Australian Institute of Sport

Disordered Eating Prevention and Management Policy and Best Practice Principles

Version 1

November 2021

Table of Contents

Preface

The Australian Institute of Sport (AIS) believes the health and welfare of all athletes within the Australian high performance sport system is important. The AIS is committed to creating a culture, environment and robust health system that works proactively in the prevention, early identification and appropriate management of disordered eating and eating disorders in athletes.

Everyone within high performance sporting environments has a role to play in promoting a healthy sport system. Everyone has the right to a safe and supportive sporting environment in which they work, train and compete.

This document outlines priority actions and principles the AIS has developed to assist in reducing eating disorder prevalence within high performance (HP) athletes that interact with the AIS and also provides guidance for the HP system to adapt recommendations provided within to their own context and environment.

Peter Conde

CEO

Australian Institute of Sport

24 November 2021

Review history of the Australian Institute of Sport's Disordered Eating Prevention and Management Policy and Best Practice Principles

Version	Date reviewed	Date endorsed	Content reviewed/purpose
One	Created April 2021	November 2021	Document created

AIS

Australian Institute of Sport

Disordered Eating Prevention and Management Policy

Australian Institute of Sport | Disordered Eating Prevention and Management Policy

Organisational responsibilities

The AIS will:

- Adopt, implement and comply with the AIS Disordered Eating Prevention and Management Best Practice Principles
- Publish, distribute and promote the AIS Disordered Eating Prevention and Management Best Practice Principles internally
- Monitor and review the AIS Disordered Eating Prevention and Management Best Practice Principles

Individual responsibilities

AIS employees and other persons who agree to bound by this policy must:

- Make themselves aware of the contents of the AIS Disordered Eating Prevention and Management Best Practice Principles.
- Comply with all relevant provisions of the AIS Disordered Eating Prevention and Management Best Practice Principles.
- Seek to engage in upskilling in the area as required to enable them to perform their role.
  - AIS CMT members may need to access professional development and clinical supervision

This policy has been approved by the AIS Executive and starts on 24 November 2021 and will operate until replaced.

The current document and its attachments can be obtained from our website at: https://www.ais.gov.au/position_statements.

Australian Institute of Sport

Disordered Eating Prevention and Management Best Practice Principles

Australian Institute of Sport | Disordered Eating Prevention and Management Best Practice Principles

Introduction

Disordered eating (DE) and eating disorders (EDs) are serious and complicated issues that can impact the health and performance of athletes across the high performance pathway, from junior to senior levels. Eating disorders can occur in any athlete, in any sport, at any time. Defined terms used in these principles are set out in Appendix 1. The Australian Institute of Sport (AIS) Disordered Eating Prevention and Management Policy and Best Practice Principles is to be read in conjunction with the AIS and National Eating Disorders Collaboration (NEDC) Disordered Eating in High Performance Sport Position Statement (see Appendix 2).

Purpose of this document

The AIS Disordered Eating Prevention and Management Best Practice Principles aims to allow the AIS to model the practices required to create and provide a healthy sport system within the unique AIS environment. The appropriate prevention, early identification and management of DE and EDs in athletes is important in view of the significant ramifications on an athlete's health (both mental and physical) and performance. The AIS prioritises the health and wellbeing of all athletes and believes all role holders in our sporting system have a part to play.

1. Healthy sport system

A healthy sport system is needed to support and nurture athletes. At the AIS we will support the values and actions in this document. The environment and culture at the AIS plays an important role in creating a healthy sport system. We recognise that how we treat all members of our organisation is important, most importantly those athletes on our campus or who represent us.

The prevention framework of primary, secondary and tertiary treatment approaches are needed for the appropriate management of DE are the outcomes of a healthy sport system. Each will be discussed individually in more detail below.

The Core Multidisciplinary Team (CMT)

The AIS recognises that the professions within the CMT provide a vital function in the early identification, assessment, diagnosis, treatment (where appropriate) and referral (as required) of DE and EDs. There are times when the CMT might include members from within the AIS, from other NSOs or NINs, and/or from external treatment teams. The AIS has:

- An established CMT of doctor, sports dietitian and psychologist within the AIS
- Clear and flexible communication channels within the AIS CMT and from the CMT to the broader support team. This includes, where appropriate, communication with non-AIS support team members as well as specialty ED services.
- In most circumstances, decisions on management of an athlete with DE or an ED will usually be by consensus of the CMT members. The medical practitioner within the CMT will however retain the responsibility for key decisions in the management of the athlete.

2. Primary prevention of disordered eating

Primary Prevention is defined as actions taken to reduce the risk of developing a condition and also aims to specifically remove causal factors for the development of the condition. To implement Primary Prevention of ED, the AIS recognises the ideal of preventing EDs within the high performance sporting environment and will provide education, support for optimised nutrition and positive body image in athletes, and appropriate assessment of body composition to achieve primary prevention outcomes.

Education

Education relating to eating disorders is paramount to their overall prevention and management. The evidence suggests that providing education relating to eating disorder risk factors, development, signs and symptoms will raise awareness and literacy in the area. Further, we believe that education of all role holders of the management strategies will enable appropriate courses of action. Where appropriate, the AIS will provide this education to athletes and/or coaches and performance support staff. Eating Disorders in Sport (EDiS) has been co-developed by the AIS and the NEDC and will be delivered internally and externally as appropriate.

Optimised nutrition

Athletes accessing nutrition support at or through the AIS should have optimised nutrition support, a harmony between health and performance underpinned by concepts that are safe, supported, purposeful and individualised. An appropriately qualified and experienced Sports Dietitian will be engaged to provide any nutritional education to athletes.

Role of body composition

Where body composition plays a role in sports performance, this role can be understood and integrated into an appropriate personalised plan for each athlete. The AIS recognises that the assessment of body composition is a common part of athlete assessment and needs to be appropriately implemented to safeguard the athlete's health and well-being. Appropriate implementation includes a range of considerations including but not limited to the need for assessment, selection of assessment technique/s, implementation of protocols and dissemination of results.

See the AIS Body Composition Assessment | Considerations Relating to Disordered Eating document (see Appendix 3) for further details. These considerations must be followed whenever body composition assessment techniques are utilised on site at the AIS. This includes requests for AIS staff to undertake the body composition assessment, and also for external staff using the AIS facilities to undertake body composition assessment.

Body image

The AIS recognises that a positive body image is one of the protective factors that enable an athlete to be more resilient to developing DE or an ED. Appropriate education and/or support will be provided to athletes to encourage a positive body image, using activities targeted at groups and individuals as appropriate. Positive body image in athletes is promoted through education and support for all role holders at the AIS, not just for athletes but coaches and performance support staff as well.

Use of language

Respectful language must be used when speaking with and about athletes and their bodies. Athletes, coaches and performance support staff must receive education around such language. The AIS believes all bodies deserve to be treated with respect, no matter their size, shape, composition, colour or ability.

Use of images of athletes

The AIS will focus on using images that encourage positive body image and aim to avoid images that may motivate some people or athletes at risk to strive to achieve an unrealistic shape, weight, or size. Noting that athletes across different sports have a wide range of body weights, shapes or body composition, images showing body diversity are encouraged. Priority will be given to images that identify the athlete or show them undertaking sporting activity, rather than images where it can be perceived the focus is on body composition.

High risk populations, contexts and environments

Transition periods

The AIS recognises that there are a number of transition periods in an athlete's life that may place them at an increased risk of DE including, but not limited to:

- Early start of sport specific training
- Making a senior team at a young age
- Retirement (forced or voluntary)
- Non-selection or de-selection
- Injury, illness, surgery, time away from sport and training
- Changes in weight and/or body shape following injury or illness
- Major life transitions e.g. moving away from home, moving between schools, moving overseas
- Preparation for and competing in a benchmark event (e.g. in the selection process, the period prior to the event, during and after the event)

The AIS will identify states of elevated risk and apply appropriate support around the athlete at these times, with activities involving the coach, support staff or the CMT directly.

Working with minors

Working with minors requires appropriate care and consideration for this population. See The Australian Sports Commission's Child Safe Policy for more details.

Whilst DE can occur at any age, the AIS understands that adolescence is a formative time in the development of an athlete's body image and eating behaviour. Athletes in this age group will be provided with appropriate education and support to assist in the development of optimal body image and eating behaviours.

A registered medical professional is responsible for determining if and when an under-age athlete's family will be informed of DE or an ED, subject to applicable privacy laws.

Para athletes

Para athletes have unique considerations around body image and eating behaviour. Where appropriate, the CMT will work individually with each para athlete and their coach and performance support staff to ensure that the needs of the athlete are met.

Making weight

"Making weight" for weight categories/targets increases the risk of body image dissatisfaction, DE and EDs in athletes. Athletes involved in making weights sports will be provided with appropriate support depending on their length of stay at the AIS.

Travel

The AIS has an important role in ensuring a safe environment for athletes undertaking travel.

- An athlete known to have an ED must have travel clearance from the CMT within their relevant treatment team.
- If an athlete is identified as having a potential ED while travelling, the AIS doctor in charge (whether they are travelling with the team or not) may send the athlete home if it is in their best interests, physically and/or mentally.
- Where an athlete's DTE is overseas, the CMT of the AIS and the CMT in the athlete's DTE will work together to ensure due care and appropriate access to the required medical, nutritional and psychological support.

3. Secondary prevention of disordered eating

The average time to diagnosis in an athlete with an eating disorder is more than nine years. The AIS has taken steps to reduce the time to diagnosis. Secondary prevention strategies aim to identify athletes with clinical or subclinical eating disorders at the earliest possible stage, where management is likely to be most effective.

Early detection

The AIS recognises that early identification of changes in an athlete's thoughts around their body image and/or eating behaviours (along the spectrum of eating behaviour) is important in allowing a greater opportunity for reversal and recovery. Timely identification and early intervention are ideal.

Early detection can be achieved through population level screening of high-risk cohorts or through universal (all) programs. Early detection can be achieved through self-assessments (e.g. self-examination programs for breast cancers as an example in other conditions) or through symptom checklists (e.g. COVID19 symptom checklists that alert someone to seek help).

Screening tools

Screening tools will be used where appropriate within the AIS environment. Where DE or an ED is suspected with an athlete in the care of the AIS, clinical interviews with the appropriate CMT will be organised. Where the athlete's DTE is not the AIS, this assessment may be best conducted in the athlete's DTE. In such circumstances, the AIS CMT will liaise with and hand over to the appropriate DTE CMT members.

Menstrual function in female athletes

The AIS recognises the importance of normal menstrual function in female athletes. The AIS encourages athletes to monitor their menstrual function from a health perspective. In the case where any menstrual irregularity is identified, it is strongly recommended these be investigated with a doctor who has experience working with female athletes within an appropriate timeframe. See Appendix 4 for further details.

Low energy availability and other signs of Relative Energy Deficiency in Sport (RED-S)

DE can occur in isolation or in combination with low energy availability (LEA), and their interaction and associated forms of presentation must be properly identified. Role holders covered within this policy are required to refer athletes for care. Athletes with known or suspected DE must be referred to the CMT for appropriate professional assessment and support. Referral to the CMT should be considered in the circumstances below:

- An athlete with known or suspected LEA
- An athlete who is diagnosed with a bone stress injury
- An athlete identified with menstrual dysfunction
- An athlete with more than one injury and/or illness within 12-month period year

4. Tertiary prevention of eating disorders

Eating disorder diagnosis

The first component of tertiary prevention is to gain a correct diagnosis. Currently, the AIS recommends a clinical interview by an appropriately qualified professional, of which, should include medical oversight.

The AIS will require NSOs attending the campus to, after obtaining applicable privacy consents, inform AIS Medicine of any of their athlete/s diagnosed with or suspected of having an eating disorder prior to the athlete arriving on campus. AIS Medicine will assess the safety of the athlete attending the AIS and inform the NSO.

If an athlete is diagnosed with an ED, or has a possible ED identified whilst at the AIS, the AIS CMT is responsible for communicating with the DTE CMT and handing over the athlete for appropriate follow-up. This may occur during a short or long stay camp, or during admission to Intensive Rehabilitation.

Eating disorder treatment

Treatment of an athlete with a diagnosed eating disorder may be most appropriate through an eating disorder specialist service (for example an ED clinic, or ED treatment team/unit), independent of the AIS and the high-performance sporting environment. There are times however where it may be appropriate for one or more members of the AIS CMT to be involved in an athlete's ED treatment. The AIS will support and enable the AIS CMT to undertake this role as required.

Comorbidity with mental health conditions

Eating disorders are often comorbid with other mental health concerns for example, depression, anxiety, stress and trauma. Other mental health concerns for example, depression, anxiety, stress and trauma are risk factors for developing disordered eating or an eating disorder. Therefore, it is important to promote overall mental health and wellbeing of the athlete and to have mental health support available for a range of presentations. On diagnosis, the AIS Doctor may refer the athlete to a Psychiatrist for a diagnostic psychiatric interview, to ascertain any comorbidity for inclusion in the management plan.

Return to play

There are currently no published DE or ED return to play guidelines. An athlete identified with DE may need training modifications or exclusions to minimise the risk of potential injury and/or illness. The AIS CMT will work as appropriate with any external ED treatment team, coaches and other performance team members to ensure an individual approach is taken to the athletes training regime.

See Appendix 5 for RED-S Clinical Assessment Tool (CAT) as an example of an exclusion and return to play guideline.

Prevention of complications relating to eating disorders

Prevention of recurrence, relapse and regression of symptoms

Athletes diagnosed and receiving treatment for an ED should undergo management plans for their career. Management does not cease when active treatment does. This should be communicated to the athlete and appropriate self-management tools provided at the clinically appropriate time.

Prevention of retirement

In some, but not all cases, retirement from high performance sport may occur due to health and safety concerns. While all care will be provided to the athlete to minimise the risk of this occurring, the outcome may still present. The AIS will provide resources to assist the athlete in this transition via available support networks and programs.

Prevention of subsequent health problems

While an athlete is under management by the CMT, there is an opportunity to provide prevention plans to reduce risk of serious consequences of the ED. A deficit in energy balance, related to the ED may present as injury or illness. Therefore, best practice management should include strategies to manage and where possible mitigate the risk of adverse health outcomes cause by the primary condition of ED.

5. Appendix

Appendix 1: Definitions and abbreviations

Body image – the perception that an athlete has about their physical self and the thoughts and feelings that result from that perception.

> **Positive body image –** occurs when an athlete is able to accept, appreciate and respect their body. A positive body image is one of the protective factors that can make an athlete more resilient to developing an eating disorder.
>
> **Body image dissatisfaction –** occurs when an athlete has negative thoughts and feelings about their body and can result in a fixation on trying to change their body. This can lead to unhealthy food and exercise practices and increase the risk of developing an eating disorder.

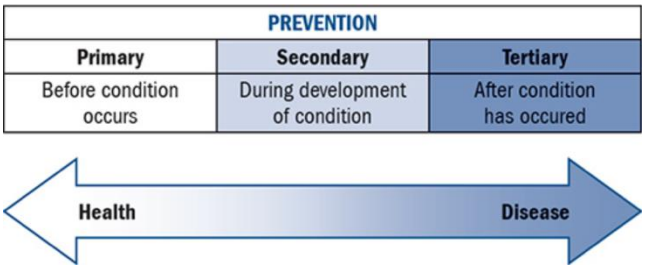
Core-Multidisciplinary Team (CMT) – A team of professional practitioners (doctors, sports dietitians, psychologists) who collaborate in the management of disordered eating cases. In the Australian case this would be a Sports Doctor or General Practitioner, an Accredited Sports Dietitian and a Registered Psychologist or Endorsed Sport Psychologist.

Energy availability (EA) – the amount of energy that is available to support the body's activities for health and function once the energy commitment to exercise has been subtracted from dietary energy intake. Energy availability = (Energy intake – Energy cost of exercise)/Kg fat free mass

> **Low energy availability (LEA)** – occurs when there is a mismatch between energy intake and exercise load, leaving insufficient energy to cover the body's other needs. It may arise from inadequate energy intake, increased expenditure from exercise, or a combination of both; and is either advertent or inadvertent.
>
> **Relative energy deficiency in sport (RED-S)** – the syndrome of impaired physiological function including, but not limited to, metabolic rate, menstrual function, bone health, immunity, protein synthesis, cardiovascular health that arises from low energy availability.

Prevention Framework

> **Primary prevention** – improving the overall health of the athletic population with the goal of preventing an athlete from developing an eating disorder.
>
> **Secondary prevention** – early detection of an eating disorder with the goal of preventing it from getting worse.
>
> **Tertiary prevention** – improving quality of life and reducing the symptoms of an eating disorder for an athlete with an eating disorder diagnosis.



Spectrum of eating behaviour – in the high performance athlete from optimised nutrition to disordered eating to an eating disorder. All athletes sit on this spectrum and individuals move back and forth along the spectrum at different stages of their career, including within different phases of a training cycle.

> **Optimised nutrition** – involves a safe, supported, purposeful and individualised approach. It promotes healthy body image and thoughts about food, and is adaptable to the specific and changing demands of an athlete's sport.
>
> **Disordered eating (DE)** – any eating behaviour that is not optimised. DE may range from what is commonly perceived as normal dieting to reflecting some of the same behaviour as those with eating disorders, but at a lesser frequency or lower level of severity. DE can occur in any athlete, in any sport, at any time, crossing boundaries of gender, culture, age, body size, culture, socio-economic background, athletic calibre and ability.

Eating disorder (ED) – A serious, but treatable mental illness with physical effects that can affect any athlete. Feeding and eating-related disorders are defined by specific criteria published in the diagnostic and statistical manual of mental disorders (DSM-5) which include problematic eating behaviours, distorted beliefs, preoccupation with food, eating and body image, and result in significant distress and impairment to daily functioning (e.g. sport, school/work, social relationships).

Appendix 2: AIS-NEDC Disordered Eating in High Performance Sport Position Statement

Appendix 3: AIS Body Composition Assessment | Considerations Relating to Disordered Eating

Appendix 4: AIS Female Performance & Health Initiative | Understanding Your Menstrual Cycle: What's Normal, What's Not?

Appendix 5: RED-S Return to Play Clinical Assessment Tool

AIS.gov.au

@theAIS #theAIS

Leverrier Street Bruce ACT 2617
PO Box 176 Belconnen ACT 2616
+61 2 6214 1111