activities instead of focusing on one sport. From middle childhood to early adolescence is a time to acquire and develop sport-specific motor skills. Many of these skills such as hitting a baseball or tennis ball can be more difficult to acquire after this window of time has passed. Varied activities utilize different muscle groups and overuse injuries are less likely to occur.

Q: Do I need to start my child early in organized sports to improve his/her chances at receiving an athletic scholarship to college?

A: If the child has not reached the motor development necessary to acquire the fundamental skill to play the sport, prac-

tice may not be useful. The structure of organized sports often impedes the ability of children to play at their own developmental level. Children need to experience the joy of physical activity and be encouraged to have fun. Too much attention on competition can result in the child's giving up the sport.

Q: What are some of the factors associated with burnout in young athletes?

A: Expectations get too high and win-at-all costs attitudes develop. Parental pressure to play and win, inconsistent coaching, long practices with little variety and a preoccupation with perfectionism also contribute.

Q: What qualities are important for coaches to possess in order build self-esteem in youngsters?

A: Enthusiasm, realistic expectations, re-

warding effort as much as outcome, creating an environment that encourages trying new skills and modifying activities to increase success.

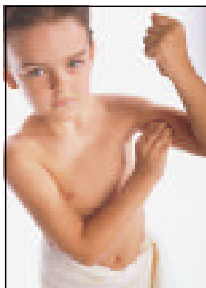
Q: Which athletes are at the highest risk for disordered eating?

A: Sports emphasizing leanness either for appearance such as cheerleading, gymnastics, diving, figure skating and/or for performance such as long-distance running, swimming and cross-country skiing. Sports such as rowing or wrestling that have weight classifications for competition are also at risk.

Q: What is the main problem for female athletes to have irregular or delayed menses?

A: Decreased bone mineral density. This loss of bone density is irreversible and can lead to stress fractures in the short term and osteoporosis in the long term.

Commentary



PHYSICAL ACTIVITY FOR YOUTH: TIPS FOR KEEPING KIDS HEALTHY AND FIT

by Avery D. Faigenbaum, Ed.D.

It is important for parents, teachers and coaches to encourage children and teenagers to be physically active on a regular basis. In addition to providing youngsters with an opportunity to make friends and have fun, regular participation in well-designed physical activity programs has the potential to enhance the health and well-being of boys and girls. It helps strengthen bone, reduce body fat, lower cholesterol and reduces symptoms of anxiety and depression. A growing body of evidence suggests that health-related behaviors acquired during childhood and adolescence are more likely to be carried over into adulthood. As such, a youngster who enjoys physical activity and who learns how to live an active life is more likely to become an active adult. It is recommended that children and teenagers be physically active on most days of the week as part of play, games, recreation, transportation, physical education and sports.

It seems that there are two broad categories of youth in the United States. The larger category consists of boys and girls who engage in minimal physical activity on a regular basis. These kids don't play backyard sports and don't have many physical education classes each week. They spend most of their free time watching television and "surfing" the Internet. After sitting in school for seven hours, these kids certainly need to "activate" their lifestyle when they get home.

On the other hand, a smaller group of children and teenagers are physically active on a regular basis and participate in competitive sports programs. With qualified coaching and supportive parenting, participation in youth sports can help promote healthy lifestyles and build leadership skills. However, if age-specific train-

ing guidelines are not followed and if parents and coaches expect youngsters to perform at a level beyond their capabilities, youngsters can develop images of themselves as unable and unworthy. The bottom line is that participation in youth sports can be a rewarding experience, but we seem to be experiencing an epidemic of burnout among youth athletes as a growing number of children and teenagers are dropping out from sports.

Youth Health and Fitness

Years ago we had less concern about physical activity programs for children and teenagers because long walks to school, physical chores in the afternoon and daily physical education classes kept their bodies healthy and fit. But today, youngsters seem to spend more time in front of the television than on the playground, and in some schools, physical education and recess are viewed as expendable parts of the school curriculum.

The percentage of overweight children and teenagers has more than doubled over the past two decades and the physical activity levels of most boys and girls is down. To the surprise of some parents, by the time most students graduate from high school, it is likely that they will have spent more time in front of the television than in school. While kids do not need to become All-American athletes, all children and adolescents need to participate in physical activities that enhance and maintain cardiovascular and musculoskeletal health.

The negative health consequences associated with childhood obesity and physical inactivity are both real and alarming. There is evidence that a growing number of children under the age of 15 already have one or more risk factors for cardiovascular disease and recently, physicians have reported the troubling appearance

of "adult onset" Type II diabetes among children and teenagers. In short, since both positive and negative behaviors have a high probability of persisting into adulthood, it is likely that inactive kids will become inactive adults. Preventative health efforts that increase physical activity and sports participation during childhood and adolescence will likely have favorable health benefits in later years.

This is a particularly important message for girls and youth who tend to have more sedentary lifestyles. In the long run, encouraging children and teenagers to be physically active and participate in sports can help maintain the progress that has been made in reducing deaths from cardiovascular disease over the past few decades.

Kids are Special

When encouraging youngsters to be physically active, it is important to remember that they are not miniature adults. Regardless of how big or strong a child is, we must remember that they are still growing and may be experiencing different sports and activities for the very first time. Parents and youth coaches need to speak to their players at a level they understand, reminding aspiring young athletes that it takes time to "get in shape" and learn a new skill. Youth fitness programs should focus on age-appropriate activities that give all participants an opportunity to play, make friends and improve their fitness level.

Adult conditioning guidelines and training philosophies are inappropriate for children and teenagers and may result in early burnout or injury. Overzealous parents and coaches need to reevaluate their views regarding winning and competition and understand the reasons why children and teenagers want to be part of the team. Unfortunately, some parents and youth coaches pay more atten-

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Healthy and Fit (continued from the previous page)

tion to wins and losses than skill development and having fun.

The goals of youth programs are also different from adult programs. Some parents and coaches make the mistake of emphasizing performance instead of enjoyment. The problem is that some parents and coaches have a “more is better” attitude and continually increase the duration of training sessions and number of competitions per week without assessing individual needs and concerns. Between practicing, playing and traveling to tournaments, many young athletes simply get burned out before they reach the age of 13. One lesson we have learned from the exercise science literature is that more is not always better. In fact, too much training without adequate rest and recovery can lead to injury or a decrease in performance.

Fundamental Fitness

Although some parents and youth coaches have argued that early sports participation is the key to success, it now appears that broad-based sports participation in a variety of activities is related more to later sports success than early sports specialization. A growing number of health professionals believe that sports specialization should be avoided until adolescence, and some successful youth coaches require their athletes to participate in a second sport as opposed to training for one sport year round. Rather than focus our efforts entirely on sport-specific skills, we need to redirect our efforts toward fundamental fitness activities and having fun. We need to encourage kids to run, jump, kick, turn, twist and hop. Focusing on sport-specific skills over fundamental fitness abilities not only discriminates against kids whose motor skills are not as well developed, but may also lead to injury. A youngster’s participation in sport need not start with competition, but rather should evolve out of preparatory conditioning and instructional practice sessions.

While the concept of preseason conditioning may seem a bit bizarre to some par-

ents and youth coaches, in many cases kids who enter sports programs are generally unfit and ill-prepared to handle the demands that will be placed on their bodies. Simply because a child “passes” the pre-participation exam by a physician does not necessarily mean that the child’s musculoskeletal system is prepared for the demands of sports practice and competition. Aspiring young athletes should participate in at least six weeks (two to three days per week) of general conditioning (strength, endurance, flexibility and balance training) before their sports season begins. During this time, correctable risk factors such as poor flexibility and poor physical condition can be identified by qualified coaches and teachers. Since children and teenagers cannot play themselves into shape, it may be appropriate to curtail sports training to allow time for preparatory conditioning. This type of program will likely enhance the fitness of children and teenagers and therefore decrease the likelihood that kids will drop out of sports due to frustration, embarrassment, failure or injury. According to the American College of Sports Medicine (ACSM), about 50 percent of overuse injuries sustained by young athletes could be prevented if more emphasis was placed on the development of fundamental and fitness skills as opposed to sports training.

Coaching Kids

Youth coaches need to understand fundamental conditioning principles and remember the uniqueness of childhood and adolescence. Coaches need to respect players’ feelings and appreciate the fact that their thinking is different from that of adults. Players should be encouraged to ask questions, and all of their concerns should be addressed. Parents and coaches need to attempt to make sports participation a positive experience for all players. Negative behaviors include forcing a child to participate in a sport, not speaking to a child after he or she played poorly or punishing a child for not playing well. Name-calling, rejecting, ignoring and simply saying things that hurt are damaging to a young athlete’s

self-esteem and self-worth. Although there are many reasons why children and teenagers drop-out of sports, the number one reason is that kids say it wasn’t fun anymore. Youth coaches and parents should understand that the well-being of a young athlete is far more important than winning a game or scoring a goal.

Lifetime Fitness

As parents and coaches, we have the shared responsibility of encouraging children and teenagers to lead active lives. With this objective in mind, we must strive to provide boys and girls with enjoyable experiences that increase their confidence in their physical abilities. Instead of focusing on stressful competition in which most players fail, highlight the positive aspects of fitness and sports participation. Provide children and teenagers with the opportunity to enhance their fundamental fitness abilities before they compete in sports. Even though society preaches the importance of winning, remember that the major reason young athletes participate in sports is to have fun and make friends.

Tips for Coaching Kids

1. Remember that the game is for the kids, not adults.
2. Allow kids to enjoy the benefits of simply playing.
3. Be a positive role model and encourage sportsmanship by showing respect and courtesy.
4. Teach your kids to play by the rules and to resolve conflict without violence.
5. Emphasize the development of fundamental fitness abilities and avoid sports specialization at an early age.
6. Escape from the “win at all costs” attitude and teach your kids that trying your best is more important than winning.
7. Recognize individual needs and capabilities of your kids.
8. Focus on intrinsic factors such as skill improvement, personal success and excitement.
9. Treat kids respectfully and listen to each kid’s concerns.
10. Explain safety rules and emergency procedures to kids and to their parents.

Nutrition



DANGEROUS DIETING THREATENS YOUNG ATHLETES' HEALTH

Katherine Beals, Ph.D.

It is a given: If you are young and female, you are concerned with your weight. It is unfortunate that body weight concerns are currently considered the “norm,” part of growing up female in today’s society. While body weight concern may be “normal,” body weight obsession or a preoccupation with weight loss is not normal, and it is definitely neither healthy nor conducive to peak athletic performance.

Weight Loss Worries

Studies conducted over the past two decades have described increasingly widespread body weight dissatisfaction and body image disturbances among children and adolescents, particularly females. For example, a 1972 survey of teenagers found that only six percent were concerned about their weight, while a follow-up survey conducted 10 years later indicated that 31 percent of teenagers were extremely worried about weight. An investigation of body weight issues in 12- to 14-year-old girls found that while 81 percent of girls sampled were within or below the normal range of weight for height, 78 percent would prefer to weigh less, and only 14 percent reported being satisfied with their current weight. Similarly, in a study of 326 high school girls, 51 percent of the underweight girls described themselves as extremely fearful of becoming fat, and 36 percent reported weight preoccupation.

Body weight dissatisfaction frequently leads to dieting and the use of unhealthy or “pathogenic” weight control methods. A recent study found that 61 percent of adolescent girls surveyed reported dieting during the previous year. Moreover, many of those surveyed said they had used unhealthy weight control methods, such as fasting (51 percent), diet pills (16

percent), and vomiting (12 percent). In a similar study, it was found that of 1,728 10th graders, 11 percent had vomited, seven percent had used laxatives, and four percent had used diuretics for weight loss.

Young athletes also appear to be susceptible to body weight concerns that can lead to unhealthy dieting practices. In a study examining the prevalence of dieting and the use of pathogenic weight control methods among 487 female and 468 male adolescent swimmers (nine to eight years-old) 15 percent of the girls and 3.6 percent boys reported using pathogenic weight control methods including vomiting, diet pills, laxatives, and diuretics.

In general, female athletes are much more likely than their male counterparts to worry about weight and/or engage in unhealthy weight control behaviors; the one exception to this can be found in the sport of wrestling. It is common practice for young wrestlers to restrict food and fluid intake and engage in pathogenic weight control behaviors throughout the competitive season in order to compete at a weight class significantly below their normal weight in the belief that they will gain a competitive advantage over smaller opponents. In a study that examined weight loss practices among 368 high school wrestlers, 13 percent used a sauna once a week, 26 percent fasted once a week, and 31 percent restricted fluids at least once a week. Laxatives, diuretics, and vomiting were used once a week by two percent of athletes and once a month by six percent of the athletes.

Dieting Dangers

Severely restricting energy intake and/or using pathogenic weight control methods not only has profound short-term effects on the adolescent athlete’s health

and performance, but also poses significant long-term health risks. Short-term effects of chronic and/or unhealthy dieting include dehydration, hypoglycemia, decreased muscle glycogen stores, loss of lean body mass and subsequent reduced muscular strength and endurance, all of which can lead to an increased risk of illness and injury.

Long-term complications include growth retardation, vitamin and mineral deficiencies, cardiovascular abnormalities, electrolyte imbalances, menstrual dysfunction and subsequent osteopenia and premature osteoporosis. One additional risk that has been suggested is a decrease in resting metabolic rate, theoretically from the repeated cycles of weight loss and regain (particularly characteristic of wrestlers). This weight cycling could make future weight loss attempts more difficult, leading to more drastic or pathogenic weight control methods and, perhaps, the development of a clinical eating disorder.

Researchers have long speculated that excessive weight preoccupation and chronic dieting may be predisposing factors to the more serious clinical eating disorders, anorexia nervosa and bulimia nervosa. Individuals with eating disorders frequently report that the onset of their disorder was preceded by a period of strict dieting. Because dieting is common among adolescents, the risk of developing eating disorders in this age group is high. In addition, research suggests that athletes, particularly those who participate in sports that emphasize leanness or a low body weight, are at a greater risk for developing eating disorders than non-athletes. This should not be too surprising given that many of the qualities that make for a successful athlete—perfectionism, diligence, compul-

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Dangerous Dieting (continued from the previous page)

siveness and the drive to succeed—are also characteristic of those with eating disorders.

What to look for

How do you know if your child or teen has crossed the line from “normal” to excessive body weight concern or weight control? Unfortunately, when it comes to a child’s problems, the parents are typically the last to know! However, there are some signs and symptoms that parents can look for. These include:

- Preoccupation with food, diets, and weight loss.
- Excessive concern with body size, weight, and/or shape and frequent comments about being or “feeling fat.”
- Significant and/or rapid weight loss or frequent weight fluctuations.
- Frequent injury or illness.
- In girls, cessation of menstruation or irregular menstrual cycles.
- Excessive exercise (*i.e.*, beyond the training requirements for his/her sport).
- Adamantly swearing off or avoiding particular foods or food groups.

- Use or abuse of laxatives, diuretics, diet pills, stimulants (including over-the-counter medications containing ephedrine, *e.g.*, Sudafed, Primatine, Bronchaid, and most allergy medications).

What to do

First and foremost, as a parent, you should be a role model by demonstrating a positive attitude toward body weight and shape, encouraging healthy eating behaviors and discouraging the use of unhealthy or “fad” diets. Parents should avoid making negative comments about their child’s weight and appearance. Such comments are destructive and only fuel the child’s preoccupation with food, body weight, and dieting. Fathers need to be particularly careful about making comments regarding their children’s weight, shape, and/or eating habits. A recent study of 13,000 nine-to-14-year-old American girls and boys indicated that the most significant factor influencing a child’s weight concerns and dieting behaviors was the father’s opinion of his child’s weight. In fact, the father’s influence was a more important contributor

to dieting behavior than what friends thought or what is presented as “ideal” by the media.

In addition to not “harping” on body weight or shape, parents should not be overly controlling or restrictive with their children’s diets. Instead, parents should make nutritious foods readily available and model healthy eating behaviors. Your child needs to learn how to eat healthfully and to be comfortable with his or her own weight, not with society’s ideal.

If you suspect that your child or teen is suffering from an eating disorder, it is best to have them consult with a dietitian and/or physician. Youngsters, particularly adolescents, are far more likely to open up to an outside professional than to you. When you do approach your child, it should be with caring, concern and unconditional love. Expressing anger and disappointment will not be helpful and, in fact, is the last thing that a child struggling with an eating disorder needs. Children and adolescents need support and guidance from their parents when it comes to body weight issues so they can grow up feeling comfortable in their bodies, something that far too few people in our society ever learn to experience.

Active Kids (continued from page 1)

physical activity. Parents can help ensure that kids are well-fueled for practice by packing “portable” snacks, ready-to-eat foods or fluids. Examples of “portable” snacks include oatmeal raisin cookies, fig bars, pretzels, granola bars, muffins, peanut butter & jelly on mini bagels, fruit, trail mix, cereal, mini-rice cakes, energy bars, cereals, sports drinks and fruit juice.

Helping Children Beat the Heat

Children and adults respond to exercise and heat differently. For example, because kids are smaller than adults, they don’t sweat as much and are less able to cool their bodies adequately. They

also absorb heat from their surroundings more easily than adults. Compared to adolescents or adults, children acclimate to exercising in the heat more gradually. All of these factors increase the risk of dehydration and heat illness in children.

Signs of dehydration are dry lips (lip licking), flushed cheeks, sunken eyes, bright colored or dark urine, infrequent urination and fatigue.

Fluid Guidelines for Active Kids

- To help protect children from the heat and dehydration, encourage them to drink fluids before, during, and after ac-

- activities. Have kids count their gulps!
 - Before activity: 8-16 gulps (4-8 oz)
 - During activity: 8 gulps (4 oz) every 15-20 minutes
 - After activity: 32- 48 gulps (16-24 oz) for every pound lost through sweat
- Give children a squeeze bottle and remind them to drink. Once they’re thirsty, dehydration has already begun. Children are more likely to drink sufficient amounts if they are given flavored fluids, such as a properly formulated sports drink. A sports drink will supply energy and encourage drinking by “turning on” thirst.
- During activity, children should avoid beverages that are higher in sugar, such as fruit juices and soft drinks, because they are absorbed more slowly and may increase the chance of stomach cramps or nausea.

Nutrition



MENSTRUAL CYCLE DYSFUNCTION IN ADOLESCENT ATHLETES: WHAT PARENTS SHOULD KNOW

by Rebecca L. Morgan, M.D., and Dixie L. Thompson, Ph.D., FACSM

Participation in regular exercise and athletics provides a number of physical, psychological and social benefits to developing adolescents. However, the recent media coverage of menstrual irregularities and unhealthy eating patterns among female athletes can leave parents concerned about the health of their athletic daughters. But there is information about the impact of exercise on the menstrual cycle in adolescent female athletes, as well as warning signs that may indicate the need for medical intervention.

Menarche, or the first menstrual cycle, typically occurs between the ages of 10 and 16 years. One of the most important factors determining when menarche will occur is genetics. There is a strong correlation between the age at which mothers and daughters experience menarche. For the past 20 years, researchers have been examining the question of whether exercise, and particularly athletic competition, delays menarche. The evidence remains unclear. While some studies suggest that adolescent girls who train heavily may experience a delay in menarche, others do not demonstrate this trend. For the vast majority of exercising girls, a delay in menarche is unlikely. However, those girls with heavy training volumes and/or those who experience undernourishment are most likely to have menstrual irregularities. Delayed menarche is typically defined as an absence of menses at age 16. If a girl does not have her first period by age 16, it is recommended that she consult her physician.

After a girl has experienced her first period, it is not uncommon to experience some irregularity in her cycle. An occa-

sional missed period is typically not a cause for concern. An absence of menses for three months or longer (amenorrhea) suggests that medical attention may be needed. Physicians will likely rule out the common reasons for lack of menses, particularly pregnancy. Additional information about stress, nutritional habits, illness, and athletic competition may also be helpful in determining the cause of amenorrhea, and modifications in these areas may be suggested. Oral contraceptives are often prescribed to help regulate menses, but these medications are not typically prescribed for girls under age 14.

One of the important maturation processes occurring during the adolescent years is an increase in the amount of bone in the body. During this time, bones not only lengthen as the child increases in height, but they also become more dense. This increase in bone density provides protection against bone loss (osteoporosis) later in life. An adolescent who experiences amenorrhea will have lower-than-normal levels of the female hormone estrogen. This low estrogen level prevents the bone from developing normally. Studies indicate that bone loss due to amenorrhea can be permanent. In amenorrheic young women, the use of oral contraceptives will increase estrogen levels and help promote bone development. Adolescent girls should also consume 1,200-1,500 mg/day of calcium in order to promote good bone health.

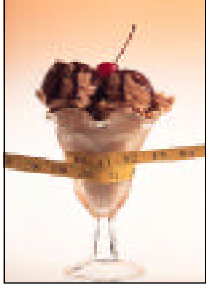
For those girls with delayed menarche, amenorrhea or irregular menstrual cycles, an issue that must be examined is the possibility of an eating disorder in conjunction with undernourishment. Bulimia (eating followed by purging) and anorexia (a

severe restriction of food) are the most common eating disorders seen among female athletes. While most female athletes do not have these problems, evidence suggests that they are more likely to occur in sports such as distance running, swimming and diving, and gymnastics, where a lean physique is desired.

Although the need for food to fuel athletic competition is clearly a necessity, some athletes become obsessed with losing weight or maintaining an excessively low weight. Maturing female athletes are sometimes concerned that the development of breasts and the accumulation of gender-patterned fat may interfere with their athletic prowess. These changes in the body can sometimes trigger unhealthy eating patterns. An open and honest dialogue between daughters and parents can be important in alleviating fears related to the daughter's developing sexual maturity.

The combination of amenorrhea, an eating disorder and osteoporosis has been labeled the Female Athlete Triad. This condition presents a serious threat to health. It is wise for parents to be sensitive to signs of this condition. Some of these signs are: extreme food restriction, obsessive concern with weight, laxative use, retreating to the bathroom after meals (possible sign of purging activity), withdrawal, excessive fatigue, frequent stress fractures and decreased performance. Parents with concerns should begin talking with their daughter about healthy eating habits and body image. If there is a strong suspicion of an eating disorder or if there are persistent physical symptoms, a physician should be consulted. An absence of menses is often the first, and may be the only, physical indicator of an eating disorder.

The Athlete's Kitchen



LET'S GO SURFING: WEB SITE NUTRITION

Nancy Clark, M.S., R.D., FACSM

"Where can I find a local sports nutritionist?" "I want to learn about creatine, so I did a web

search. But there's so much information. What should I believe?" "Where can I get calorie information about fast foods?" If you have questions about food, nutrition, and your sports diet, you can undoubtedly find answers by surfing the Web. Some of the information is questionable, however, so I recommend the following sites to help you find accurate information that helps you eat well for sports and life.

Where can I get answers to my questions about creatine? Pre-exercise eating? Sports drinks? The latest sports nutrition news?

The American College of Sports Medicine — www.acsm.org — also offers good sports nutrition information. Click on "Healthy Activity Updates," and go to "Current Comments" to answer your questions about Chromium, Creatine, stress fractures, and many other topics of popular interest.

The Gatorade Sports Science Institute — www.gssiweb.com — has an excellent Web site that offers a library of accurate sports nutrition information about all topics (not just fluids). You have to register to have access to the information, but the two minutes it takes are worth the effort. You'll find abundant information about sports supplements, pre-exercise nutrition, and other topics of interest. If your question has not already been addressed in the "Frequently Asked Questions" section, you can submit your questions to an expert sports scientist.

If you are really into heavy-duty sports science, you can get the table of contents (with abstracts) of *The*

Journal of Applied Physiology (<http://jap.physiology.org>). This information may take some effort to digest, but you'll certainly know the current literature!

"I've always wanted to have a nutrition check-up but feel at a loss for where to find a good sports nutritionist. Help!"

You can get the names of local registered dietitians (R.D.) who specialize in sports nutrition at www.eatright.org (the Web site for the American Dietetic Association). Simply put your zip code into the "Find a Dietitian slot," and you'll get a list of names.

Contrary to popular belief, this nutrition professional will not "put you on a diet," but rather will answer your questions about food and nutrition and help you reach a realistic weight goal (if weight is an issue for you). With personalized, professional eating advice, you can successfully enjoy more energy, suffer less fatigue and invest in future health and well being. The site also has features and a "Tip of the Day" that can add to your nutrition knowledge.

"What about salt? Nutrasweet? Coffee? Bioengineered food?"

For answers to your questions about specific foods, go to www.ificinfo.org. This Web site, sponsored by the International Food Information Council, can answer your food questions as well as offer information about nutrition for children, teens and older adults, food safety tips, dental health information and more. Simply search by keyword (such as "sugar"), and you'll get access to several articles that address that issue.

"How many calories are in a Big Mac? A chocolate-frosted Dunkin' Donut? Taco Bell's bean burrito?"

Fast food connoisseurs can find nutrition

information about their favorite foods at many of the major chain restaurants' Web sites. If you tend to frequent fast food restaurants, at least educate yourself about what you are eating. Here's a sampling:

www.dunkindonuts.com: One chocolate-frosted glazed donut, 300 calories; a plain munchkin, 55 calories; a blueberry muffin, 490 calories.

www.pizzahut.com: Cheese personal pan pizza, 630 calories.

www.mcdonalds.com: You'll have to look hard for the nutrition information on this site. It's hidden under countries/usa/food/nutrition information. But it's there: a Big Mac, 590 calories!

www.tacobell.com: Best bet, a bean burrito with 370 calories.

Remember, even active people who are trying to lose weight need to have at least 500 to 600 calories per meal, and 300 to 500 for snacks. Fast food calorie information can help you spend those calories wisely — and perhaps more healthfully!

For more complete calorie, protein, fat, vitamin and mineral information, tap into the government's food database at www.nal.usda.gov/fnic. Click on "Food Composition," then "USDA Nutrient Database for Standard Reference," then "Search." Type in, let's say "banana," and you'll get 41 banana options — more information than you'd ever want to know!

"I struggle with food and weight obsessions. Do any Web sites offer support to help me transform my food fears into better eating?"

Because the Internet offers anonymity, many people who struggle with food and

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Web Site Nutrition **(continued from the previous page)**

weight issues find safe places online that offer help and support. For example, at www.somethingfishy.org, you can participate in chats, find solutions to your food fears, use the referral network to find professional counselors and treatment centers in your geographic area, and learn clever mantras such as “Scales are for fish” and “Don’t fight your genes, change your jeans.” If you or someone in your

life struggles with food, this site can teach you how to best help yourself and your loved ones.

www.gurze.com is another good site that can enhance the process of coming to peace with food. This online book catalogue offers an excellent assortment of positive self-help reading material. (I highly recommend “The Don’t Diet, Live-

It! Workbook”). This site also links to several other self-help sites.

“My wife complains I spend too much time on the Internet...”

If you are addicted to the Internet, or for that matter addicted to any other vice (alcohol, exercise, gambling, food, TV) www.HeadDocs.com offers information to help you sort out what’s healthy, what’s harmful, what’s passion and what’s obsession. Perhaps it can offer a perspective that will help you better balance your life with appropriate exercise and overall good health.