

ROWING AUSTRALIA

DISORDERED EATING EARLY IDENTIFICATION AND PREVENTION GUIDELINE

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). Rowing Australia endorses the Australian Institute of Sport (AIS) and the National Eating Disorders Collaboration (NEDC) Position Statement on Disordered Eating in High Performance Sport (<https://bjsm.bmj.com/content/54/21/1247.abstract>). This guideline is to be read in conjunction with the Position Statement.

This document relates primarily to service delivery in the senior team through the national training centres. The underlying principles for the prevention of ED/DE should be supported in the rowing pathway through the NIN and wider rowing community with the understanding that services will be delivered by others and not under the direct control of Rowing Australia.

2. Purpose of this Guideline

The Rowing 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.

3. Who does this Guideline apply to?

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

- Athletes
- Family and athlete support system
- 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
- Coaches
- SSSM Manager
- AW&E Manager/Advisor
- The DE Core Multidisciplinary Team (CMT) of psychologist, doctor and sports dietitian
- Sports Science Sports Medicine (SSSM) Practitioners (for example dietitians, physiologists, physiotherapists, strength and conditioning coaches, soft tissue therapists, biomechanists, performance analysts, skill acquisition staff)

Rowing Australia recommends that all State Institutes/Academies of Sport and Clubs adopt this Guideline.

4. Organisational responsibilities

Rowing 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 this 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 Rowing Australia we support the values and actions in this document. The environment and culture at Rowing Australia 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 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

Rowing 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)

Rowing 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, Rowing Australia should at a minimum:

- Maintain a CMT of doctor, sports dietitian and psychologist.
- Develop communication channels within the CMT and from the CMT to the broader support team including external treatment providers to ensure safe care of the athlete. This needs to be conducted with the documented informed consent of the athlete.

Additionally, athletes struggling with DE or an ED are encouraged to seek support through the AW&E Manager and/or any staff member that they feel comfortable discussing their situation. The team doctor or dietitian are usually the best choice for these discussions. There are a range of services including the Mental Health Referral Network, available internal and external to the NSO that provide physical, mental and emotional support. RA acknowledges dealing with DE or an ED can be an extremely challenging time and is committed to ensuring athletes are supported in the best possible way.

7.3 Screening and diagnosis

Rowing Australia recognises that the most useful tool in assessing the presence of DE or an ED in an individual athlete is a clinical interview with one or all members of the CMT. Awareness of the signs and symptoms of DE can help the broader staff and athlete group identify where there might be an issue that requires follow up by the CMT. Within the senior team screening may be undertaken using formal screening tools or clinical assessment, as part of the wider medical screening process. Within the Pathway athletes screening should be undertaken with any athlete identified as at risk, including but not limited to all weight making athletes.

7.4 Menstrual function in female athletes

Rowing Australia recognises the importance of normal menstrual function in our female athletes. Rowing Australia encourages athletes to monitor their menstrual function from a health perspective. Any menstrual irregularities should be investigated with a doctor. Further information on normal menstrual function through the Female Performance Health Initiative can be found [here](#).

7.5 Low energy availability and other signs of Relative Energy Deficiency in Sport (REDs)

Rowing 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 for appropriate professional assessment (or to the CMT where this exists within an organisation and is available to the athlete) and support in the circumstances below:

- 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

Rowing 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 Rowing 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

Rowing 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. Rowing 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 [Body Composition Assessment Considerations Relating to Disordered Eating](#) for further details. These considerations should be followed whenever body composition assessment techniques are utilised.

8.4 Body image

Rowing 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 Rowing 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. Rowing 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 CMT, including an appropriately trained dietitian, should be consulted and involved in the decision making and communication process.

8.6 Transition periods

Rowing 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:

- Commencement of sport *specific* training at a young age;
- Making a senior team at a young age;
- Retirement (forced or voluntary);
- Upcoming selection processes, 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 Rowing 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 service, independent of the Rowing Australia sporting environment. There are times, however, where the Rowing Australia CMT may be involved in an athlete's ED treatment. Rowing Australia should support and enable our CMT to undertake this role.

9.2 Return to play

Whilst there are no specific DE or ED return to play guidelines, for Rowing 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 the individual case. An athlete identified with DE may need training modifications or exclusions to minimise the risk of potential injury and/or illness. Rowing 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. Given the danger of cardiac related issues, athletes with ED/DE must be assessed by the CMT to be cleared to train and compete.

See Appendix 4 for RED-S Clinical Assessment Tool (CAT) and the Female Athlete Triad treatment and return to play documents as examples of an exclusion and return to play guidelines.

9.3 Working with minors

Rowing Australia recognises working with minors requires appropriate care and consideration for this population. See the Rowing Australia Child Safeguarding Policy <https://rowingaustralia.com.au/wp-content/uploads/2022/06/Child-Safeguarding-Policy.pdf> for more details.

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. Rowing 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 an 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.

Rowing Australia acknowledges that minors will predominantly be under the care of their school or State Institute of Sport programmes. If selected to a pathways team, Rowing

Australia undertakes to screen higher risk athletes (lightweights and coxswains) for eating disorders.

9.4 Para athletes

Rowing Australia recognises that para athletes have unique considerations around body image and eating behaviour. The CMT at the athletes home training base should work individually with each para athlete and their coach and performance support staff to ensure that the needs of the athlete are met and ensure appropriate sharing, with consent of the athlete, is provided to the CMT for international travel if different from that for domestic training.

9.5 Making weight

Rowing Australia recognises that “making weight” for weight categories/targets increases the risk of body image dissatisfaction, DE and EDs in athletes. Lightweight athletes and coxswains should have access to nutrition support and screening in their daily training environment location including assessment of their suitability to make weight safely according to the Rowing Australia Making Weight Athletes Guideline [\[insert link\]](#) in addition to screening for ED/DE.

9.6 Travel

Rowing 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.
- If an athlete is identified as having a potential ED while travelling, the Rowing 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.

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 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: [Body Composition Assessment | Considerations Relating to Disordered Eating \(update hyperlink to RA\)](#)

Appendix 4: [IOC REDs Clinical Assessment Tool 2](#)

Appendix 5: [Female Athlete Triad Treatment and Return to Play](#)