Analysis of Eating Patterns Among Recreational Dancers and Gymnasts
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Introduction
The prevalence of eating disorders such as anorexia nervosa and bulimia nervosa are much higher among athletes who compete in aesthetic sports. Bodyweight targets for ballet and other aesthetic activities are lower than for other sports, and are influential on the eating habits of the athletes who take part in these activities. In spite of being psychologically healthy in other measures, athletes in aesthetic sports are at an increased risk for developing disordered eating due to the unique pressures associated with their participation in these sports (6). Ballet dancers at both the student and professional levels have been reported as consuming as little as 70% or 80% less than the recommended amount of energy per day (5). Previous studies have shown that dancers weigh significantly less than non-dancers, yet only 7% of those dancers did not wish to weigh less (1). Similarly, research on gymnast have revealed that over 60% of gymnasts studied met the criteria for intermediate disordered eating, and only 22% of these gymnasts reported eating behaviors that could be classified as normal (6).

Purpose
The purpose of this study was to compare the caloric intake of dancers to gymnasts and to examine the relationship between bodyweight and caloric intake in both groups. A secondary purpose of this study was to determine these individuals’ weight satisfaction which was analyzed with respect to body fat percentage.

Methods
The participants in this study included 9 recreational dancers age 19-21 and 8 gymnasts age 19-24. All participants were required to complete the EAT-26 and an online diet history questionnaire. Their body fat was measured using a Bod Pod.

Results
No significant difference was found between the caloric intake of dancers and gymnasts. Similarly, no significant was found between caloric intake and body weight in either group. There was no significant relationship between EAT-26 scores and percent body fat.

Discussion
This research expanded on previous knowledge by including recreational athletes in our analysis. The comparison of dancers and ballerinas is important as both of these activities have been found to put the athletes at a higher risk of disordered eating. The athletes in our study were of a healthy weight and their weight satisfaction, as measured by the EAT-26, showed no significant relationship to body fat percentage. The lack of any significant findings in this study necessitate further research on this population to determine if the risk of disordered eating differs between professional and recreational athletes in aesthetic sports.

References