WAIS Disordered Eating Early Identification and Prevention Policy

WESTERN AUSTRALIAN INSTITUTE *of* SPORT

CONTENTS

PURPOSE

To support the prevention, early identification and appropriate management of disordered eating (DE), and eating disorders (ED) in athletes at WAIS

BACKGROUND

Disordered eating and eating disorders are serious and complicated issues that can affect the health and performance of athletes across the high-performance pathway. Athletes are a population group at increased risk of engaging in disordered eating behaviours and developing eating disorders. WAIS endorses the Australian Institute of Sport (AIS) and the National Eating Disorders Collaboration (NEDC) Position Statement on Disordered Eating in High Performance Sport.

WAIS prioritises the health and wellbeing of athletes and believe all role holders in the sporting system have a part to play to support the prevention, recognition, and early intervention of disordered eating and eating disorders.

1. POLICY SCOPE

1.1 Preventing disordered eating and eating disorders is a shared responsibility. This policy applies to WAIS:

a) **Staff** - this includes all employees, and independent contractors engaged by WAIS
b) **Athletes** – all athletes who have a WAIS Athlete Scholarship
c) **Students** – undertaken by the WAIS High Performance Sport Research Centre
d) Any other individual who has agreed to be bound by this Framework and its related policies – such as Parents, Visitors and Volunteers.

2. POLICY STATEMENT

Education

2.1 As per the *Safe and Ethical Practice Policy Framework*, WAIS staff, scholarship athletes and students will be educated on this policy as part of their induction to WAIS and through ongoing education.

Screening

2.2 Medical screening for Disordered Eating will occur as part of initial medical screening performed by a WAIS approved Sports Physician and may, in addition, be detected by a dietitian as part of the initial nutrition assessment.

Nutrition Support

2.3 Only a suitably qualified and experienced sports dietitian can provide nutrition education and support to athletes.

2.4 WAIS scholarship athletes will receive an initial nutrition assessment, completed by a WAIS sports dietitian, within three (3) months of commencing their scholarship.

2.5 Referral for individual nutrition support can be made to a WAIS sports dietitian via:
   a) Self-referral
   b) Referral by the coach
   c) Referral by a Performance Enhancement Team member
   d) Parent/guardian referral

Body Composition Assessment

2.6 All athletes must be approved as being suitable for body composition assessment (including surface anthropometry), through medical screening conducted by a WAIS sports physician at the beginning of their scholarship.

2.7 Athletes must provide written consent prior to a body composition assessment (including surface anthropometry).
   a) Written consent must be obtained initially at scholarship commencement and annually at scholarship renewal, and be recorded in the Athlete Management System (AMS).
   b) An athlete can withdraw their consent at any time.
   c) For athletes under the age of 18 any body composition assessments will require written consent by the parent or guardian.

2.8 Athletes must provide verbal consent prior to all body mass or height measurements. An athlete can verbally decline a measurement.

2.9 Surface anthropometry assessment (skinfolds) are not performed in athletes under the age of 18 at WAIS. In this athlete cohort assessment measures may still include; height, weight, arm span, foot length and DXA. All assessment measures require written consent from a parent or guardian. Criteria for DXA: Prescription of DXA in athletes under 18 is at the discretion of the CMO and/or Performance Dietitian. The request, as per any body composition assessment, required parent or guardian written consent.

2.10 A *body mass* assessment can only be conducted by a person within the scope of their role.

2.11 Surface anthropometry assessment (skinfolds) is to be conducted by the WAIS sports dietitian, though it can be performed by an alternative appropriately qualified practitioner:
   a) at the discretion of the sports dietitian, in consultation with the athlete, or
   b) if the athlete's practitioner gender preference necessitates.

2.12 Only a WAIS sport dietitian or sport physician can provide interpretation and presentation of body weight or body composition to an athlete, unless otherwise agreed by a WAIS sports dietitian or sport physician.
   2.12.1 Where the athlete has a suspected or known eating disorder the sports dietitian will consult with the athlete's case management team (as per 2.14), prior to providing feedback to the athlete or communicating results within the WAIS Athlete Performance Enhancement Team.

2.13 All body composition assessments must be conducted in a respectful manner toward the athlete, and the following observed:
   a) Adequate privacy is provided, and assessments in group settings is avoided
   b) Use of appropriate and professional language

*Staff and athletes should refer to **WAIS Body Composition Assessment Guidelines** for guidance to safely undertake body composition assessments.*

Identification and Management of Disordered Eating / Eating Disorders

2.14 WAIS staff must inform a WAIS sports dietitian, psychologist, CMO or sport physician of any concerns related to an athlete's eating behaviour, thoughts, or body image.

2.15 Athletes identified in the below categories [see Definitions], must be referred to WAIS medical to facilitate initial assessment and support, and be provided with ongoing monitoring, and regular review:

a) Any athlete with known or suspected disordered eating
b) Any athlete with diagnosed eating disorder
c) Any athlete with known or suspected low energy availability;
d) Any athlete who is diagnosed with a bone stress injury and/or identified with menstrual dysfunction (as per WAIS Sports Medicine, Medication, and Injections Policy process)

2.16 Assessment and management of disordered eating and eating disorders must follow the Assessment and Clinical Management Process as per the WAIS Mental Health Policy

Appendix 1 – Eating Disorders Signs & Symptoms should be used for early identification of changes in an athlete's thoughts around their body image and/or eating behaviours (along the spectrum of eating behaviour) [see Definitions] to allow a greater opportunity for recovery.

3. RESPONSIBILITIES TO THIS POLICY

3.1 Individuals must comply with this policy and meet their obligations under the *WAIS Safe and Ethical Practice Policy Framework* and related policies.

3.2 WAIS must administer this policy and manage education and compliance in line with the *WAIS Safe and Ethical Practice Policy Framework* and related policies.

4. BREACH OF THE FRAMEWORK

A breach of this policy occurs when:

a) There is a failure to uphold the standards under the Policy Statement
b) A person withholds or provides false or misleading information in relation to this policy.
c) A person fails to report a breach of this policy.

4.2 If a person is in breach of this policy:

a) The complaints process within the WAIS Staff Code of Conduct, Athlete Code of Conduct or Athlete Protection Policy applies as appropriate.
b) Sanctions may be imposed according to the severity of the breach and may include suspension or termination of employment or scholarship.

5. 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.

Body mass assessment – the measurement of body mass or weight using scales. This may be required for certain performance parameter testing, such as hydration assessments, strength testing, power to weight and force assessments. Body weight is of particular relevance in weight category sports. Body mass alone does not provide comprehensive information regarding changes to body composition and should not be used in isolation for this purpose.

Body composition assessment – a measurement which estimates the relative proportions of an individual's fat mass and fat-free mass. A variety of methods exist that can provide an analysis of body composition. The two methods most commonly used in the WAIS environment are:

- **Surface anthropometry (skinfolds) –** a method involving the use of skinfold calipers to measure the thickness of a 'fold' or pinch of skin at consistent locations on the body (7 or 8 sites). When combined with body mass data changes, skinfolds can provide insight into relative physique trait changes, including fat mass and lean mass changes. Surface anthropometry must be undertaken only by performance support staff holding, at a minimum, a current Level 1 International Society of Anthropometry and Kinanthropometry (ISAK) accreditation.

- **Dual-Energy Xray Absorptiometry (DXA)** – a non-invasive scan using x-ray technology to provide information on an individual's lean mass, fat mass, and bone mineral content and is indicative of bone mineral density status. DXA scans are conducted at an offsite facility with a trained technician (e.g. University of Western Australia).

Case management team – the team of professional practitioners who collaborate in the management of of disordered eating and eating disorder cases. This will involve the CMO and/or WAIS approved Sports Physician, WAIS psychologist and WAIS sports dietitian who will be guided by the WAIS Mental Health Policy.

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

6. OTHER MATTERS

Relevant WAIS policies:

- WAIS Safe and Ethical Practice Policy Framework
- WAIS Sports Medicine, Medication, and Injections Policy
- WAIS Mental Health Policy

This policy is adopts the Australian Institute of Sport *Disordered Eating in High Performance Sport Position Statement*.

7. REVIEW AND REVISION

This policy, and all related appendices, will be reviewed according to the policy revision schedule and as deemed appropriate.

Policy review will be undertaken by the Chief Medical Officer and any revisions approved by the WAIS Chief Executive Officer.

Revision History

Date	Version	Reviewed by	Changes made
9 December 2021	1.0	Chief Medical Officer	New policy
20 May 2022	1.1	Chief Medical Officer	Policy updated
28 September 2022	1.2	Chief Medical Officer	Policy updated

6 December 2022	1.3	Chief Medical Officer	Policy updated
27 June 2023	1.4	Chief Medical Officer	Policy updated
22 November 2023	1.5	Chief Medical Officer	Policy updated

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APPENDIX

Appendix 1: NEDC Eating Disorder Signs & Symptoms summary

Eating disorders are complex mental illnesses with a range of potentially life-threatening medical complications. This guide can help you identify and assess eating disorders through common physical, behavioural and psychological symptoms and signs.

Binge Eating Disorder is characterised by repeated episodes of binge eating without the use of compensatory behaviours such as purging.

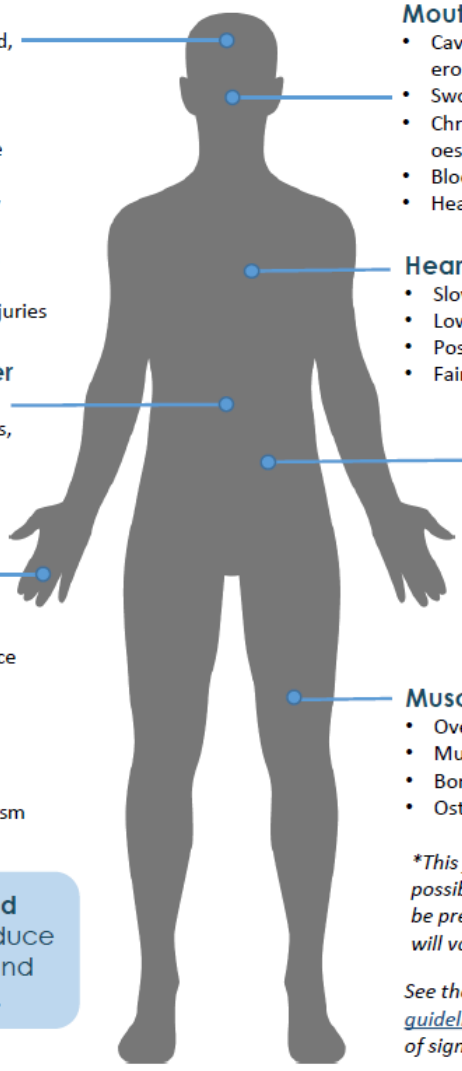
Bulimia Nervosa is characterised by repeated episodes of binge eating followed by compensatory behaviours to prevent weight gain

Disordered eating is disturbed and unhealthy eating patterns that can include restrictive dieting, compulsive eating or skipping meals.

Disordered eating behaviours such as dieting are the most common indicators of the development of an eating disorder.

Other Specified Feeding and Eating Disorders (OSFED) refers to eating disorders that do not meet the full diagnostic criteria of another eating disorder

Anorexia Nervosa is characterised by extreme food restriction, intense fear of gaining weight and significant weight loss



Brain & Behaviour
- Preoccupation with eating, food, body shape, weight or exercise
- Depression, anxiety, self harm, suicidal ideation
- Social isolation, sense of shame
- Sleep disturbances, dizziness
- Impaired thinking and difficulty concentrating
- Substance misuse (e.g. alcohol, drugs, steroids)
- Overexercising and resulting injuries

Stomach, Intestines & Liver
- Pain, ulcers, stomach rupture
- Constipation, diarrhoea, cramps, bloating, bowel problems
- Impaired liver function
- Haemorrhoids

Skin
- Dry skin
- Calluses on knuckles
- Lanugo hair on back, arms & face

Hormones
- Irregular or missed periods
- Infertility, miscarriages, pregnancy complications
- Changes in growth or metabolism
- Low libido

Mouth & Throat
- Cavities, gum disease, tooth enamel erosion, sensitivity to hot & cold
- Swollen jaw, bad breath, puffy cheeks
- Chronic sore throat, inflamed oesophagus
- Bloody vomit
- Heartburn & indigestion

Heart
- Slow or irregular heartbeat
- Low blood pressure
- Postural blood pressure changes
- Fainting, dizziness

Kidneys
- Abnormal renal function
- Dehydration (from purging)
- Hypokalemia, natremia, phosphatemia

Weight
- Unexplained weight loss, gain or fluctuation

Muscles & Bones
- Overall fatigue, cramps
- Muscle wasting
- Bone density changes
- Osteopenia & osteoporosis

**This figure displays a wide range of possible symptoms, and is not meant to be prescriptive or conclusive. Symptoms will vary by disorder and individual.*

See the current RANZCP guidelines for a detailed list of signs and symptoms.

Early identification and intervention is vital to reduce the severity, duration and impact of the illness.

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