

SPORT FORUM – INTERNATIONAL
SCIENTIFIC CONFERENCE

ATHLETE TRAINING
MANAGEMENT

Mental health disorders in elite athletes

Lina Vaisetaitė
lina@ltok.lt



Simone Biles: 4 gold and 1 bronze at Rio 2016



Ruta Meilutyte: at 15, the youngest Lithuanian athlete to win an Olympic gold medal



Michael Phelps: 8 gold medals at Beijing 2008



Ian Thorpe: 5 Olympic gold medals, most decorated Australian



Yulia Lipnitskaya:
At 15, the youngest women figure skater to win a gold medal at the Olympics





What these athletes have in common is the fact that it took them a long time to get help

*The mental health symptoms are not THE problem – that happens to people and can be handled,
THE problem is that they suffered too long without help*





- Mental health symptoms and disorders might occur in 5-35% of elite athletes annually
- Elite athletes experience mental health symptoms and disorders similar to general populations, but some conditions (e.g. eating disorders) are more prevalent among athletes
- Treatment seeking is lower among athletes than in general populations
- The peak age for mental disorder onset overlaps with the peak competitive years
- Mental health problems might be more common among former elite athletes than general populations



Factors that increase risk for mental health issues

- Continuous demands put on performance enhancement (expectations from the self and others, competitive environment)
- Heavy training schedule (mentally and physically)
- Strict regimes (daily schedule, diet, etc.)
- Social support restrains (living away from family/ friends, life at training camps and sport centers)
- Life events/ circumstances (injury, health problems, sexual abuse, sexuality, death in the family, etc.)
- Unexpected/ undesired sport career termination



Barriers to seek mental health treatment



- Stigma
 - A sign of weakness/ feeling of loss of control in an environment of toughness (both: symptoms and psychotherapy)
 - Public stigma and self-stigma
- Worries about identity
 - While it's important that people are familiar with athlete's experience, they want to be associated with their athletic identity
- Lack of knowledge about mental health symptoms and disorders
- Knowledge of mental health treatments
- Attitudes (public and own) towards mental health treatments
- Negative past experiences with mental health treatments
- Treatment availability and trouble incorporating help into busy schedule

Mental health symptoms and disorders (IOC consensus statement):


- sleep disorders and sleep concerns
- major depressive disorder and depression symptoms
- suicidal thoughts/ intentions
- anxiety and related disorders
- post-traumatic stress disorder and other trauma-related disorders
- eating disorders
- attention-deficit/hyperactivity disorder
- bipolar and psychotic disorders
- sport-related concussion
- substance use and substance use disorders
- gambling disorder and other behavioral addictions





Sleep concerns

- Sufficient sleep (at least 7-8 hours per night) is important for well being, to avoid overtraining and to maximize training gains.
- At least 50% of athletes report less than 7 hours of sleep in season; insufficient sleep the night before competition.
- Circadian dysregulation common among athletes who frequently travel across time zones
- Insomnia disorder might be common among athletes
- **Sleep concerns and disorders – a risk factor for mental health disorders and impaired athletic performance**




Major depressive disorder and depression symptoms

- Depressed mood (feelings of sadness, emptiness), decreases interest or pleasure in activities, feelings of worthlessness or inadequate guilt, diminished ability to think or concentrate, or make decisions, recurrent thoughts of death or suicide, accompanied physical symptoms, such as weight or appetite change, psychomotor agitation or retardation, insomnia or hypersomnia, fatigue or loss of energy – at least 5 of those and negative impact on functioning
- Depression might be a part of bipolar disorder



Major depressive disorder and depression symptoms

- Some individuals might have fewer symptoms
- Depressive symptoms are said to be prevalent among 4% to 68% of elite athletes.
- Depressive symptoms might be more common among individual sport athletes as opposed to team sports athletes.
- Depressive symptoms in addition to previous trauma, conflicts, anxiety, feelings of hopelessness, drug/ alcohol abuse, etc. elevate the risk for suicide attempt.



Depressive symptoms and non-functional overreaching or overtraining

- Major depression disorder and non-functional overreaching/overtraining have overlapping symptoms: depressive mood, appetite/weight change, problems with concentration, insomnia, amotivation
- In case of NFO/ overtraining a break in training often improves athlete's symptoms, while in case of depression, without physical activity symptoms worsen



Anxiety and related disorders

- Generalised anxiety disorder (GAD) is characterized by excessive anxiety and worry, restlessness, difficulty concentrating, muscle tension, being easily fatigued, irritability, sleep difficulties, – and the condition impairs functioning
- GAD is estimated to be prevalent among 6% to 14,6% of athletes
- GAD is more common among athletes
- GAD symptoms are elevated when the athlete is injured



Other anxiety disorders

- Social anxiety disorder – anxiety about one or more social situations, the individual is afraid to show his/her signs of anxiety in public, and being judged for that
- Obsessive-compulsive disorder – recurrent thoughts, urges or impulses that are intrusive and unwanted, and/or repetitive behaviors or mental acts that an individual feels driven to perform in response to obsessions
- Panic disorder – recurrent panic attacks (acute episodes of intense fear accompanied by physical symptoms, such as difficulty breathing, and concerns about future attacks or their consequences.
- Post-traumatic stress disorder (PTSD) (e.g. after sport related injury, concussion, sexual abuse, etc.)



Other anxiety disorders

- Adjustment disorder (out of proportion anxiety or distress in response to stressful life events) is more common among elite athletes.
- Differentiation among anxiety disorders (e.g. social anxiety) and competition performance anxiety
 - Focus on performance/ focus on social judgement
 - Perception as facilitating/ debilitating
- Competition rituals are not OCD!



Eating disorders

- Anorexia nervosa
 - Bulimia nervosa
 - Binge eating disorder
 - Disordered eating
-
- All of the above range up to 19% in male athletes and up to 45% in female athletes
 - Disordered eating is more common than eating disorders
 - Athletes tend to deny symptoms
 - Sport specific risk factors: leanness focus in sport, weight categories, team weight-ins, periodic testing with body mass measures, body shaming from coaches, etc.



Eating disorders

- Difficulty in diagnosis:
 - Disciplined diet, preoccupation with body image and/or weight are common in sport and can obscure the diagnostic criteria
 - Athlete might be of normal weight, which masks extremely low body fat because of high muscle mass.
 - Excessive exercise to compensate for consumed calories is difficult to assess in athletes
- Athletes are characterized by relative energy deficiency in sport (RED-S): it affects physiological functioning and psychological wellbeing



Attention-deficit/hyperactivity disorder

- A pattern of inattention and/ or hyperactivity-impulsivity which is common in multiple areas, and is usually apparent before an individual turns 12.
- Usually considered “childhood disorder”, but up to 30% of those diagnosed with ADHD in childhood continue to meet criteria in adulthood.
- Individuals with ADHD might feel comfortable in sport
- Sport related hyperactivity is NOT the ADHD!



Treatment:

- Psychotherapy (individual or "family", when a group of people is involved)
- Psychoeducation and/ or counselling
- Medication and/ or hospitalization, if necessary
 - Impact on performance: weight gain, cardiac side effects, sedation, impaired concentration, muscle rigidity, increased injury risk, etc.
 - Anti-doping issues/ prohibited substances



There's help out there – just one step away!

SPORT FORUM – INTERNATIONAL
SCIENTIFIC CONFERENCE

**ATHLETE TRAINING
MANAGEMENT**

THANK YOU FOR YOUR ATTENTION!

Lina Vaisetaitė, National Olympic Committee of Lithuania

Any further questions?
Contact me at lina@ltok.lt

