

## **GUIDELINE**

TITLE:	Disordered Eating Early Identification and Prevention Guideline
AREA:	High Performance
RESPONSIBILITY:	National Performance Director
RELATED POLICIES:	Paddle Australia's Safeguarding Children and Young People Policy.
DRAFTED BY:	High Performance
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## 1. INTRODUCTION

Disordered eating (DE) and eating disorders (EDs) are serious and complicated issues that can affect the health and performance of ALL athletes across the high performance pathway, from junior to senior levels (see Appendix 1). Paddle Australia endorses the Australian Institute of Sport (AIS) and the National Eating Disorders Collaboration (NEDC) Position Statement on Disordered Eating in High Performance Sport ([link here](#)). This guideline is to be read in conjunction with the Position Statement.

## 2. PURPOSE OF THIS GUIDELINE

The Paddle Australia Disordered Eating Early Identification and Prevention Guideline aims to assist our organisation to implement the practices required to provide a healthy sport system. The appropriate management, early identification and prevention of DE in our athletes is important in view of the significant ramifications on an athlete's health (both mental and physical) and performance. We prioritise the health and wellbeing of our athletes and believe all role holders in our sporting system have a part to play.

The current guideline and its attachments can be obtained from our website at: [paddle.org.au](http://paddle.org.au)

## 3. WHO DOES THIS GUIDELINE APPLY TO?

This guideline applies to all role holders within Paddle Australia including but not limited to:

- Categorised Athletes
- Family and athlete support system of categorised athletes
- CEO and Board members
- Executive and corporate support staff (for example marketing and sponsorship, communications, administration, reception/front of house, human resources)
- National Performance Director
- Coaches
- Performance Support Manager
- AW&E Manager
- The DE Core Multidisciplinary Team (CMT) of psychologist, doctor and sports dietitian
- Performance Support Practitioners (for example biomechanists, performance analysts, skill acquisition staff, soft tissue therapists, physiotherapists, strength and conditioning coaches, physiologists)

Paddle Australia recommends that all State Institutes/Academies of Sport Canoe/Kayak programs and Clubs also adopt this guideline.

## 4. ORGANISATIONAL RESPONSIBILITIES

Paddle Australia will:

- Adopt, implement and comply with this guideline.
- Publish, distribute and promote this guideline.
- Promote and model appropriate standards of behaviour at all times.
- Deal with any complaints or concerns made under this guideline in a timely manner.
- Deal with any breaches of this guideline in an appropriate manner.

- Monitor and review this guideline regularly.

## 5. INDIVIDUAL RESPONSIBILITIES

Individuals bound by guideline must:

- Make themselves aware of the contents of this guideline.
- Comply with all relevant provisions of the guideline.
- Place the health and wellbeing of athletes above other considerations.
- Be accountable for their behaviour.
- Seek to engage in upskilling in the area as required.

## 6. HEALTHY SPORT SYSTEM

A healthy sport system is needed to support and nurture our athletes. At Paddle Australia we support the values and actions in this document. The environment and culture at Paddle Australia play 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 appropriate management, early identification and prevention of DE are the outcomes of a healthy sport system and will be discussed individually in more detail below.

## 7. MANAGEMENT OF DISORDERED EATING

### 7.1 EARLY IDENTIFICATION

Paddle Australia 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 (see Appendix 1). Timely identification and intervention is ideal.

### 7.2 THE CORE MULTIDISCIPLINARY TEAM (CMT)

Paddle Australia recognises that the profession of the CMT provides a vital function in the early identification, assessment, diagnosis, treatment (where appropriate) and referral (as required) of DE and EDs. For the high performance program, Paddle Australia should:

- Establish a CMT consisting of a doctor/physician, sports dietitian and psychologist.
- Develop communication channels within the CMT and from the CMT to the broader support team.
- CMT to coordinate psychiatric support when diagnosis and psychiatric treatment planning is required,

### 7.3 SCREENING AND DIAGNOSIS

Paddle Australia recognises that the most useful tool in recognising the presence of DE or an ED in an individual athlete is a clinical interview with any member of the CMT. Paddle Australia also acknowledges the complexities involved with assessing and diagnosing an ED in an athlete, however is committed to early identification and appropriate CMT case management. Referral to a psychiatrist to be coordinated by the CMT if presence of clinical symptomology as described in the DSM-5 indicates the need for psychiatric assessment.

## 7.4 MENSTRUAL FUNCTION IN FEMALE ATHLETES

Paddle Australia recognises the importance of normal menstrual function in our female athletes. Paddle Australia encourages athletes to monitor their menstrual function from a health perspective. Any menstrual irregularities among athletes should be investigated with a medical doctor.

## 7.5 LOW ENERGY AVAILABILITY AND OTHER SIGNS OF RED-S

Paddle Australia recognises that DE can occur in isolation or in combination with low energy availability (LEA), and their interaction and associated forms of presentation should be properly identified. Athletes should be referred to the CMT for support in the following circumstances:

- Any athlete with known or suspected DE;
- Any athlete with known or suspected LEA;
- Any athlete who is diagnosed with a bone stress injury and/or identified with menstrual dysfunction;
- Any athlete with recurrent injuries and/or illnesses.

Athletes who are identified in these categories should be provided with ongoing monitoring, support and regular review.

## 8. PREVENTION OF DISORDERED EATING

Paddle Australia recognises the ideal of preventing DE and EDs within the high performance sporting environment via education, support for optimised nutrition and positive body image in athletes, and appropriate assessment of body composition.

### 8.1 EDUCATION

At Paddle Australia we support the education of our coaches, performance support staff, athletes, and athlete support system to assist in early identification and prevention of disordered eating.

### 8.2 OPTIMISED NUTRITION

Paddle Australia recognises that athletes should be able to access nutrition support that meets the criteria for optimised nutrition; a harmony between health and performance underpinned by concepts that are safe, supported, purposeful and individualised. An appropriately qualified and experienced Sports Dietitian should provide the nutritional education to athletes.

### 8.3 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. Paddle Australia 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 following link for further details: [AIS body composition considerations](#). These considerations should be followed whenever body composition assessment techniques are utilised.

## 8.4 BODY IMAGE

Paddle Australia 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 support should be provided to athletes to encourage a positive body image, using activities targeted at groups and individuals. Positive body image in athletes is promoted through education and support for all roles holders at Paddle Australia, not just in our athletes.

## 8.5 USE OF LANGUAGE

Positive language should be used when speaking with and about athletes and their bodies. Athletes, coaches and performance support staff should receive education around such language. Paddle Australia 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 Sports Dietitian should be consulted and involved in the decision making and communication process.

## 8.6 TRANSITION PERIODS

Paddle Australia 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 Paddle Australia we should 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.

# 9. OTHER CONSIDERATIONS

## 9.1 EATING DISORDER TREATMENT

Treatment of an athlete with a diagnosed eating disorder may be most appropriate through a clinical eating disorder treatment clinic or practitioners independent of the Paddle Australia sporting environment. There are times, however, where the Paddle Australia CMT may be involved in an athlete's ED treatment plan. Paddle Australia should support and enable our CMT to undertake this role and include a psychiatrist as part of the support team if an athlete has a been diagnosed with an eating disorder (DSM-5).

## 9.2 RETURN TO PLAY

Whilst there are no specific DE or ED return to paddle guidelines, for Paddle Australia athletes, the CMT should work together and with any external ED treatment team to ensure the return to play of an athlete is appropriate for their individual case. An athlete identified with DE may need training modifications or exclusions to minimise the risk of potential injury and/or illness. Paddle Australia CMT should work together with coaches and other performance team members to ensure an individual approach is taken to the athlete's training regime.

See Appendix 4 for RED-S Clinical Assessment Tool (CAT) as an example of an exclusion and return to play guideline.

## 9.3 WORKING WITH MINORS

Paddle Australia recognises working with minors requires appropriate care and consideration for this population. See the following link for more details: [Paddle Australia's Safeguarding Children and Young People Policy](#).

Whilst DE can occur at any age, we understand that adolescence is a formative time in the development of an athlete's body image and eating behaviour. Paddle Australia athletes in this age group should 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 and under-age athlete's family will be informed of DE or an ED. Whilst patient confidentiality is important, there are times when the athlete's family will need to be informed.

## 9.4 PARA ATHLETES

Paddle Australia recognises that para athletes have unique considerations around body image and eating behaviour. The CMT should work individually with each para athlete and their coach and performance support staff to ensure that the needs of the athlete are met.

## 9.5 TRAVEL

Paddle Australia recognises its role in creating a safe environment during travel just as it does in our athlete's daily training environment (DTE).

- An athlete known to have an ED should have travel clearance from the CMT within their relevant treatment team.
- If an athlete is identified as having a potential ED while travelling, the Paddle Australia 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 Paddle Australia and the CMT in the athlete's DTE should work together to ensure due care and appropriate access to the required medical, nutritional and psychological support.

## 10. BREACH OF THIS GUIDELINE

On occasions that this guideline is not adhered to, appropriate action will be taken in accordance with the most relevant Paddle Australia Policy

## APPENDIX 1: DEFINITIONS

**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 and cardiovascular health that arises from low energy availability.

**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)** – 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

### Spectrum of eating behaviour





in significant distress and impairment to daily functioning (e.g. sport, school/work, social relationships).

## APPENDIX 2:

Appendix 2: [The AIS-NEDC position statement on disordered eating in high performance sport](#)

## APPENDIX 3:

Appendix 3: AIS or Organisations own [Body Composition Assessment | Considerations Relating to Disordered Eating](#)

## APPENDIX 4:

Appendix 4: [RED-S Return to Play Clinical Assessment Tool](#)