Olympic Winter Institute of Australia

DISORDERED EATING EARLY IDENTIFICATION AND PREVENTION POLICY

Version 1.

Commencement Date: May 2023

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FOREWORD

We at OWIA care greatly about the wellbeing of all our athletes and staff. With the implementation of this policy, we commit to taking proactive steps in the prevention, early identification and appropriate management of disordered eating and eating disorders in athletes.

Through the implementation of this policy OWIA:

- Seeks to provide a safe sporting environment that is proactive in the prevention, early identification, and appropriate management of eating disorders
- To ensure that all role holders within OWIA, including athletes, coaches and performance support staff, have a responsibility to support a safe sporting environment
- To protect the right of all OWIA personnel to ensure the sporting environment in which they may work, train and compete is safe and supportive
- To demonstrate the actions that will be taken by the organisation to assist in providing this safe sporting environment
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CEO Geoff Lipshut

Olympic Winter Institute of Australia

18 May 2023

Review history of OWIA Disordered Eating Prevention and Management Policy and Best Practice Principles

Version	Date reviewed	Date endorsed	Content reviewed/purpose
One	Created - Oct 2022	*[insert month/year endorsed]*	*[insert summary of amendments]*
Two	*[insert month/year reviewed]*	*[insert month/year endorsed]*	*[insert summary of amendments]*
Three	*[insert month/year reviewed]*	*[insert month/year endorsed]*	*[insert summary of amendments]*

OWIA's Disordered Eating Prevention and Management Policy

Organisational responsibilities

The OWIA will:

- Adopt, implement, and comply with the OWIA Prevention and Management Best Practice Principles.
- Publish, distribute, and promote the OWIA Prevention and Management Best Practice Principles.
- Monitor and review the OWIA Prevention and Management Best Practice Principles.

Individual responsibilities

The Olympic Winter Institute of Australia employees and other persons who agree to be bound by this policy must:

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

Who does this Policy apply to?

This Policy applies to all role holders within the OWIA including but not limited to:

- Athletes
- CEO and Board members
- Executive and corporate support staff (for example marketing and sponsorship, communications, administration, reception/front of house, human resources)
- High Performance Director
- Chief Medical Officer
- Coaches
- Medical Services & Rehabilitation Manager
- AW&E Manager/Advisor
- The DE/ED Core Multidisciplinary Team (CMT) of the treating psychologist, doctor and sports dietitian
- Sports Science Sports Medicine (SSSM) Practitioners (for example biomechanists, performance analysts, skill acquisition staff, soft tissue therapists, physiotherapists, strength and conditioning coaches, physiologists)
- All members of the broader Winter Sport Performance Services Support Network (WSPSSN)
- Skilled technicians (for example ski / wax technicians)

- Volunteers within the organisation

OWIA recommends that all State Institutes/Academies of Sport and Clubs adopt this Policy.

This policy has been approved by the OWIA board and starts on *18 May 2023* and will operate until replaced.

The current document and its attachments can be obtained from our website at: *[insert web location of document here]*

OWIA's 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 OWIA Disordered Eating Prevention and Management policy and Best Practice Principles is to be read in conjunction with the Australian Institute of Sport (AIS) and the National Eating Disorders Collaboration (NEDC) Disordered Eating in High Performance Sport Position Statement (see Appendix 2).

Purpose of this document

The OWIA Disordered Eating Prevention and Management Best Practice Principles aims to allow OWIA to model the practices required to create and provide a healthy sport system within the unique OWIA 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. OWIA prioritises the health and wellbeing of our 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 our athletes. At OWIA we support the values and actions in this document. The environment and culture at OWIA an important role in creating a healthy sport system. We recognise that how we treat all members of our organisation is important, most importantly our athletes.

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

The Core Multidisciplinary Team (CMT)

OWIA 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 a CMT might include members from within OWIA, from NINs, and/or from external treatment teams.

If an athlete is identified as demonstrating symptoms of DE or an ED, a referral is to be made to the athlete's treating OWIA sports doctor, sports dietitian or psychologist. Once the treating OWIA sports doctor, sports dietitian or psychologist has been referred to or has themselves identified concerning DE or ED behaviours, they agree to proceed with the following:

- Establish a CMT consisting of the athlete's treating sports doctor, sports dietitian and psychologist to meet regularly in the coordinated care of the athlete (meeting online or in person).
- Maintain clear and flexible communication channels between the athlete's CMT and the broader athlete's support team around availability for training/competing concerns as per the IOC RED-S CAT (see Appendix 5). This includes, where appropriate, communication with non-OWIA support team members as well as specialty ED services.
- In most circumstances, decisions on management of an athlete with DE or an ED will be by consensus of the athlete's CMT members. The medical practitioner within the CMT will however retain the responsibility for key decisions in the management of the athlete.
- The CMT formed around the athlete will report to OWIA discipline leads of medical, psychology and sports nutrition of ED/DE incidence and severity. Full disclosure of athlete history to only be provided if athlete consent has been sought and given, or the consent sought and given of an athlete's guardian if a minor.

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, OWIA 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, as well as signs and symptoms, will raise awareness and literacy in the area. Further, we believe that education of all role holders in the management strategies will enable appropriate courses of action. Where appropriate, OWIA will provide this education to athletes and/or coaches and performance support staff. Eating Disorders in Sport (EDiS) is a workshop for coaches and performance support staff, has been co-developed by the AIS and NEDC and will be delivered within OWIA as appropriate.

Optimised nutrition

Athletes accessing nutrition support through OWIA must 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 must 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. OWIA 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 considerations document for further details. These considerations must be followed whenever body composition assessment techniques are utilised.

Body image

OWIA 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 roles holders at OWIA, not just for athletes but coaches and performance 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. OWIA believes all bodies deserve to be treated with respect, no matter their size, shape, composition, colour or ability. Before any athlete is asked to change their body (in either size or composition), the OWIA CMT must be consulted and involved in the decision making and communication process.

Use of images of athletes

OWIA 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

OWIA 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)

At OWIA we 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 OWIA's National Integrity Framework – Child Safeguarding Policy here for more details.

Whilst DE can occur at any age, OWIA 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, OWIA and Snow Australia will work together to form CMTs for each individual athlete and ensure the needs of the individual athlete are met.

3. Secondary prevention of disordered eating

The average time to diagnosis in an athlete with an eating disorder is more than nine years. OWIA 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

OWIA 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 OWIA environment. Where DE or an ED is suspected with an athlete in the care of OWIA, clinical interviews with the appropriate members of the CMT will be organised.

Menstrual function in female athletes

OWIA recognises the importance of normal menstrual function in our female athletes. OWIA 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.

Sex drive changes in male athletes

OWIA recognises the importance of good energy availability in all athletes. OWIA also acknowledges the identification of low or significantly reduced (from an athlete's norm) sex drive is the most effective clinical marker used to identify low energy availability in males (Lundy et al., 2022). OWIA encourages male athletes to report any decrease in sex drive to their OWIA sport doctor, sport dietitian or psychologist. OWIA sport dietitians also commit to regularly screening male athletes for report of any negative changes in sex drive that may be indicative of low energy availability (LEA).

Reference - Lundy, B., Torstveit, M. K., Stenqvist, T. B., Burke, L. M., Garthe, I., Slater, G. J., Ritz, C., & Melin, A. K. (2022). Screening for Low Energy Availability in Male Athletes: Attempted Validation of LEAM-Q. *Nutrients, 14*(9), 1873. https://doi.org/10.3390/nu14091873

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

For definitions of LEA and RED-S please refer to Appendix 1.

DE can occur in isolation or in combination with 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 identified with testosterone levels below normal parameters for their sex
- An athlete with multiple stress fractures and/or illnesses within a 12-month period

4. Tertiary prevention of eating disorders

Eating disorder diagnosis

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

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 OWIA and the high performance sporting environment. There are times however where it may be appropriate for one or more members of the OWIA CMT to be involved in an athlete's ED treatment. OWIA will support and enable our 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 OWIA Doctor may refer the athlete for a diagnostic psychiatric interview, to ascertain any comorbidity for inclusion in the management plan.

Return to play

There are currently no specific DE or ED return to play guidelines. A OWIA athlete identified with DE may need training modifications or exclusions to minimise the risk of potential injury and/or illness. The athlete's OWIA 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. OWIA 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 their 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.
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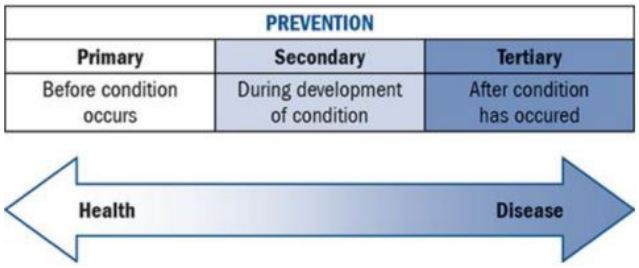
> **Secondary prevention** – early detection of an eating disorder with the goal of preventing it from getting worse.
>
> **Tertiary prevention** – improving quality of life and reducing the symptoms of an eating disorder for an athlete with an eating disorder diagnosis.



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, socioeconomic 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: The AIS-NEDC position statement on disordered eating in high performance sport

Appendix 3: AIS or Organisations own 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