



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 athlete's 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, with a clear goal and a step by step plan.
- 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.

Red light

- 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.
- Body mass index < 17.5
- At least three of the criterion under what is described below as 'yellow light'.

Yellow light

- Among women above 18 years of age: Body mass index below 18.5 and/or body fat percentage below 12%.
- Among men above 18 years of age: Body mass index below 18.5 and/or body fat percentage below 5%.
- Among youth: there is an own table for evaluation of body mass index in children and youth (iso BMI). Fat percentage measured by DXA should not be below 14% for girls under 18 years of age and not below 7% for boys under 18 years of age.
- Substantial weight loss equivalent to 5-10% of body mass during one month.

- Disordered eating behaviour. Such as exclusion of several foods with subsequent increased risk of insufficient energy intake and/or deficiencies.
- Primary amenorrhea. The athlete has never menstruated and not entered puberty. At the age of 16 this should initiate follow-up.
- Secondary amenorrhea. Absence of menstruation >6 months (>3 months for athletes under 18 years of age).
- Changed hormone profile both in women and men. In men low testosterone levels, or substantial reduction in testosterone levels within the normal range with subsequent fatigue and reduced sex drive.
- Reduced bone mineral density (either from previous measurement or Z-score ≥ -1).
- Stress fracture
- Somatic complications based on a medical assessment. Examples of this are electrolyte disorders and anaemia.
- Pathological weight control behaviours, including vomiting, fasting, laxatives, etc.
- The athlete refuses to cooperate with the treatment, or is unable to make any genuine progress 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 does not reach a state of having a positive energy balance over time and does not respond to training.
- The sports activity serves to perpetuate the eating disorder and/or poor nutritional status.

'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'.

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Sunn idrett and Olympiatoppen is a part of The Norwegian Olympic and Paralympic Committee and Confederation of Sports (NIF).
NIF is an umbrella organisation which organises all national sports federations in Norway.