ACTAS

ACTAS DISORDERED EATING EARLY IDENTIFICATION, MANAGEMENT AND PREVENTION POLICY

JULY 2025

Contents

Preface

ACT Academy of Sport (ACTAS) is an endorsed Australian Olympic Committee and Australian Paralympic Committee training centre and a member of the National Institute Network. ACTAS is home to many talented athletes who reside within the ACT. Further to this, some athletes may reside overseas and still consider the ACT their home. ACTAS has a commitment and a duty of care to promote the prevention, early detection and appropriate management of disordered eating and eating disorders in athletes.

ACTAS is committed to providing a safe sporting environment for all athletes and staff involved. ACTAS works proactively to prevent, detect, and manage disordered eating (DE) or eating disorders (ED) in athletes. All stakeholders within ACTAS, including athletes, coaches and performance support staff, as well as family members have a responsibility to support a safe sporting environment. In addition, all stakeholders have the right to work in a safe and supportive sporting environment. ACTAS is committed to providing this safe environment to ensure that where possible, prevention and early detection of eating disorders occurs, and that all staff are supported in their dealings with any athletes experiencing DE or ED.

This policy sets out the actions that are implemented by the organisation to assist in providing a safe sporting environment.

Gerard Corradini

Director

ACT Academy of Sport

Date June 2025

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). The ACT Academy of Sport endorses the Australian Institute of Sport (AIS) and National Eating Disorders Collaboration (NEDC) Position Statement on Disordered Eating in High Performance Sport. This policy is to be read in conjunction with the Position Statement.

This document will capture all ACTAS athletes, which includes but is not limited to: scholarship holders, training agreements, talent identified, visiting athlete agreements and memorandum of understanding athletes, as well as any other associated athletes. Where an NSO or sporting club has a policy, the ACTAS policy will either align or supersede the NSO policy. Where a policy is absent for an NSO or sporting club, the ACTAS policy will apply.

ACTAS recognises that not all athletes captured within this policy will receive individual support supplied by ACTAS. Where an athlete is not eligible for individual support, the relevant referrals will be made as needed.

Purpose of This Policy

The ACT Academy of Sport Disordered Eating Early Identification, Management and Prevention policy aims to assist our organisation to implement the practices required to create 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 physical and mental health and performance. We prioritise the health and wellbeing of our athletes and believe all stakeholders in our sporting system have a role to play.

This policy has been endorsed by the Chief Minister, Treasury and Economic Development Directorate | ACT Government and has been incorporated into the ACTAS WinWell Strategy. The policy starts on 1st July 2025 and will operate until replaced.

Who does this policy apply to?

This policy applies to all stakeholders within ACTAS including but not limited to:

- Athletes
- Family and athlete support system
- Executive and corporate support staff (for example marketing and sponsorship, Performance Service manager, communications, administration, reception/front of house, human resources)
- Director
- Coaches
- SSSM Manager, Performance Health Manager
- AW&E Manager/Advisor
- The appropriate DE Core Multidisciplinary Team (CMT) may include psychologist, sports doctor, sports dietitian, Strength and conditioning coach, physiologist and/or sports scientist
- Sports Science Sports Medicine (SSSM) Practitioners (for example biomechanists, performance analysts, skill acquisition staff, soft tissue therapists, physiotherapists, strength and conditioning coaches, physiologists)
- Contracted ACTAS staff

ACTAS recommends that all NSOs and sporting Clubs linked to ACTAS adopt this policy, or a similar guideline/policy is in place within those organisations.

Organisational Responsibilities

ACTAS will:

- Adopt, implement, and comply with this policy.
- Ensure this policy is enforceable.
- Publish, distribute, and promote this policy.
- Always promote and model appropriate standards of behaviour.
- Deal with any complaints or concerns made under this policy in a timely manner.
- Deal with any breaches of this policy in a timely and appropriate manner.
- Monitor and review this policy regularly.
- Provide education and training to stakeholders as required.
- Support upskilling of stakeholders in this area as required.

Individual Responsibilities

Individuals bound by this policy must:

- Make themselves aware of the contents of this policy.
- Comply with all relevant provisions of the policy.
- Attend education and training as required.
- 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.

Healthy Sport System

A healthy sport system is needed to support and nurture our athletes. At ACTAS we support the values and actions in this document. The environment and culture at ACTAS 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 and ED reduce prevalence which is a key to a healthy sport system and will be discussed individually in more detail below.

Management of Disordered Eating

Early Identification

ACTAS recognises that early identification of changes in an athlete's thoughts, emotions, and behaviours around their body image and/or eating behaviours (along the spectrum of eating behaviour) is important in allowing a greater opportunity for recovery.

Figure 1: The spectrum of eating behaviour in the high-performance athlete from optimised nutrition to disordered eating to eating disorders. Reference: Wells, K. Et al. AIS-NEDC Disordered Eating in High Performance Sport Position Statement, available from: Disordered Eating in High Performance Sport Position Statement

The Core Multidisciplinary Team (CMT)

ACTAS recognises that the clinicians of the CMT provides a vital function in the early identification, assessment, diagnosis, treatment (where appropriate), and referral (as required) of DE and ED. For the high-performance program, ACTAS will:

- Establish and maintain ACTAS CMT consisting of sports doctor, sports dietitian, and psychologist.
- There are times when the CMT might include members from within ACTAS, from other NSOs or NINs, and/or from external treatment teams.
- In most circumstances, decisions on management of an athlete with DE or an ED will usually be by consensus of the CMT members but in certain circumstances may also include a broader case management team.
- Develop communication channels within the CMT and from the CMT to the broader support team which may include external CMT and support team members.
- Ensure that the CMT will educate the broader athlete team on appropriate language and behaviours

Screening and Diagnosis

Screening tools will be used where appropriate within the ACTAS environment. Where DE or an ED is suspected with an athlete in the care of the ACTAS, individual clinical interviews with the appropriate CMT will be organised.

For the purpose of this policy, screening tools refer to any evidence-based screening instrument validated for identifying and/or diagnosing disordered eating and eating disorders.

Menstrual Function in Female Athletes

ACTAS recognises the importance of normal menstrual function in our female athletes. ACTAS encourages athletes to monitor their menstrual function from a health perspective. The appropriate members of the CMT will regularly ask athletes about changes to their menstrual function. Athletes are encouraged to discuss any menstrual irregularities with the ACTAS CMT.

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

ACTAS, recognises that 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. Athletes should be referred to the ACTAS CMT for appropriate professional assessment and support in the circumstances below:

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

Athletes who are identified in these categories must be provided with ongoing monitoring, support, and regular review by the ACTAS CMT. For Athletes not eligible to be treated by ACTAS CMT, the appropriate referrals will be made, ensuring channels of communication remain open.

Primary Prevention of Disordered Eating and Eating Disorders

Primary Prevention is defined as actions taken to reduce the risk of developing a condition and aims to specifically remove causal factors for the development of the condition. To implement Primary Prevention of DE and EDs, ACTAS is committed to providing education, support for optimised nutrition, supporting positive body image in athletes, and appropriate assessment of body composition in our high-performance sporting environments in line with the ACTAS Body Composition Assessment Policy.

Education

Education relating to DE & EDs is paramount to their overall prevention and management. The evidence suggests that providing education relating to eating disorder risk factors, development, and early signs and symptoms will raise awareness and literacy in the area. At ACTAS 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. ACTAS will ensure that the CMT is up to date with current best practice guidelines by supporting appropriate staff personal development and education.

ACTAS will support the role out of education, such as the Eating Disorders in Sport (EDiS) program, to our stakeholders ensuring all current staff and coaches will have experienced EDiS education sessions by December 31st 2025. Moving forward from 2026, regular EDiS sessions will be conducted to ensure new staff will have opportunities to complete an EDiS session.

Optimised nutrition

ACTAS recognises that athletes must 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 must provide the nutritional education to athletes. For those non-scholarship ACTAS athletes, referrals to an appropriate Sports Dietitian will be made as necessary. ACTAS staff who are not Sports Dietitians must refrain from discussing nutrition advice as this can cause harm. Instead, the staff member needs to refer the athlete to the ACTAS Sports Dietitian.

Role of body composition

ACTAS 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, consent, data storage, and dissemination of results. See ACTAS Body Composition Policy for further details. These considerations must be followed whenever body composition assessment techniques are utilised or considered.

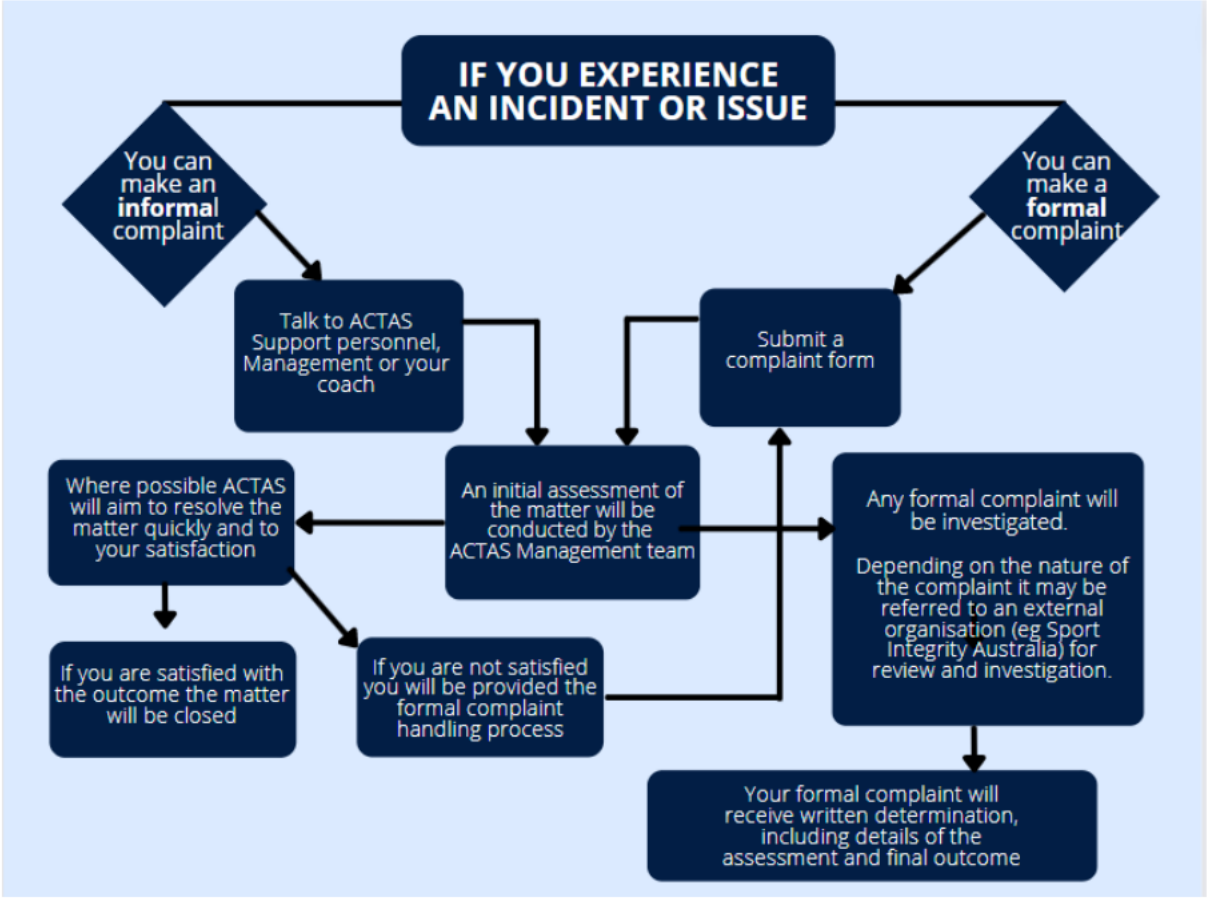
Body image

ACTAS 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. Positive body image is defined as being able to accept, appreciate, respect, and enjoy one's body for all that it does for them — regardless of its weight, size or shape. Appropriate support must 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 stakeholders at ACTAS, not just in our athletes. At ACTAS the CMT is the primary support for athletes with body image concerns. All ACTAS staff members have a role in promoting positive body image across the ACTAS high-performance sporting environments through creating safe environments and using appropriate language. Non-scholarship ACTAS athletes will be provided with appropriate referrals as required.

Appropriate behaviour and use of language

ACTAS believes all human/athlete bodies deserve to be treated with respect, irrespective of their size, age, gender, shape, composition, colour or ability. Respectful language must be used when speaking with and about athletes and their bodies. Athletes, coaches, and performance support staff must receive ongoing education around such language. Before any athlete is asked to change their body (in either size or composition), the CMT must be consulted and involved in the decision making and communication process during a performance health or relevant athlete support meeting.

Complaints can be lodged about inappropriate uses of language and/or inappropriate behaviour by following the ACTAS complaint handling process.



High Risk Populations, Contexts an Environments

Transition Periods

ACTAS 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;
- Transitioning between sports or a shift in sporting focus (i.e. shifting from sprint to enduro cycling);
- Onset and transition through puberty;
- Onset and transition through pregnancy;
- Onset and transition through perimenopause and menopause;
- Different times during the menstrual cycle;
- Injury, illness, surgery, time away from sport and training;
- Changes in weight and/or body shape following injury, illness or shift in sporting focus;
- Major life transitions (e.g., moving away from home, moving between schools, moving overseas, changing squads/coaches);
- 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 ACTAS we must identify states of elevated risk and apply appropriate support around the athlete at these times, with activities involving the coach, support staff, and the CMT directly. This will be done during regular sport servicing meetings, weekly performance health meetings, or scheduled as needed if more appropriate.

Eating Disorder Treatment

Treatment of an athlete with a diagnosed eating disorder may be most appropriate through a clinical eating disorder treatment capacity, independent of the ACTAS sporting environment. This may include seeing ED specialists in a private practice setting or hospital admissions (in or outpatient clinics). There are times, however, where the ACTAS CMT may be involved in an athlete's ED treatment. ACTAS must support and enable our CMT to undertake this role with training and adequate time built into their role to allow for the time intensive nature required.

Return to Play

Whilst there are no specific DE or ED return to play guidelines for ACTAS athletes, the CMT must 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. ACTAS CMT must 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 REDs Clinical Assessment Tool Version 2 (REDs CAT2) and Appendix 5 MAWDIVES framework as examples of exclusion and return to play guidelines.

Working With Minors

ACTAS recognises working with minors requires appropriate care and consideration for this population. All ACTAS staff are required to complete and maintain an ACT government Working with Vulnerable People Check and Australian Sports Commission (ASC) Sport Integrity training.

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. ACTAS athletes in this age group must be provided with appropriate education and support to assist in the development of optimal body image and eating behaviours. This also includes the provision of parental education as necessary.

A registered medical practitioner (doctor) is responsible for determining if and when an under-age athlete's family will be informed of DE or an ED. Whilst patient confidently is important, there are times when the athlete's family will need to be informed.

Para Athletes

ACTAS recognises that para-athletes have unique considerations around body image and eating behaviour. The CMT must work individually with each para-athlete scholarship holder and their coach and performance support staff to ensure that the needs of the athlete are met. If this is outside of the athlete agreement or the staffing capacity, the appropriate referrals will be made as needed.

Making Weight

ACTAS recognises that "making weight" for weight categories/targets increases the risk of body image dissatisfaction, DE and EDs in athletes. Athletes must be provided with appropriate support including regular and ongoing access to the CMT. "Making weight" and similar practices where an attempt is made to alter body size or composition should only occur following the close supervision of the athlete's CMT. The multidisciplinary nature of these discussions should be emphasised to athletes and coaches.

Travel

ACTAS recognises its role in creating a safe environment during travel just as it does in our athlete's daily performance environment (DPE).

- 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 ACTAS 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 DPE is overseas, the CMT of ACTAS and the CMT in the athlete's DPE must work together to ensure due care and appropriate access to the required medical, nutritional, and psychological support.

Neurodivergent athletes

Neurodivergent individuals are at a high risk of developing eating disorders. Prevention, identification, treatment and ongoing recovery of eating disorders look different in neurodivergent people. Accounting for an individual's needs is important and adaption is required to meet their support needs. ACTAS CMT will work with their neurodivergent athletes to best support their individual needs.

EDNA-Information-Sheet-Neurodivergent-People.pdf

Eating-Disorders-and-Neurodivergence-A-Stepped-Care-Approach.pdf

Athletes Who Have Experienced Trauma

Athletes who have experienced trauma are at a high risk of developing eating disorders. The CMT must work individually with each scholarship holder and their coach and performance support staff to ensure that the needs of the

athlete are met. If this is outside of the athlete agreement or the staffing capacity, the appropriate referrals will be made as needed.

Athletes Who Have Co-Occurring Mental Illness(es)

ACTAS recognises that athletes who have co-occurring mental illness(es) are at a greater risk of developing eating disorders. Accounting for an individual's needs is important, and adaption is required to meet their support needs. ACTAS CMT will work with these athletes to best support their individual needs. If this is outside of the athlete agreement or the staffing capacity, the appropriate referrals will be made as needed. ACTAS Athletes can be referred to the AIS Mental Health Referral Network for additional support if required to manage co-occurring mental illness(es).

Culturally Diverse Individuals

ACTAS recognises that eating disorders and body image issues can affect anyone at any time — and from any culture or background.

Being treated unfairly because of your culture or religion, adjusting to a new culture, or wanting to live your life in ways that are not acceptable to your culture of birth can impact your mental health. Different cultures also have different traditions and rituals around food, as well as different body ideals. All these pressures can be extremely stressful and increase the risk of developing a body image issue or eating disorder.

ACTAS recognises its role in creating a safe environment for culturally diverse individuals. The CMT must work individually with each culturally diverse scholarship holder and their coach and performance support staff to ensure that the needs of the athlete are met.

Gender and Sexually Diverse Individuals

ACTAS recognises that people/individuals/athletes who identify as LGBTIQA+ are at greater risk for disordered eating behaviours. While not all trans and gender diverse people experience gender dysphoria, the research suggests that gender dysphoria can play a significant role in developing an eating disorder. Trans and gender diverse people often feel pressure to meet societal body standards in order to have their gender identity validated. Prevention, identification, treatment and ongoing recovery of eating disorders may look different for people who are LGBTIGA+. ACTAS CMT will account for an individual's needs and adapt as required to provide the best support for each individual.

Sports With Tight and/or exposing uniforms

ACTAS recognises that sports with uniforms that are tight &/or expose body parts increases the risk of body image dissatisfaction, DE and EDs in athletes. Examples of these uniforms include but are not limited to: swimsuits, leotards, track briefs and tops, zoot suits. Athletes must be provided with appropriate support including regular and ongoing access to the CMT. ACTAS CMT will work with these athletes to best support their individual needs.

Secondary Prevention of Disordered Eating

The average time to diagnosis in a person with an eating disorder is more than nine years. 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. The following strategies outlines steps that ACTAS implements to reduce time to diagnosis and facilitate early intervention.

Early Detection

ACTAS 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. Early detection can be achieved through population level screening of athlete cohorts and individual consultations with CMT.

Screening Tools

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

Menstrual Function in Female Athletes

ACTAS recognises the importance of normal menstrual function in female athletes. ACTAS 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 (LEA) and Other Signs of Relative Energy Deficiency in Sport (REDs)

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 of LEA. Referral to the CMT or external providers should be considered in the circumstances below:

- An athlete with known or suspected LEA
- Known or suspected DE/ED
- 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

Tertiary Prevention of Eating Disorders

Eating Disorder Diagnosis

The first component of tertiary prevention is to gain a correct diagnosis. Currently, ACTAS recommends a clinical interview by a member of the CMT followed by a referral to a specialised Australia & New Zealand Academy For Eating Disorders (ANZAED) credential psychologist, psychiatrist or physician. If an athlete is diagnosed with an ED, or has a possible ED identified whilst at ACTAS, the ACTAS CMT is responsible for communicating with, or referring to the appropriate CMT. This may include external treating providers or providers located at another DPE, and handing over the athlete for appropriate follow-up.

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 ACTAS and the high-performance sporting environment. If that is the case ongoing communication will remain between the ACTAS CMT and external clinicians and when appropriate a plan will be outlined to ensure a safe transition of the athlete back into the DPE when approved. There are times, however, where it may be appropriate for one or more members of the ACTAS CMT to be involved in an athlete's ED treatment. ACTAS will support and enable the ACTAS CMT to undertake this role as required. Any external assessment, treatment, or ongoing service provision accessed outside of ACTAS will be at the financial responsibility of the athlete unless otherwise agreed by ACTAS.

Co-occurring mental health conditions

Mental health symptoms and/or illness(es) such as, depression, anxiety, stress, and trauma can be 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.
Athletes should be assessed by the appropriate CMT or external provider for other mental health conditions. When other mental health conditions are identified, the athlete should be treated holistically, which includes factoring in the co-occurring conditions into treatment.

Management of Complications Relating to Eating Disorders

Management 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. Athletes will require ongoing assistance to prevent relapse. This should be communicated to the athlete and appropriate follow-up communication should be maintained. Where an athlete transitions between a NIN/SIS/SAS or into a National DPE, appropriate clinical handover and communication regarding relevant history, risk considerations, and ongoing management strategies should occur, with the athlete's consent, to support continuity of care and athlete safety.

Management 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 retirement where appropriate, in the event that medically advised retirement occurs, ACTAS will provide resources to assist the athlete in this transition via available support networks and programs. Athletes will receive practitioner support from relevant services including Psychology, Athlete Wellbeing & Engagement and if relevant, Performance Dietitian and Sports Medicine. Athletes will also have support to practitioners via the AIS Mental Health Referral Network. The AIS Mental Health Referral Network (MHRN) is a group of expert psychologists and mental health clinicians who can assist athletes who are retiring or who have retired from high performance sport.

Appendix 1: Definitions

Body image – the perception that an athlete has about their physical self and the thoughts and feelings and behaviours 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 (REDs) – 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).

Figure 1: The spectrum of eating behaviour in the high performance athlete from optimised nutrition to disordered eating to eating disorders. Reference: Wells, K. Et al. AIS-NEDC Disordered Eating in High Performance Sport Position Statement, available from: Disordered Eating in High Performance Sport Position Statement

Appendix 2: The AIS-NEDC position statement on disordered eating in high performance sport

Appendix 3: ACTAS Body Composition Assessment Policy

Appendix 4: IOC REDs Clinical Assessment Tool Version 2 (REDs CAT2)

Appendix 5: MAWDIVE - an evidence informed framework that supports the introduction of exercise during treatment.

Revision History

DATE	VERSION	REVIEWED BY	UPDATES MADE
May 2025	1.1	Demi Patterson, ACTAS Performance Dietitian Harley De Vos, ACTAS Sport Psychologist Gavin Thornley, ACTAS Performance Services Manager Warren McDonald, ACTAS Sports Physician	Guidelines created
January 2027			Review Due

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