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The female athlete triad can affect performance and health but can be prevented with good management

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Purpose: The purpose of this study was to explore female adolescents' knowledge about osteoporosis risk factors and the role of dietary calcium and exercise in the prevention of osteoporosis. Female athlete triad is a serious health problem that involves disordered eating, low bone mass, and amenorrhea (cessation of the menstrual cycle) in female athletes. The condition is most common in sports that emphasize leanness, such as cross country running, gymnastics, and figure skating. In the past 25 years, much has been learned about symptoms, risk factors, causes, and treatment strategies for Female Athlete Triad. Studies involving different types of athletes have provided valuable information that has helped many physically active women avoid the health problems of this condition. A new model of Female Athlete Triad highlights that many athletes may not present with the extreme ends of the continuum, but rather may display intermediate, or "subclinical," presentations of one or more of the conditions, and, most importantly, that progression along the three continuums can occur at different rates. For example, an athlete may show signs of restrictive eating, but not meet the clinical criteria for an eating disorder. She may also display subtle menstrual disturbances, such as a change in menstrual cycle length, an ovulation, or luteal phase defects, but not yet have developed amenorrhea. Likewise, she may be losing bone, but may not yet have dropped below her age-matched normal range for bone density. While the conditions represented by each continuum can occur independent of the other two conditions, it is more likely that, because of the clear associations between the three conditions, it is likely that an athlete suffering from one element of Triad is also suffering from the others.

Method: A descriptive survey design was used in this research.

Sample: A convenience sample of 107 adolescent girls who attended anganwadi in New Delhi participated in this study.

Results: Out of 17 questions related to knowledge of osteoporosis risk factors, only 3 of the factors that are most well-known to the public (being a woman, having low intake of dairy products, and a lack of adequate exercise) were correctly identified by a majority of the participants. Knowledge of dietary sources of calcium was primarily limited to dairy products. Participants knew that regular exercise was necessary to prevent osteoporosis, but few could identify the weight-bearing exercises most beneficial for promoting bone health.

Conclusions: The knowledge of these adolescents, who are in a crucial period of their lives for accruing bone mineral, had limited knowledge of the risk factors for osteoporosis, calcium-rich foods and dietary calcium requirements, and the type of exercise needed to maximize their bone mineral density. Social workers can work with children, adolescents, their families, and other professionals in interventions to prevent osteoporosis in later years.

Biography

Soumen Acharya is working as a Consultant at National Institute of Public Cooperation and Child Development New Delhi, India. Previously, he worked as Supervising Officer at All India Institute of Medical Science for 21 years and also worked in New Zealand. He published so many papers in a leading journal. He is the Life Member of organizations like: Social Psychiatry in India and Fellow of Social Psychiatry of India.

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