

Prevention, identification and action on disordered eating: Extracts from current working policies and research

This document offers information and recommendations for the creation of policies to promote healthy eating and to help prevent and manage disordered eating and eating disorders in dance training and professional environments. This document is not exhaustive nor is it meant to replace the advice of a qualified health professional. Dance schools and companies must aim to promote health and not merely to avoid eating disorders.

The document has been categorised under the headings of:

- Definitions
- Policy creation
- Prevention
- Identification
- Action
 - Confidentiality
 - Limiting participation in dance
 - Auditioning
 - Recovery and Return to Dance
- Resources and Help
 - Example Letter to GP

Definitions:

(Adapted from American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders, 4th ed, text rev. Washington, DC, American Psychiatric Association, 2000)

Anorexia Nervosa

- Refusal to maintain body weight at or above a minimally normal weight for age and height, for example, weight loss leading to maintenance of body weight less than 85% of that expected or failure to make expected weight gain during period of growth, leading to body weight less than 85% of that expected.
- Intense fear of gaining weight or becoming fat, even though underweight.
- Disturbance in the way one's body weight or shape is experienced, undue influence of body weight or shape on self evaluation, or denial of the seriousness of the current low body weight.
- In postmenarcheal females, amenorrhea, i.e., the absence of at least 3 consecutive menstrual cycles. A woman having periods only while on hormone medication (e.g. oestrogen) still qualifies as having amenorrhea.
- Type
 - Restricting Type: During the current episode of Anorexia Nervosa, the person has not regularly engaged in binge-eating or purging behaviour (self-induced vomiting or misuse of laxatives, diuretics, or enemas).
 - Binge Eating/Purging Type: During the current episode of Anorexia Nervosa, the person has regularly engaged in binge-eating or purging behaviour.

Bulimia Nervosa

- Recurrent episodes of binge eating characterized by both 1) Eating, in a discrete period of time (e.g., within any 2-hour period), an amount of food that is definitely larger than most people would eat during a similar period of time and under similar circumstances. 2) A sense of lack of control over eating during the episode, (such as a feeling that one cannot stop eating or control what or how much one is eating).
- Recurrent inappropriate compensatory behaviour to prevent weight gain, such as self induced vomiting, misuse of laxatives, diuretics, enemas, or other weight controlling medications, fasting, or excessive exercise.
- The binge eating and inappropriate compensatory behaviour both occur, on average, at least twice a week for 3 months.
- Self-evaluation is unduly influenced by body shape and weight.
- The disturbance does not occur exclusively during episodes of Anorexia Nervosa.
- Type
 - Purging Type: During the current episode of Bulimia Nervosa, the person has regularly engaged in self-induced vomiting or the misuse of laxatives, diuretics, or enemas.
 - Non-purging Type: During the current episode of Bulimia Nervosa, the person has used other inappropriate compensatory behaviour but has not regularly engaged in self-induced vomiting or misused laxatives, diuretics, or enemas.

Eating Disorder Not Otherwise Specified: This diagnosis includes disorders of eating that do not meet the criteria for the above two eating disorder diagnoses.

Examples include:

- For female patients, all of the criteria for Anorexia Nervosa are met except that the patient has regular menses.
- All of the criteria for Anorexia Nervosa are met except that, despite significant weight loss, the patient's current weight is in the normal range.
- All of the criteria for Bulimia Nervosa are met except that the binge eating and inappropriate compensatory mechanisms occur less than twice a week or for less than 3 months.
- The patient has normal body weight and regularly uses inappropriate compensatory behaviour after eating small amounts of food.
- The patient engages in repeatedly chewing and spitting out, but not swallowing, large amounts of food.

Binge-eating disorder: recurrent episodes of binge eating in the absence of regular inappropriate compensatory behaviour characteristic of Bulimia Nervosa.

Listed in the DSM IV-TR appendix as a diagnosis for further study, Binge Eating Disorder is defined as uncontrolled binge eating without emesis or laxative abuse. It is often, but not always, associated with obesity symptoms.

Night eating syndrome includes morning anorexia, increased appetite in the evening, and insomnia. These patients can have complete or partial amnesia for eating during the night.

Disordered Eating: irregular eating patterns which do not fit into the clinical criteria of Anorexia Nervosa or Bulimia Nervosa, but in some cases may be classified as an Eating Disorder Not Otherwise Specified. Although disordered eating does not always require clinical treatment, it may be associated with serious issues around food and body image, as well as symptoms of eating disorders, making it a serious issue for dancers.

Policy Creation:

The way in which you create your policy is of utmost importance. Please see below guidelines to assist you with policy writing.

- Policies need to be constructed by a group, and not just by one individual. Those who shape the policy will be more likely to own it, and be concerned to see that it is made effective. A policy should help to ensure that all team members are consistent with messages getting across to their dancers.
- It may be best to include the following persons within the core group: the director or head of the school or company, the teachers, the pastoral care or tutorial staff, a dietician, a physiotherapist, a doctor or eating disorders specialist, and the head of catering. In more general terms, the group should include representatives of all those who can make a difference to the dancers care. The status, enthusiasm and persistence of this group will determine its success.
- With smaller schools and companies, creating a document with a group can prove difficult. If creating a document alone, always ensure that you share the information within it with someone that you work with professionally. You may also consider contacting One Dance UK and/or Beat to ensure that your policy is consistent with the best practice guidelines for the sector.
- Define eating disorders and disordered eating. There may be misinterpretations and confusion around the differences between eating disorders and disordered eating, so it may be helpful for schools/companies to include clinical definitions (included above) in their policies to ensure understanding.
- The policy needs to define who will take responsibility for each issue and outline when to act.
- It is important to highlight in your eating disorders policy that the school/company will respect confidentiality as far as possible. The matter will need to be shared between the dancer, their parents (if under 16) and designated individuals within the organisation – this may be referred to as the ‘need to know group’ (see Confidentiality below).
- Policies that embrace the whole organisation, rather than seek to address only people with eating disorders will be most effective and easiest to implement. They will have the additional benefit of reducing the sense of stigma and shame a person with an eating disorder may feel because of their illness. (www.b-eat.co.uk).

- You may want to include in your policy that dancers with a suspected eating disorder will not be blamed or otherwise punished. Instead, they will be supported both within the school/company and in the seeking of dance specific care or using outside help (e.g. GP referral).

Prevention:

Below is a list of extracts from policies that outline preventative mechanisms in place in dance schools/companies. It is imperative that a section on prevention is included within a healthy eating/eating disorders policy.

- Most successful eating disorder and disordered eating prevention and intervention programmes in the research literature have targeted eating disorder and disordered eating risk factors, such as self esteem. (Piran. 1999)
- Encourage an atmosphere of supportive openness where it is recognised that dancers sometimes struggle with food and eating, but dancers can feel sure that they will get support if problems do occur, and where people know where to find help if they have any concerns. (Centres for Advanced Training. 2009).
- Encourage dancers to ask for advice regarding healthy eating when required and to share any concerns they have regarding their peers' eating habits with a designated and educated member of staff.
- Promote healthy eating through the provision of adequate breaks for re-fuelling and hydration. Encourage dancers to take onboard healthy amounts and types of fluids and food before, during and after dancing. (Centres for Advanced Training. 2009).
- Provide regular education and frequent reminders and updates for staff and teachers, dancers, parents and catering services regarding nutrition and healthy eating; eating disorders, prevention and management; and how to motivate people to get help.

Example Approach

([Mitchell, 2012](#))

Education for staff:

Inset day for artistic and support staff and catering services to meet their local GP, nutritionist, counsellor and an eating disorders specialist. Education could be offered regarding eating disorders and disordered eating; what is appropriate for teachers to say and how to deal with these issues; as well as basic nutritional education for teachers in order for them to be able to provide support to dancers if an individual approaches them with a problem. Giving the school or company staff the opportunity to build and reinforce links with external health professionals will aid staff members in seeking information or referrals.

Education for dancers:

Educational talks and workshops specifically tailored for dancers can be delivered by individuals within the school or company, external professionals or organisations (listed below). The talk/workshop could vary depending on the needs of the school or company and individual dancers.

For example:

- Fuelling for dance - what the dancing body needs and why, what may happen if fuel and hydration needs are not met
- Eating disorders and problematic dieting. Signposting dancers to who they can approach/talk to if they are struggling with eating.

These sessions should also include an informal opportunity to ask questions as well as signposting to online or external resources.

TIPS:

Dancers are practical learners and may 'switch off' during lectures if they do not see how the information is relevant to them. Workshops should involve practical elements, giving dancers ideas of quick snacks for between classes/rehearsals, shopping and meal ideas, how to prepare food pre-performance and post-performance, and tips for eating at restaurants.

Framing this nutritional education as 'food education' may also make the topic more approachable and easier for dancers and staff to discuss. This sort of education could eventually become more dancer-led with dancers putting forward suggestions of times when they don't know what to eat or things they would like to know how to prepare.

It may be useful to plan in induction event involving local dance specific practitioners/GPs to come and talk to dancers about what they do and how they can help dancers. Dancers may not approach their GP for nutritional concerns, or may not be sure how their GP could help – so an explanation from the GP of what the GP can do for dancers would be beneficial.

This type of education can be devised by the school or company with support from:

- Beat - a national support organisation for the prevention and treatment of eating disorders.
(www.b-eat.co.uk)
 - One Dance UK Healthier Dancer Programme – a support organisation promoting dancers’ health and wellbeing through education, advice, advocacy and research.
(<http://www.onedanceuk.org/programme/healthier-dancer-programme/>)
 - Loughborough University Centre for Research into Eating Disorders – research centre dedicated to eating disorders in active populations providing information for athletes and coaches on eating disorders, prevention, and management, including how to motivate people to get help.
(<http://www.lboro.ac.uk/departments/ssehs/research/biomedical-sciences/eating-disorders/>)
 - Leicestershire Adult Eating Disorders Service – clinical treatment inpatient and outpatient service for eating disorders.
(<http://www.leicspart.nhs.uk/OurServices-EatingDisordersforAdultMentalHealthService.aspx>)
- Literature on healthy eating habits, disordered eating and eating disorders and possible triggers for concerns about weight and shape should be available for all dancers to easily access. This information should be visible and accessible by different age groups. (Centres for Advanced Training. 2009).
 - **This information could include:**
 - Healthy eating habits
 - One Dance UK information sheets about nutrition and hydration
 - International Association of Dance Medicine and Science Nutrition Resource Paper <http://www.iadms.org/?page=RPnutrition>
 - Healthy recipes examples can be found on One Dance UK’s website http://www.onedanceuk.org/resource_category/recipes/
 - Books on nutrition for athletes and dancers
 - Information and articles about eating disorders and disordered eating
 - Contact information for local professionals and contacts able to offer advice and further information on healthy eating and disordered eating and eating disorders
 - Material on related issues such as performance anxiety, competitiveness and audition pressures and how these may trigger disordered eating
 - To facilitate accessibility, these could be kept in a resource file or information board in the library or relaxation area and the staff room
 - Provide healthy food options to purchase within the canteen. Where this is not possible, dancers should be encouraged and guided on what to bring for their own healthy meals or snacks

Example Approach

(Piran, 1999)

<http://www-personal.edfac.usyd.edu.au/~odeaj/documents/odea2005.pdf>

- Canadian Ballet school – 10-18yrs;
- Aim: *“to reduce body weight and shape preoccupation through creating a school environment where students felt comfortable with the processes of puberty and growth and believed in their right to feel both safe and positive in their diverse bodies.” (Piran, 1999, p 79)*
- Focus groups with administrators, teachers, students
- Key components:
 - Emphasis on stamina and conditioning; NOT shape
 - Teachers prohibited from making evaluative shape comments
 - A staff member appointed as the “go-to” for students to discuss body image concerns
 - Staff educated on body shape prejudices, adults’ responsibility to students’ self-esteem
 - Student focus groups (2-6 times annually) – to discuss experiences of body shape and weight at the school, and suggest solutions to resolve it; education on health and development
- Resulted in significant reduction in number of students reporting disordered eating, bingeing, vomiting, laxatives and restrictive eating

Identification:

*With this sensitive issue, the identification process may be the most fragile. It is imperative to think carefully about how your organisation would like to identify issues of disordered eating/eating disorders. **Importantly, companies and schools are not responsible for diagnosing or treating disordered eating.***

- All staff play a key role in the identification of disordered eating. This includes teachers, managers, support personnel (e.g. administration, wardrobe). Other key individuals will include other dancers and the dancers' parents. It is valuable for everyone to have a basic level of awareness of disordered eating and to feel confident that reporting any suspected problems will be dealt with sensitively and professionally. (Centres for Advanced Training, 2009).
- Frequently educate all staff on psychological, physical and behavioural warning signs that indicate a dancer may be experiencing difficulties that could lead to an eating disorder.

Psychological Signs

- Preoccupation with food
- Sensitivity about eating
- Denial of hunger despite lack of food
- Feeling distressed or guilty after eating
- Body dissatisfaction
- Overly body conscious (in relation to their usual self)
- Self worth linked to their body weight and/shape
- An over-importance placed on the control of their weight and shape.
- Mood swings. Changes from the norm over a prolonged period are perhaps better indicators of an underlying problem.
- Excessive perfectionism – specifically, an overly self-critical stance, not just on body weight and/or shape.
- Compulsive exercise – an urge to exercise (in addition to their training programme), and a fear of what may happen if they do not do this exercise.

Physical warning signs:

(London Studio Centre. 2011)

- Any significant change in weight, whether loss or gain
- Loss of muscle strength
- Dizziness, tiredness (sleep problems), fainting
- Feeling cold
- Hair becomes dull and lifeless
- Discoloured or swollen hands and feet
- Callused knuckles
- Tension headaches
- Sore throats/mouth ulcers
- Tooth decay

- Swollen stomach, constipation
- Loss of concentration/inability to focus
- Recurrent illness or injury

Behavioural signs:

- Wearing baggy clothing or several layers of clothing
- Excessive chewing of gum/drinking of water
- Visiting bathrooms/toilets after meals
- Increased conscientiousness
- Isolation/not mixing with other dancers
- Low self-esteem
- Excessive exercise
- Self harm
- When challenged, refusal to accept there is a food issue

Be aware that some traits of good dancers can be similar to eating disordered behaviour, and thus identifying underlying behavioural signs may be difficult. (Goodwin, 2012)

Good athlete / dancer

Mental toughness
Commitment to training
Commitment to diet
Pursuit of excellence
Coachability
Unselfishness
Performance despite pain

Anorexic patient

Self-denial
Excessive exercise
Food restriction
Perfectionism
Over-compliance
Selflessness
Denial of discomfort

There are physiological measures that can be used in the diagnosis of an eating disorder. There is no single tool for effective and reliable assessment of the nutritional status of a dancer and the serious implications of low body weight, binge eating, purging, laxative abuse and vomiting. Medical professionals may use multiple assessments and other indicators – no tool should be used in isolation when assessing an individual’s health status.

○ **BMI**

Body Mass Index (BMI) is a statistical measure to determine the amount of body fat, involving a calculation based on weight and height. It can be used in male and female populations who are aged 18 and over. BMI assesses an individual’s weight in relation to the general population. (NOTE: when interpreting body mass index for children, age and gender need to be taken into account using growth diagrams).

○ **Body Composition**

Body Composition describes the percentage of muscle, bone and fat that make up the total mass of the body. It is usually expressed as a percentage of lean mass (muscle, bone, skin,

internal organs and water) and fat mass (fat under the skin and between the organs.) Body composition can be an especially helpful method to help differentiate between weight and leanness when assessing a dancer's physical fitness or health status. Body composition can be assessed by trained health professionals, including sport/dance science professionals, GPs, and nutritionists. Measurements can be taken by hand, measuring subcutaneous fat levels (skin folds); and using specialist equipment: bioelectrical impedance analysis (BIA); air displacement plethysmography (ADP); Dual energy X-ray absorptiometry (DEXA), MRI and CT scans.

- **Growth Charts**
Growth charts indicate where there may be issues with the maturation process for young people, which could arise from an imbalance between energy intake and expenditure.
- **Gynaecological history**
Gynaecological history: For young women, the stage of pubertal development and frequency of menstruation is assessed. Delayed onset of puberty, infrequent periods (oligomenorrhoea) or absence of periods (amenorrhoea) can all be related to poor nutritional status.
- **Eating Attitude test**
Eating attitude test: This simple to complete test, validated throughout the world, indicates where risk of eating disorders is present. (Taken from the Prix de Lausanne Health Policy http://www.prixdelausanne.org/pdf/PDL_Health_Policy.pdf) included in Resources at the end of this document)
- **Blood Tests**
Blood tests can indicate symptoms of malnutrition, assess the function of major organs especially affected by poor nutrition, and other factors associated with vomiting, laxative abuse and low body weight - <http://www.news-medical.net/health/Eating-Disorders-Diagnosis.aspx>

Action:

*It is important to address problems as soon as possible with correct care and advice, to increase the likelihood that a disordered eating pattern resolves without major health issues. **However, companies and schools are not responsible for diagnosing or treating disordered eating.** This is a complex issue and in most cases will require the advice of a doctor. The points below outline ways in which schools and companies may take positive action to identify a dancer with potential eating problems. The action that one school/company takes may differ greatly from another. The advice below is by no means the only method, but is offered as an example of good practice.*

- **Duty of Care for the School or Company:** Dancers may be secretive or deceitful about their struggles with disordered eating or eating disorders, especially with artistic staff whom they respect. They may also feel a great deal of shame.

Example Approach

(Centres for Advanced Training, 2009)

- **Initial conversation.** One-to-one meeting with the dancer as soon as possible after concerns have been raised. This is an informal conversation to reassure the dancer that the organisation will help support them in the best way possible. It may be best for the member of staff who has the best relationship with the dancer in question or the staff member with the greatest knowledge about disordered eating and eating disorders to undertake the initial approach.
- **Information provision.** Information and advice will also be passed to the dancer so that they, and/or their parents, can seek further help themselves.
- **Second conversation.** If the student is older than 16 years of age and has given their consent for parents or guardians to be involved, a second, separate conversation can be held with them and the dancer. If the dancer is under 16 years of age, parents or guardians can be contacted without the student's consent. Confidentiality may only be required up until 16 but this should be discussed with the students individually. This meeting would also be a follow up to see whether the dancer has taken on board the issue and begun to seek advice.
- **Recommending Referral.** If the dancer does not appear to be seeking help and symptoms are remaining constant or becoming worse, onward referral to a qualified professional is imperative. The professional recommended may depend on the nature of the situation. It is recommended that all dancers be registered with a GP, and the name and address and phone number of this doctor need to be known by the school or company.

Going to a GP to talk about disordered eating can be a daunting prospect. The dancer's GP may have little or no understanding of eating disorders and the related specific concerns of dance training and careers. To support this process, it can be helpful for the school or company to write a letter to the dancer's GP prior to the appointment outlining the basic issues. This letter should outline the importance of early intervention for a dancer suffering from concerns about weight and shape, given their chosen activity or profession. The specific physical, psychological and aesthetic demands of the dancer's training should also be outlined. It is vital for GPs with little experience treating dancers to understand these issues. A member of staff may also choose to contact the patient's GP and offer information regarding problems. Whilst GPs are unable to give information to the school or company without consent of the patient, they are able to receive it. An example letter to the GP is included as Appendix.

- **Follow-up meetings.** Depending on progress and the resources of the school/company, it may be possible to provide on-going support, for example, by having the dancer meet with a staff member that the dancer feels happy to discuss with (e.g. personal tutor, health professional). Even if the dancer is already obtaining external medical or dietary advice, this may help to ensure the issue is kept in the open and continues to be addressed.
- People with eating problems present with a high level of ambivalence about changing or not changing. It will not be uncommon for dancers with eating problems to lack the motivation to change and ask for help. There is now good evidence that professionals (health and non health) and family members are in a good place to help people with eating problems to increase their motivation to change. A specifically designed motivational style for approaching dancers with eating problems could be taught to professionals working in the dance world.

Confidentiality:

It is essential to consider confidentiality when dealing with the sensitive issue of disordered eating and eating disorders. The age of your dancers may influence your ability to consult with guardians. Different organisations take different approaches – it is therefore important to consider this area very carefully.

- All matters should be dealt with sensitively and appropriately, and the dancer’s right to confidentiality will be respected at all times. However, dancers need to be made aware that it may not be possible for staff to offer complete confidentiality. (London Studio Centre, 2011).
- **If the school or company considers a dancer is at serious risk of causing himself or herself harm then confidentiality cannot be kept.** It is important not to make promises of confidentiality that cannot be kept even if a dancer puts pressure on you to do so. Any sufferer should be made aware of limited confidentiality and who would become aware of their information. It is necessary to explain procedures and steps to be taken and to reassure the sufferer that they are believed, taken seriously and will be helped.

Example Approach

(Performers College, 2012)

The ‘Need to Know’ Group

- Within your organisation, define a ‘need to know’ group. This group will discuss, as required, any dancers identified with weight or size changes and decide upon how to best act to help the dancer. These actions will foster an open approach to disordered eating and eating disorders and remove the pressure from any one person dealing with these issues alone.
 - The ‘need to know’ group can help with adopting an open approach to healthy eating and eating disorders, whilst also respecting confidentiality with regard to peers.
 - Having a designated staff member or members with training around healthy eating habits, disordered eating and eating disorders and possible triggers for concerns about weight and shape is vital for other staff to signpost dancers to and ensure that each issue is handled in a more consistent and appropriate way.
- A policy needs to make clear that confidentiality must belong to the staff ‘need to know’ group as a whole and not to any one selected individual. (One Dance UK, 2000)
 - If staff or dancers observe any behaviour of concern, they should report that to the ‘need to know’ group. No one should approach the individual directly and it is essential that this area be dealt with sensitively and by a knowledgeable person. Concerns will be noted and passed on. Feedback is very important in identifying pupils of concern. At all times the individual will be cared for and the primary goal is about supporting and facilitating recovery. For this

reason, the importance of confidentiality will be stressed to all concerned.
(Tring Park School of Performing Arts)

- Possible members of the 'need to know' group:
 - Health professionals - It may be appropriate to involve a health professional where one is attached to or known by the school/company.
 - Artistic staff - Dancers may be secretive or deceitful about their struggles with disordered eating or eating disorders, especially with artistic staff whom they respect and wish to impress. They may also feel a great deal of shame about struggles with weight and shape. For these reasons, artistic staff, teachers, choreographers, and directors may not be involved "by default". Instead, neutral, easily accessible and confidential individuals may be the most effective and successful to receive reports of any worries, and deal with the necessary one-to-one meetings with dancers and parents (where appropriate).
 - Parents – We believe parents of students would like to know if their child is facing these issues. However, persons under 16 who are considered mature enough to understand what an illness and treatment entail have a lawful right to consent to treatment on their own, without involving parents.¹ However, the dancer may be relieved to know that parents have been informed of the issue, even if they do not wish to share more detailed information discussed in meetings with teachers and medical professionals. In addition, parents may be less likely to react negatively or withdraw the dancer from the school if lines of communication and trust have been built. (From the Eating Disorders Association, 2005. What you need to know when creating your eating disorders policy.)
 - Staff - Dancers may choose to confide in a member of organisation staff if they are concerned about their own welfare, or that of a peer.
(Tring Park School of Performing Arts)
 - Others - Outside of the 'need to know' group it may be important to inform some relevant staff members (e.g. those teaching the dancer) on a need-to-know basis so that they may support the dancer appropriately. This most likely extends only to those tutors who teach the dancer directly. The dancer should always be told if, when, and why staff feel that they need to inform others, before actually doing so.
(Centres for Advanced Training, 2009).

¹ **Gillick competence** is a term originating in [England](#) and is used in [medical law](#) to decide whether a child (16 years or younger) is able to consent to his or her own medical treatment, without the need for parental permission or knowledge.

The standard is based on a decision of the [House of Lords](#) in the case *Gillick v West Norfolk and Wisbech Area Health Authority* [1985] 3 All ER 402 (HL). The case is binding in England and Wales, and has been approved in Australia, Canada and New Zealand. Similar provision is made in Scotland by The Age of Legal Capacity (Scotland) Act 1991. In Northern Ireland, although separate legislation applies, the then Department of Health and Social Services Northern Ireland stated that there was no reason to suppose that the House of Lords' decision would not be followed by the Northern Ireland Courts.

Limiting or stopping a dancer's participation in classes/performance:

It is difficult to establish at what point a dancer with disordered eating is putting himself or herself at risk by doing physical activity (including dance). There are a number of possible approaches for schools/companies. The approaches below may guide you in your own policy creation and are in no means exclusive; you can borrow ideas from the different approaches.

Approach 1:

- If sufficient concerns are raised with regard to a dancer's ongoing safe participation, the school/company may reserve the right to ask the dancer to provide a certified record of physiological indicators of nutritional health (see Identification, above) from a qualified medical professional. Schools and companies may also ask that the dancer cooperate in seeking confirmation from appropriately qualified medical professionals that they are able to participate safely on the programme. If a dancer fails to cooperate, you may want to highlight in your policy that the dancer will be asked to defer/withdraw from the course. (London Studio Centre, 2011). Being withdrawn from dance may be a valuable incentive to encourage dancers to seek help.

Approach 2:

- Although this is a difficult task, it is important to have an open discussion about when dancing should cease or reduce, because at very low weights or as a result of drastic weight change, the dancer is at risk of serious physical problems including
 - Cardiac arrhythmia and risk of heart attack
 - Kidney failure
 - Reduced bone health and risk of stress fractures and osteoporosis
 - Reduced or impaired fertility
 - Suppressed immune system, leading to risk of infection
 - Hair thinning and loss
 - Skin problems
- Teachers who feel that a dancer is too weak (physically or mentally) to partake in classes have a right to limit participation, but will clearly explain this in the open discussion with a designated member of staff. Because it is not the teacher's role as non-professionals to diagnose or treat, the best way to monitor participation may be to establish good lines of communication with a health professional (e.g. the GP involved in the dancer's referral or staff from the clinic at which a dancer is undergoing treatment). This appropriate, on-going advice may be obtained as to whether the dancer should be allowed to dance. A health professional could, for instance, be able to advise whether the dancer's weight or weight change is so rapid as to put the person at risk.
- Dancers should in most cases be encouraged to continue to attend class if they wish, although not necessarily be physically involved. This helps the dancer understand that your organisation takes the issue seriously, while valuing them as people; allows them to

gain some benefits from the classes (e.g. observe, practice via imagery based on the current exercises taught, and be involved in peer feedback); and facilitates inclusion by seeing friends and having emotional support. Having the dancer attend class can help the staff to keep an eye on the dancer (e.g. to prevent excessive exercising outside of dance); to support the dancer's learning in whatever way possible; and to provide appropriate emotional support.

(Centres for Advanced Training, 2009).

- Despite all these potentially positive reasons, attending class when not being able to take part physically can also be very stressful and may result in feelings of jealousy and anger. Therefore, the dancer should be told about the reasons as to why they are encouraged to attend, but will ultimately be given the choice (perhaps in consultation with their parents if dealing with under 16's).

(Centres for Advanced Training, 2009).

Returning to Dance:

- It is important to think about how a dancer will be reintroduced into dance once it has been established by a health professional that it is safe to do so. Dancers should have a graduated return to dancing organised by staff members or 'need to know' group. This should happen once it has been established that it is safe to do so. Advice from medical practitioners involved in the dancer's case will be taken, but the final decision for timetabled activity will rest with members of staff or 'need to know' group

Auditions:

Disordered eating and eating disorders may be of some concern from the very first audition. It is important to include a section within your policy that guarantee that dancers are only admitted with the candidates' best interests and health in mind. The below includes two different approaches to dealing with the audition process.

Approach 1:

- The basic purpose of auditions is to admit dancers who not only appear talented/as having exceptional potential, but also for whom the training appears to be in their best interest at that time. This **best interest** is regarding enjoyment, performance and career goals, but also health, safety and well-being. It may be best to define a policy around whether to admit dancers who appear to suffer from disordered eating or related problems.
- However, dancers being considered for the scheme that display overt signs of disordered eating at audition may be approached and a conversation held. If the dancer and her/his parents are aware of the issue, treatment is already being sought, and an agreement can be reached regarding, for instance, weight and health targets, the dancer may be admitted. If any of these are not in place, admission may be denied (possibly with a recommendation to re-audition in the subsequent year).

(Centres for Advanced Training, 2009).

Approach 2:

Prior to audition, as part of the application form, the dancer completes a Medical Questionnaire that includes a self-certified record of height, weight and body composition and a query as to any history of weight issues and/or menstrual health.

At the time of the primary audition:

- prior to starting the classes, mention is made of the Eating Disorders policy, to both candidates and any accompanying parents/guardians

At the recall audition

- Any concerns raised as a result of the application form or at the primary audition, are discussed, openly and supportively, with the candidates at the time of interview

A physical assessment may be the best time to gather information and screen for potential risk of eating problems. Having it as part of a wider, more general health screening/assessment minimises any possible stigma and places it within the wider concerns for the health of the dancer, which the organisation should prioritise. During the physical assessment, physiological indicators of nutritional health may be recorded by a qualified health professional. Female dancers are queried on their menstrual health. Should any issues become known, it is recommended that the dancer discuss these with their registered general practitioner.

Recovery and Return to Dance

The recovery from disordered eating and eating disorders is most often a slow process. The average time for recovery from a serious eating disorder is 5-7 years. Although therapy may not be required for all this time, short term interventions may not always be enough. However, returning to activities about which the dancer is passionate (even if this is not dance) can provide focus and positive motivation.

- Although weight may stabilise, this does not necessarily indicate a full recovery.
- Those supporting the recovering dancer need to be aware of the inherent social, physical and psychological pressures associated with returning to a regular school or professional environment following treatment.
- Dancers will need support and sensitivity from staff, peers, family and friends during this period, either to feel 'normal' and accepted in their return, or to discuss difficult emotions that may come up. Support from others may help the dancer feel more relaxed and less isolated.
- The Need to Know Group should continue to communicate with each other, any staff and any personal contacts (parents, friends or family) involved with the dancer during this period, not only to continue to monitor health and wellbeing, but also to support the dancer. <http://www.anorexiabulimiacare.org.uk/assets/files/schoolsAndEDs.pdf>

Resources and Help:

- [National Centre for Eating Disorders in Sport, based at Loughborough University](#)
 - [Beat](#)
 - NHS Choices - www.nhs.uk/Conditions/Eating-disorders
 - Mind - www.mind.org.uk/help/diagnoses_and_conditions/eating_distress
 - Mental Health Foundation - www.mentalhealth.org.uk/help-information/mental-health-az/E/eating-disorders
 - Overeaters Anonymous Great Britain - 07000 784 985 – www.oagb.org.uk
- **Web Resources:**
 - <http://www.disordered-eating.co.uk/signs-of-eating-disorders/body-mass-index.html>
 - <http://www.aafp.org/afp/2003/0115/p297.html>
 - <http://www.kcl.ac.uk/iop/depts/pm/research/eatingdisorders/resources/GPsGUIDE20TOEATINGDISORDERS.pdf>
 - Beat : Eating Disorders in the Workplace - http://www.b-eat.co.uk/index.php/download_file/view/57/83/
 - <http://www.nationaleatingdisorders.org/sites/default/files/Toolkits/CoachandTrainerToolkit.pdf>
 - **Specialist Resources for Dance**
 - Prix de Lausanne Health Policy: <http://www.prixdelausanne.org/pdf/2013/en/07-Health-State-e.pdf>
 - Dance/USA Taskforce on Dancer Health’s Nutrition Guidelines. It is a document produced by nutritionists and doctors working with professional dancers, and has some good recommendations for staff and dancers.
http://www2.danceusa.org/uploads/Dancer_Health/resources_Nutrition_Guidelines.pdf
 - Royal Ballet School eating disorders policy http://www.royal-ballet-school.org.uk/media/policies/docs/Eating_Disorders_Policy.pdf

You may also want to refer to the following texts:

- Hamilton, L. (2009). *The Dancer’s Way*. St Martin’s Griffin: NY
- Koutedakis, Y & Sharp, N.C.C. (1999). *The Fit and Healthy Dancer*. NY: John Wiley & Sons
- Mastin, Z (2009). *Nutrition for the Dancer*. Dance Books: Alton UK
- Body Composition in Dancers: A Review, Wilmerding, M. Virginia¹; McKinnon, Molly M.²; Mermier, Christine’ *Journal of Dance Medicine & Science*, Volume 9, Number 1, March 2005 , pp. 18-23(6)
- Body Composition Analysis in Dancers Methods and Recommendations, Wilmerding, M. Virginia¹; Gibson, Ann L.²; Mermier, Christine M.¹; Bivins, Kathryn Allison *Journal of Dance Medicine & Science*, Volume 7, Number 1, March 2003 , pp. 24-31(8)

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Beating eating disorders at www.b-eat.co.uk

Centres for Advanced Training, (2009). Sanna Nordin,
'Policy for the Prevention, Identification and Action on Disordered Eating'.

One Dance UK. (2000). Jill Wellbourne, BM, BCh, MA, Patron Eating Disorders Association, 'Points to Consider When Establishing Policies to Cope with Eating Disorders in Dance Schools and Companies'

Goodwin, Huw. (2012). 'An introduction to prevention and early intervention of disordered eating and eating disorders' at One Dance UK's Nutrition and Disordered Eating in Dance conference', 30th April 2012 at the Royal Society of Medicine, London.

London Studio Centre, (2011). 'Complete Policy on disordered eating'
Heather Walker, Student Co-ordinator.

Mitchell, Siobhan. 'Synopsis of Research'. (2012). <http://dancescienceconsultant.com/>

Performers College (2012), Nicola Stephens and Tracey Lee. 'Performers College Healthy Eating Policy'

Piran, N. (1999), "Eating disorders: a trial of prevention in a high risk school setting", The Journal of Primary Prevention, Vol. 20 No. 1, pp. 75-90.

Piran, N. (2001), "Re-inhabiting the body from the inside out: girls transform their school environment", in Tolman, D. and Brydon-Miller, M. (Eds), From Subject to Subjectivities, New York Press, New York, NY, pp. 219-38.

Tring Park School of Performing Arts. Sister Nicky, Rachel Rist, Rachel Bull and Lelanie Smook. 'Eating Disorders Policy'



Example Letter to GP

(based on Centres for Advanced Training, 2009)

To the GP for [name]

I am writing to you to support the process of referring [name] in relation to eating attitudes. This is simply to try and make the process a little easier for her/him, given that these issues are sometimes difficult to talk about.

[Name] is a [student/dancer] at the [name of school or company], where I am a [your title]. As part of the [student/dancer's training/employment], [name] undertakes [describe training, including number of hours, level of physical intensity, psychological demands] Dance is a physically and psychologically demanding activity with specific aesthetic demands. Dancers are required to maintain an elite level of physical condition whilst maintaining a lean physique. Concerns have been raised about [name] physical and psychological health, including [describe concerns].

That is the reason for our referring her/him to you. We recognise that concerns and observations may vary based on many factors, and we realise that it does not constitute a diagnosis. Nevertheless, we believe that our concerns may be an indication that something is wrong, and would like to ask that the student in question is properly diagnosed by a professional such as yourself or a specialist. I hope and trust that you will find some way of helping [name] with the health situation. I also hope that you do not mind my writing to you – I am simply worried about him/her, and care about him/her. Please do not hesitate to contact me if you want any more information about the [school/company] dance training or the concerns outlined above.

Yours sincerely,

Your contact details