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Beyond Performance: Understanding Eating Disorders in Sport

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Sport is widely associated with health, discipline, and peak physical performance, and for many athletes, it provides important physical, psychological, and social benefits. However, the same environment that supports performance can also increase vulnerability to disordered eating and eating disorders. Athletes are often exposed to pressures related to body weight, performance expectations, and appearance, which can shape attitudes towards body image and food in harmful ways.

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These pressures are further intensified in the current digital age, where platforms such as Instagram and TikTok constantly expose athletes to idealized body types, comparison culture, and training standards. At the same time, there is increasing recognition of conditions such as Relative Energy Deficiency in Sport (RED-S), highlighting the complex relationship between nutrition, health, and performance in athletic populations.

While sport can promote physical and mental well-being, given the elevated risk of disordered eating in sport settings, prevention, early recognition, and appropriate intervention are essential to protect both athlete health and long-term performance outcomes.

WHY ATHLETES ARE AT RISK

Athletes are at greater risk of developing disordered eating and eating disorders than the general population. Prevalence estimates vary substantially by sport, gender, age, level of competition, and eating disorder assessment method (Borowiec et al., 2023). One of the strongest risk factors is the emphasis placed on body weight, appearance, and body composition. In many sports, athletes are exposed to the belief that being lighter leads to better performance. This pressure is particularly common in "lean sports," including aesthetic, endurance, weight-class, and anti-gravity sports, where low body weight is often viewed as an advantage (Cost, 2025). These expectations are not only communicated through direct comments about weight but can also be reinforced through sport practices such as weigh-ins, body composition testing, appearance-based judging, revealing uniforms, and performance cultures that equate discipline with dietary restraint. As a result, athletes may engage in restrictive eating or other unhealthy weight-control behaviours to improve performance. These behaviours can become further reinforced through athletic success, praise from coaches, or positive feedback from teammates (Cost, 2025).

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Psychological and social factors can further increase risk. Athletes who experience performance anxiety, low self-esteem, perfectionism, or social isolation may be more vulnerable to disordered eating. Young athletes may also be at increased risk when they base their self-worth primarily on athletic performance or when they feel pressure from coaches, peers, or family members to achieve a certain body type (Stanford Medicine Children's Health, n.d.).

Although eating disorders are often viewed as a problem affecting female athletes, they occur across all genders. Female athletes generally report higher rates of eating disorders, with prevalence estimates ranging from 6-45%, compared to 0-19% among male athletes (Nickols, n.d.). However, eating disorders in male athletes are often under-recognized due to stigma and differences in how symptoms present. Male athletes may experience pressure to be more muscular, leaner, or to meet weight requirements for competition, particularly in weight-class sports (Bunnel, n.d.; Eichstadt et al., 2020).

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Weight stigma is also important to consider in this context. Disordered eating and eating disorders occur across the weight spectrum, including in athletes who do not appear underweight or who are not seen as fitting the stereotypical image of someone with an eating disorder. In sport environments that place high value on thinness, leanness, or "ideal" body composition, harmful behaviours that enable conformity with sport body ideals may be overlooked or even reinforced. Athletes in larger bodies may face particularly intense pressure to lose weight, and may receive praise when they do. These environmental conditions can delay recognition of serious health consequences and make it harder for athletes to receive support.

Understanding these risk factors is an important first step in recognizing that eating disorders are not simply individual problems. The expectations, pressures, and culture surrounding sport including gendered body ideals, weight stigma, and the normalization of body monitoring often shape them.

TYPE OF SPORT AND LEVEL OF RISK

Not all sports carry the same level of risk for disordered eating, but no sport is completely immune. Historically, eating disorders were most associated with aesthetic sports such as gymnastics, ballet, diving, cheerleading, and figure skating, where appearances and leanness are often emphasized alongside performance (Borowiec et al., 2023). Athletes in these sports may internalize the belief that "thin is going to win," increasing pressure to achieve a particular body type.

Weight-class sports such as boxing, wrestling, judo, and rowing also place athletes at increased risk because competitors may engage in repeated weight-cutting practices to qualify for specific divisions (Ibáñez-Caparrós et al., 2023). Similarly, endurance athletes in sports such as cycling, running, and swimming may believe that lower body weight improves performance, leading some to adopt restrictive eating behaviours or other unhealthy weight-control practices (Ibáñez-Caparrós et al., 2023).

While sports that do not typically operate within weight classes or explicitly emphasize leanness or aesthetics may sometimes be considered lower risk, disordered eating behaviours still occur in sports such as volleyball, soccer, and football. (Ibáñez-Caparrós et al., 2023). The distinction between "high-risk" and "low-risk" sports is therefore not always clear-cut. Risk may be better understood by looking at the specific pressures within a sport environment, such as expectations to maintain a lean physique, comments from coaches about body weight or composition, regular weigh-ins or body composition testing, revealing uniforms, and the belief that changing body size will improve performance. In this way, it is not only the sport category itself that matters, but also the culture, messaging, and practices surrounding the athlete.

Athletes competing at elite levels may face additional vulnerability due to increased performance expectations, pressure to gain a competitive advantage, and greater scrutiny of body composition. Early specialization and perfectionistic tendencies may further increase risk, as athletes who specialize in one sport at a young age may experience greater pressure to meet performance and body ideals, making them more susceptible to unhealthy eating behaviours over time (Mancine et al., 2020). A strong or rigid athletic identity may also contribute to this risk, where athletes who strongly define

themselves through sport may be more likely to prioritize performance goals over health and adopt behaviours that they believe are necessary to maintain selection, success, or belonging within their sport environment. Ultimately, sport culture, not just the sport itself, plays a major role in shaping an athlete's relationship with body image, food, and performance.

WHAT DISORDERED EATING LOOKS LIKE IN ATHLETES

Disordered eating in athletes does not always present in obvious or easily recognizable ways. Many people associate eating disorders with extreme weight loss or visibly unhealthy eating behaviours; however, in sport these behaviours are often disguised as dedication to training, healthy eating, or performance improvement. While some athletes may meet the criteria for an eating disorder, others engage in behaviours that are frequently normalized within sport culture but can still have serious consequences for health and performance. Common patterns include restrictive eating, such as skipping meals, reducing caloric intake, or following rigid dietary rules focused on "clean eating" or macro tracking, as well as compulsive exercise or increased reliance on supplements. These behaviours are often driven by the belief that lower body weight or greater leanness will enhance performance (Lichtenstein et al., 2022).

Many athletes experience intense feelings of anxiety about food, body weight, or body composition. Feelings of guilt, shame, and distress around eating are common, particularly when athletes believe they have eaten "bad" foods or are unable to exercise due to injury or illness (Lichtenstein et al., 2022). Eating disorders are also closely linked with mental health concerns, including depression, obsessive-compulsive disorder, and substance use disorders (Meng & D'Arcy, 2015).

Disordered eating in athletes can also reflect body image concerns that are not limited to thinness. Some athletes experience a high drive for muscularity, leading to behaviours such as bulking and cutting cycles, strict focus on protein intake, or supplement use aimed at increasing muscle size or definition. This highlights that disordered eating can occur across different body ideals depending on sport demands and performance expectations. Transgender and gender-diverse athletes may also face additional pressures related to gendered appearance expectations, uniforms, and sport environments, which can increase vulnerability to disordered eating behaviours.

A related condition is Relative Energy Deficiency in Sport (RED-S), which occurs when athletes do not consume enough energy through food to meet the demands of training and daily life (Boston Children's Hospital, 2022). This low energy availability can affect multiple body systems, including metabolic, cardiovascular, hormonal, bone, and psychological health (Mancine et al., 2020). RED-S can occur with or without a diagnosed eating disorder and is now recognized as a broader concept than the Female Athlete Triad, which describes low energy availability alongside menstrual dysfunction and low bone mineral density (Boston Children's Hospital, 2022; Joy et al., 2016).

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EFFECTS ON SPORT PERFORMANCE

Many athletes believe that restricting food intake, increasing training volume, or pursuing a lower body weight will improve performance. Although athletes, coaches, and other sport personnel might believe these strategies improve performance, evidence suggests that these strategies often compromise health and performance over time. Disordered eating can reduce strength, power, endurance, and overall athletic performance rather than enhance it (Australian Institute of Sport, n.d.).

When the body does not receive enough energy, recovery becomes slower and training quality declines. Athletes may experience increased fatigue, reduced concentration, dizziness, and difficulty making decisions. Because the brain requires a large amount of energy to function, inadequate nutrition can also affect mood, emotional regulation, and focus during both competition and training (Australian Institute of Sport, n.d.).

Disordered eating also increases the risk of illness and injury. Low energy availability can reduce muscle mass and impair neuromuscular function, making injuries more likely (Joy et al., 2016). Stress fractures and other musculoskeletal injuries are particularly concerning, especially when low bone mineral density is present (Rauh et al., 2010). Many athletes have a high pain tolerance and are accustomed to pushing through discomfort, which can delay recognition of warning signs of injury (Tanaka et al., 2021).

Ultimately, disordered eating creates a cycle in which athletes attempt to improve performance but instead compromise their ability to train, compete, and recover at their best. Any perceived short-term gains are often outweighed by long-term declines in health and performance.

SOCIAL MEDIA AND ATHLETE BODY IMAGE

Social media has become a major influence on how athletes view their bodies, performance, and food. Within many sport environments, lean and toned body types are often presented as the ideal, reinforcing the belief that certain appearances are linked to athletic success (Feng & Duncan, 2026). As athletes engage with sport- and fitness-related content on platforms such as TikTok and Instagram, they may be repeatedly exposed to messages about body shape, training, and nutrition, making comparison with other athletes difficult to avoid.

For many athletes, social media extends the pressures they already experience in sport. Athletes are often exposed to content promoting extreme leanness, intense training habits, and restrictive eating. They may compare their bodies, training routines, or diets to those of other athletes and feel pressure to achieve similar results. Research has shown that social media can expose athletes to body-focused content, diet culture, and harmful messages that contribute to body dissatisfaction and disordered eating behaviours (Feng & Duncan, 2026).

Social media can also create pressures to maintain a certain online image. As athletes increasingly use social media to build personal brands and attract career or sponsorship opportunities, appearance may become closely tied to identity and success (Feng & Duncan, 2026). These pressures are further shaped by engagement with sport-related content, where athletes may be exposed to curated images and messages about training, nutrition, and body ideals through the accounts they follow and algorithm-driven recommendations. This exposure can contribute to comparison processes and reinforce narrow standards of what an “ideal” athletic body should look like.

THE ROLE OF COACHES, PARENTS, AND SPORT SYSTEMS

Coaches can play a major role in shaping athletes’ attitudes toward body image, performance, and food. The language coaches use and the values they promote can either protect athletes from disordered eating or unintentionally reinforce harmful behaviours. Messages that focus heavily on weight, achieving a certain body type, or appearance may increase body dissatisfaction and unhealthy eating practices. In contrast, emphasizing nourishment, endurance, strength, and overall well-being can help create a healthier sport environment (Coaching Association of Canada, 2024).

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Because coaches interact with athletes regularly, they are often among the first to notice warning signs such as compulsive exercise, restrictive eating, fatigue, difficulty concentrating, or training despite illness or injury (Interior Health, 2019). Research suggests that many coaches receive little education about eating disorders, highlighting the need for greater training and awareness within sport organizations (Jardine et al., 2024).

Parents are another important influence on young athletes. Attitudes towards dieting, food, weight, and body image are often learned early in life and can shape how athletes view themselves. Parents who provide unconditional support and emphasize enjoyment, health, and personal growth can help protect against disordered eating. However, pressure related to appearance, weight, or athletic success may increase risk. Research has also found associations between eating- and weight-focused parenting practices and unhealthy exercise behaviours (Lydecker et al., 2021). Parents can support prevention

by encouraging balanced nutrition; monitoring social influences such as peers, teammates, and media content (including social media and sport-related messaging about body ideals); and seeking professional help when concerns arise (Stanford Medicine Children's Health, n.d.).

Beyond individual coaches and parents, sport systems also influence eating disorder risk. Policies related to weigh-ins, body composition testing, uniforms, and performance evaluation can contribute to body image concerns when implemented without appropriate safeguards.

Creating healthier sport environments requires clear policies, education, access to health professionals who provide weight-inclusive care, and a culture that prioritizes athlete well-being alongside performance. When sport systems promote body respect, proper fueling, and early intervention, they play an important role in preventing disordered eating and supporting athletes' health (Coaching Association of Canada, 2024).

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BARRIERS TO SEEKING HELP

Although eating disorders can have serious consequences for both athletic performance and health, many athletes do not seek help until symptoms become severe. One major barrier is the culture of sport itself. Athletes are often encouraged to push through pain, discomfort, and adversity in pursuit of performance goals, which can make unhealthy eating behaviours seem normal or even admirable (Martin et al., 2020).

Many athletes also fear that disclosing an eating disorder may result in losing playing time, scholarships, or selection opportunities. As a result, they may hide their symptoms or avoid seeking support altogether. Periods of illness, injury, retirement, or coaching changes can further increase vulnerability, as athletes may lose access to their usual support systems and attempt to regain a sense of control through restrictive eating or excessive exercise (Ringwood, n.d.).

Stigma surrounding mental health remains another important barrier. Research has shown that athletes may be less likely to seek treatment because of concerns about how they will be perceived by coaches, teammates, and others (National Association of Anorexia Nervosa and Associated Disorders, n.d.). In addition, many athletes report limited access to sport-informed mental health services and uncertainty about where to find appropriate support, with healthcare systems often placing greater emphasis on physical injury than psychological well-being (Miller et al., 2024). Consequently, athletes may prioritize performance over health, delaying treatment and increasing their risk of long-term complications.

PREVENTION AND MOVING FORWARD

Preventing eating disorders in sport requires action from athletes, coaches, families, healthcare professionals, and sport organizations. Education is one of the most effective prevention strategies. Athletes, coaches, parents, and support staff should receive training on healthy fueling, eating disorders, body image, and the warning signs of RED-S so that concerns may be identified early (Bonci et al., 2008).

Routine screening is also an important prevention tool. Screening for disordered eating and RED-S should be conducted by trained healthcare professionals and ideally integrated into pre-participation physical examinations and ongoing medical check-ups, particularly for athletes in weight-sensitive, endurance, or aesthetic sports (Cabre et al., 2022; Torstveit et al., 2023). High-risk athletes identified through screening should be referred to appropriate interdisciplinary care, including medical, nutritional, and psychological support. Early identification at this stage can help prevent progression to more severe health and performance consequences.

Policy plays a key role in supporting both education and screening efforts. Clear organizational guidelines can ensure that education on eating disorders and RED-S is consistently delivered across sport settings and that screening is implemented in a structured and ethically appropriate way. Policies can also help define referral pathways, clarify responsibilities of coaches and medical staff, and ensure that athletes have access to qualified professionals when concerns arise. Without strong policy frameworks, prevention efforts may remain inconsistent or dependent on individual knowledge rather than system-wide standards.

Moving forward, sport environments must shift their focus away from body weight and appearance and toward health, performance, and long-term athlete development. Research highlights the importance of reducing emphasis on leanness, promoting positive body image, and ensuring athletes receive adequate nutrition to support both training and recovery (Gadek & Wolf, 2026).

Ultimately, creating psychologically safe sport environments where athletes feel comfortable discussing concerns and seeking support without fear of judgment is essential for both athlete well-being and sustainable performance (Walton et al., 2024).

CONCLUSION

Eating disorders in sports are common but often overlooked, in part because many harmful behaviors are normalized within high-performance environments. While sport can be protective for physical and mental health, performance-focused cultures can also contribute to disordered eating when body weight, appearance, or "leanness" are emphasized over well-being.

Importantly, successful athletes exist across a wide range of body types and compositions, highlighting that there is no single "ideal" athletic body. Athletic performance is influenced by many factors beyond body size, including skill, strength, strategy, training quality, and recovery. Recognizing this body diversity challenges narrow ideals that often contribute to disordered eating risk in sport.

Across all levels of sport, early recognition and systemic change are essential. Athletes, coaches, parents, and sport organizations all play a role in identifying risks, challenging harmful norms, and creating safe environments. Shifting the focus from weight to health, recovery, and sustainable performance is key to prevention and long-term athlete development. Ultimately, supporting athlete health is not separate from performance; it is what makes sustained performance possible.

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REFERENCES

Australian Institute of Sport. (n.d.). *Disordered eating in high performance sport*. Australian Sports Commission. https://www.ausport.gov.au/ais/disorderedeating

Bonci, C. M., Bonci, L. J., Granger, L. R., Johnson, C. L., Malina, R. M., Milne, L. W., Ryan, R. R., & Vanderbunt, E. M. (2008). National Athletic Trainers' Association position statement: Preventing, detecting, and managing disordered eating in athletes. *Journal of Athletic Training*, 43(1), 80–108. https://doi.org/10.4085/1062-6050-43.1.80

Borowiec, J., Banio-Krajnik, A., Malchrowicz-Mośko, E., & Kantanista, A. (2023). Eating disorder risk in adolescent and adult female athletes: the role of body satisfaction, sport type, BMI, level of competition, and training background. *BMC Sports Science, Medicine & Rehabilitation*, 15(1), 91. https://doi.org/10.1186/s13102-023-00683-7

Boston Children's Hospital. (2022, February 16). *Relative energy deficiency in sport (REDs): When athletes run on empty*. https://answers.childrenshospital.org/relative-energy- deficiency-red-s/

Bunnell, D. (n.d.). *Eating disorders in men and boys*. National Eating Disorders Association. https://www.nationaleatingdisorders.org/eating-disorders-in-men-and-boys/

Cabre, H. E., Moore, S. R., Smith-Ryan, A. E., & Hackney, A. C. (2022). Relative Energy Deficiency in Sport (RED-S): Scientific, clinical, and practical implications for the female athlete. *Deutsche Zeitschrift fur Sportmedizin*, 73(7), 225–234. https://doi.org/10.5960/dzsm.2022.546

Coaching Association of Canada. (2024). *Eating disorders in athletes: A coach's role*. https://coach.ca/sites/default/files/documents/2024-07/eating-disorders-in-athletes-a-coachs-role.pdf

Cost, J. (2025, July 2). *Identifying and treating eating disorders in athletes*. ACUTE Center for Eating Disorders & Severe Malnutrition. https://www.acute.org/resources/treating-eating-disorders-athletes

Eichstadt, M., Luzier, J., Cho, D., & Weisenmuller, C. (2020). *Eating disorders in male athletes*. *Sports Health: A Multidisciplinary Approach*, 12(4), 327–333. https://doi.org/10.1177/1941738120928991

Feng, O., & Duncan, L. R. (2026). "I was just like a sponge, absorbing all the wrong information": Examining the role of social media in athletes' eating disorder and recovery experiences. *International Journal of Eating Disorders*, 1–5. https://doi.org/10.1002/eat.70088

Gadek, L., & Wolf, S. (2026, May 4). *RED-S in young athletes: A parent's guide to relative energy deficiency in sport*. HealthyChildren.org. https://www.healthychildren.org/English/health-issues/injuries-emergencies/sports- injuries/Pages/Female-Athlete-Triad.aspx

Ibáñez-Caparrós, A., Sánchez, I., Granero, R., Jiménez-Murcia, S., Rosinska, M., Thiel, A., Zipfel, S., de Pablo, J., Camacho-Barcia, L., & Fernandez-Aranda, F. (2023). Athletes with eating disorders: Analysis of their clinical characteristics, psychopathology and response to treatment. *Nutrients*, 15(13), 3003. https://doi.org/10.3390/nu15133003

Interior Health. (2019, April 11). Eating disorders and athletes: A coach's toolbox. https://www.interiorhealth.ca/sites/default/files/2021-11/Eating%20Disorders%20and%20Athletes_A%20Coachs%20Toolbox.pdf

Jardine, M., Tilbrook, M., Kiropoulos, L., & Krug, I. (2024). Australian elite sport coaches' mental health literacy of eating disorders, orthorexia, and muscle dysmorphia in athletes: A qualitative study. *Body Image*, 48, 101670. https://doi.org/10.1016/j.bodyim.2023.101670

Joy, E., Kussman, A., & Nattiv, A. (2016). 2016 update on eating disorders in athletes: A comprehensive narrative review with a focus on clinical assessment and management. *British Journal of Sports Medicine*, 50(3), 154–162. https://doi.org/10.1136/bjsports-2015-095735

Lichtenstein, M. B., Johansen, K. K., Runge, E., Hansen, M. B., Holmberg, T. T., & Tarp, K. (2022). Behind the athletic body: A clinical interview study of identification of eating disorder symptoms and diagnoses in elite athletes. *BMJ Open Sport & Exercise Medicine*, 8(1), e001265. https://doi.org/10.1136/bmjsem-2021-001265

Lydecker, J. A., Silverman, J. A., & Grilo, C. M. (2021). Disentangling associations of children's sports participation and compulsive exercise with parenting practices and child disordered eating behavior. *The Journal of Adolescent Health: Official Publication of the Society For Adolescent Medicine*, 68(1), 178–183. https://doi.org/10.1016/j.jadohealth.2020.04.028

Mancine, R. P., Gusfa, D. W., Moshrefi, A., & Kennedy, S. F. (2020). Prevalence of disordered eating in athletes categorized by emphasis on leanness and activity type - a systematic review. *Journal of Eating Disorders*, 8, 47. https://doi.org/10.1186/s40337-020-00323-2

Martin, S. J., Saulnier, K. G., Horvath, S. A., & Anderson, T. (2020). Increasing help-seeking for eating pathology among collegiate athletes: An examination of a novel, customized intervention. *Psychology of Sport and Exercise*, 50, 101731. https://doi.org/10.1016/j.psychsport.2020.101731

Meng, X., & D'Arcy, C. (2015). Comorbidity between lifetime eating problems and mood and anxiety disorders: Results from the Canadian Community Health Survey of Mental Health and Well-being. *European Eating Disorders Review*, 23, 156–162. https://doi.org/10.1002/erv.2347

Miller, T. W., Coates, J., Plateau, C. R., & Barker, J. B. (2024). Exploring the barriers and facilitators to mental health help-seeking behaviours in British elite track and field athletes. *Journal of Applied Sport Psychology*, 36(1), 98–118. https://doi.org/10.1080/10413200.2023.2197962

National Association of Anorexia Nervosa and Associated Disorders. (n.d.). Athletes and eating disorders. https://anad.org/learning-library/athletes-and-eating-disorders/

Nickols, R. (n.d.). Eating disorders and athletes. National Eating Disorders Association. https://www.nationaleatingdisorders.org/eating-disorders-and-athletes-2/

Rauh, M. J., Nichols, J. F., & Barrack, M. T. (2010). Relationships among injury and disordered eating, menstrual dysfunction, and low bone mineral density in high school athletes: a prospective study. *Journal of Athletic Training*, 45(3), 243–252. https://doi.org/10.4085/1062-6050-45.3.243

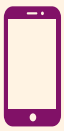
Ringwood, K. (n.d.). *Athletes and eating disorders: A time of high pressure and performance*. National Association of Anorexia Nervosa and Associated Disorders (ANAD). https://anad.org/athletes-and-eating-disorders-a-time-of-high-pressure-and-performance/

Stanford Medicine Children's Health. (n.d.) Eating Disorders and Young Athletes. https://www.stanfordchildrens.org/en/topic/default?id=eating-disorders-and-young- athletes-160-28

Tanaka, M. J., Forman, J., Guarda, A. S., Jones, L. C., & Dixit, S. (2021). The prevalence of disordered eating in a sports medicine clinic population: Implications for multidisciplinary care. *The Orthopaedic Journal at Harvard Medical School*, 22, 26–32. https://orthojournalhms.org/22/2021article26_32.html

Torstveit, M. K., Ackerman, K. E., Constantini, N., Holtzman, B., Koehler, K., Mountjoy, M. L., Sundgot-Borgen, J., & Melin, A. (2023). Primary, secondary and tertiary prevention of relative energy deficiency in sport (REDs): A narrative review by a subgroup of the IOC consensus on REDs. *British Journal of Sports Medicine*, 57(17), 1119–1126. https://doi.org/10.1136/bjsports-2023-106932

Walton, C. C., Purcell, R., Pilkington, V., Hall, K., Kenttä, G., Vella, S., & Rice, S. M. (2024). Psychological safety for mental health in elite sport: a theoretically informed model. *Sports Medicine*, 54(3), 557–564. https://doi.org/10.1007/s40279-023-01912-2



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