



## Disordered Eating Guidelines Community Referral and Triage Network

Australian Athletics recognises that athletes involved across all athletic disciplines, are at risk of disordered eating and eating disorders. Everyone in the Athletics community and high performance sporting system, including coaches and support personnel have a responsibility in recognising athletes suspected at risk, including identifying key signs and symptoms of disordered eating and eating disorders. (See Appendix 1)

### Optimising Athlete Outcomes

Early identification and prevention of suspected disordered eating behaviours is critical to support the athlete's health and wellbeing, including quality of life and performance outcomes. AA strongly encourages any person to refer an athlete with suspected disordered eating or a known eating disorder to a relevant support personnel or organisation, for assessment and on-going management.

### Who can you refer to?

#### Australian Athletics

The AA Core Multi – Disciplinary Team (CMT) can help guide athletes identified at risk or with disordered eating or known eating disorders to appropriate avenues of support.

#### The AA CMT includes:

Chief Medical Officer [Paul Blackman](#)

AA National Psychology Lead: [Jonah Oliver](#)

AA National Nutrition Lead: [Jessica Rothwell](#)

Please do not hesitate to contact the above practitioners if you require support, to refer an athlete identified with disordered eating or a known eating disorder.

You may also refer to the [AA Health Practitioner Network](#) for a list of recommended service providers in your state. Note this is not an extensive list ~ and will continue to be updated.

**Please note – any referral will be treated confidentiality.**

Alternatively, community - based organisations with disordered eating /eating disorders informed health professionals are recommended for athletes at risk of disordered eating or with known eating disorders. Establishing a community CMT (including GP/Sports Physician, Psychologist and Dietitian/Sports Dietitian) is imperative for early intervention, management and improving athlete health and performance outcomes.

In the case of an emergency, please call 000 OR your local major public hospital for the crisis assessment and treatment team (CATT) contact.

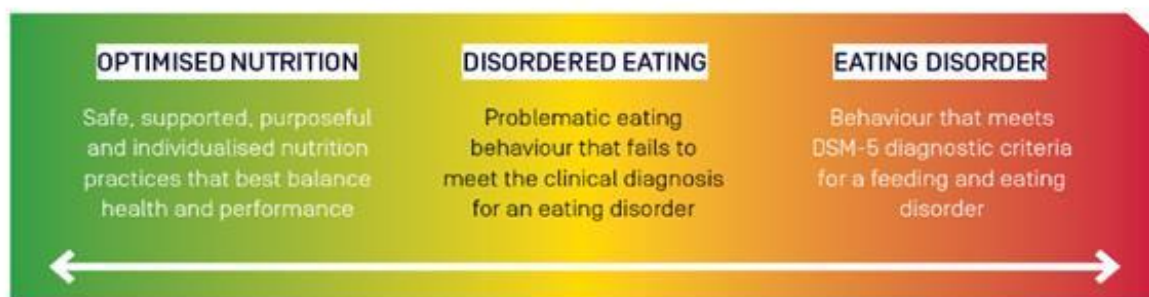


## Community organisations and resources

- [The Butterfly Foundation](#) - National charity for all Australians impacted by eating disorders and body image issues, and for the families, friends and communities who support them.
- [NEDC](#) – The National Eating Disorder Collaboration
- [CEED](#) – Centre of Excellence in Eating Disorder
- [Inside out](#) - Institute for Eating Disorders
- [SDA](#) – Find an Accredited Sports Dietitian
- [AIS](#) – Disordered Eating in Sport Policy and suite of resources including position statement

## Identification and awareness

### Spectrum of eating behaviour





## Appendix 1

### EATING DISORDERS Screening, Identification & Referral

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.

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

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

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

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

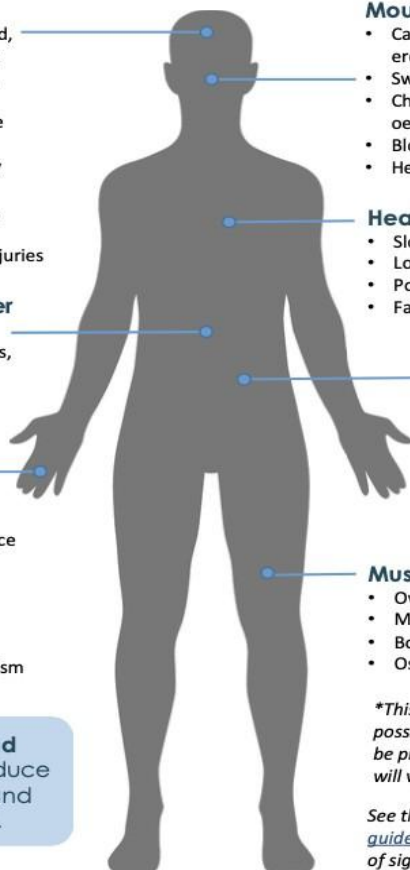
- Dry skin
- Calluses on knuckles
- Lanugo hair on back, arms & face

#### Hormones

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

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

[nedc.com.au](http://nedc.com.au)



#### 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.



Created: April 13th 2021

Review due: May 2022 OR aligned with AIS disordered in high performance sport position statement).