

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 allied health system this would be a Sports Doctor or General Practitioner, an Accredited Sports Dietitian and a Registered Psychologist or Endorsed Sport Psychologist. These professionals can be from within Australian Cricket, or external to the organisation. A case manager must be a part of the CMT and appointed from within Australian Cricket.

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. $\text{Energy availability} = (\text{Energy intake} - \text{Energy cost of exercise}) / \text{Kg fat free mass}$

- *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 BEHAVIOR: in the HP 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).