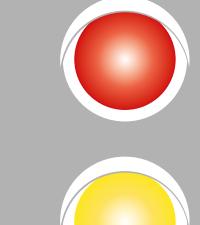


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# When do we say stop?

Guidelines for training and competitive restrictions for athletes.















'WHEN DO WE SAY STOP?' is a brochure that discusses the guidelines for training and competitive restrictions for athletes who have or are at risk of developing an eating disorder.

The brochure is primarily aimed at health personnel who work with athletes. The guidelines have been developed by the Eating Disorder team at The Norwegian Olympic Sport Centre (Olympiatoppen) in consultation with the Healthy Sport project (Sunn idrett). The aim is to safeguard the individual athlete's health and promote a positive, healthy sports culture. The premise of the guidelines is that HEALTH ALWAYS COMES BEFORE PERFORMANCE.

Training and competing with poor nutritional status can result in health issues. It may also impact on well-being and performance. Athletes sometimes drop out of sports because they feel they are not improving. An exaggerated and 'unhealthy' focus on weight and nutrition can result in a 'culture of contagion' in which the joy of competing, sense of achievement and competition are lost. In turn this can make athletes give up their sport altogether.

In the event of poor nutritional status and problems surrounding weight and eating behaviour in an athlete, including a possible clinical eating disorder, a team of therapists should be formed. This is important in order to be able to implement the necessary measures in accordance with the guidelines. The athletes personal physicians or the individual sports association's own doctors will often become involved.

Each measure that is implemented must be assessed based on the individual risk, as well as the consequences for the team. In some cases it may be necessary to modify the training plan. In other instances, the athlete will need to be given clear weight targets, as well as being excluded from participating in training camps and competitions. Such decisions should always be taken by the team in consultation with the individual athlete. The decision must be made based on an assessment of the individual's health as all athletes are different.

The guidelines are split into general and specified categories. The specified guidelines are graded 'red light' and 'yellow light', respectively. The general guidelines represent attitudes, while the specified guidelines, as the name implies, are more detailed and specific.

'Red light' always means an exclusion from competition and/or training restrictions, while three 'yellow lights' will have the same consequences. When a ban on training and/or competing has been implemented, it will be evaluated based on progress. In practice, the ban will apply for a minimum of 2-3 weeks at a time.

## General guidelines

- Health always comes before performance.
- Assessing and safeguarding health applies to both physical and mental health.
- As poor nutritional status considerably impacts on the health of young athletes, young athletes must be assessed more strictly than older ones.
- Decisions must be taken by the team in dialogue with the athlete and others, where applicable, such as family and trainers.
- In difficult cases, written agreements should be drawn up.
- Think beyond the individual athlete. What are the potential consequences for the team and the sports community in general?
- Any assessment should be based on progress or lack of progress with regard to the athlete's overall health.

### Specified guidelines

#### Training and physical activity

A suitable level of activity must be agreed regarding the type of activity and level of intensity.

#### **Exclusion from competition**

Even though this can be a difficult decision to make, there will be occasions when it will be necessary to exclude an athlete from competition. Such a decision is taken based on concern for the athlete's state of health, although it is also highly relevant to assess whether, and in which way, participation may have a negative effect on the team. team.



- Concerns persons who satisfy the medical criteria for the psychiatric ailment anorexia nervosa.
- Concerns persons who have serious somatic (bodily) complications caused by underweight and/or insufficient energy availability, for example in the form of arrhythmia, serious electrolyte disorders, fluid retention (oedema) in the body or dizziness.
- Other serious eating disorders. Restrictions may also apply to bulimia nervosa when accompanied by a range of serious symptoms in the form of frequent vomiting and electrolyte disorders.
- At least three of the criterion under what is described below as 'yellow light'.



- Among women: Body mass index below 18.5 and/or body fat percentage below 12%. For athletes under the age of 18, body fat percentage below 14% applies.
- Among men: Body mass index below 18.5 and/or body fat percentage below 5%, plus low testosterone levels. For athletes under the age of 18, body fat percentage below 7% applies.
- Absence of menstruation >6 months (>3 months for athletes under 18 years of age).
- Reduced bone mineral density (either from previous measurement or Z-score ≥-1).
- Somatic complications based on a medical assessment.
  Examples of this are electrolyte disorders and anaemia.
  In cases of fatigue fracture, an assessment must be made as to whether the athlete has experienced low energy availability over an extended period.
- Pathological weight control behaviours, including vomiting, fasting, laxatives, etc.
- The athlete refuses to cooperate with the treatment. The athlete's behaviour has a clearly negative effect on others, especially the team. It may concern, for example, a noticeably restrictive intake of food, low weight, exaggerated focus on such things. A particular dilemma occurs when athletes actually perform at a high level over shorter or longer periods.
- The athlete is unable to make any genuine progress with the treatment and thus do not reach a state of having a positive energy balance over time. In addition the athletes not respond to training, is lethargic, tired and fatigued.
- The sports activity serves to perpetuate the eating disorder.

The guidelines have already been effectively implemented within several sports disciplines at a senior level. Work is now taking place to implement the guidelines at a junior level. The aim is for the guidelines to be used within all sports at various levels throughout Norway, and not just centrally in Olympiatoppen.

'The guidelines are very rarely completely explicit and absolute. It will always be necessary to make individual assessments regarding a person's physical and mental health, regarding the working relationship surrounding health problems, and regarding the effectiveness of the support apparatus and other vital aspects'.

Olympiatoppen's eating disorder team