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Editorial

Low energy intake (RED-S), hamstring injuries in cricketeers and exercise during pregnancy - relevant (clinical) topics from sports practice

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This issue of JSAMS features several articles with high practical relevance of which I would like to highlight three:

- Sports Dietitian practices for assessing and managing athletes at risk of low energy availability (LEA)[2]
- Hamstring injuries in England and Wales elite men's domestic cricket from 2010 to 2019[6]
- Australian guidelines for physical activity in pregnancy and postpartum[3]

The questionnaire study from Bowler et al. sheds light on a difficult topic for sports physicians and dietitians alike: low energy availability (LEA) with possible consecutive relative energy deficiency in sport (RED-S). The authors correctly derive from their results that collaboration between professions - in this case particularly between dietitians and coaches - could be improved. Although a higher response rate (only 55 of 228 accredited Australian sport dietitians filled in the questionnaire) would have been welcomed, the assumption seems justified that this subgroup of participating dietitians is not particularly uncooperative. The typical setting around an athlete suspected of having LEA or even suffering from RED-S is one of difficult communication. Affected athletes may have a tendency to hide symptoms or signs and even tell their physicians and other experts around them to consider all information confidential. Also, the ones closest to the athletes (coaches, friends, family members) frequently do not have proper education to recognize and manage the condition/disease. Finally, it is well known that in the natural course of the disease changing disciplins are in the best position to address the problem optimally. Initially, adequate nutritional advice may be able to prevent even the development of LEA. Later, sports physicians might help identify athletes in trouble and advise to avoid side effects. In full-blown RED-S, psychiatric treatment is usually needed. The entire process is, of course, accompanied by coaches, teammates, friends and family. The more interaction between these "peer groups", the better. In that sense, it would indeed have been nicer had the dietitians rated such collaboration higher.

Data from Wales[6] seem to suggest that there is no clear tendency for a change in hamstring injuries between 2010 and 2019. Although not perfectly overlapping in the observation period, these findings are in some contrast to the documented average 4% annual increase in hamstring injuries in professional football (soccer) as reported from the Elite Club Injury Study working group.[4] We do not have many studies running over such long periods of time with constantly proper methodology which makes a comparison of their results particularly interesting. At first sight, one might speculate about an increase in soccer dynamics (which is not seen in cricket!?). However, the observation from Ekstrand et al. was confined to the training sessions which might rather indicate a change in training habits. Cricket data as published in this issue were only collected from match play. Noteworthy, one-day matches showed a slightly higher incidence which may reflect their inherent higher intensity or competitiveness. It is interesting that both groups expressed "incidence" differently: Goggins et al. referred to injuries per 1,000 team days whereas Ekstrand et al. used the expression of injuries per 1,000 hours of exposure time as recommended by the Fuller Consensus Statement.[5] This difference highlights the necessity to find sport-specific solutions for such an important parameter. It is unavoidable that such specificity interferes with an easy comparison. However, trends over time can be observed with both methods, of course.

Recommendations how to conduct regular exercise exist for several age ranges and disease states, and it is almost common sense that endurance and resistance training as well as "mixed" sports contribute to health and well-being. There are very few general contraindications to sport, and risks are limited and mostly preventable. Nevertheless, during pregnancy and the postpartum period there seems to exist overly large skepticism towards exercising according to the Australian Institute of Health and Welfare.[1] Whilst this is understandable, it is not in accordance with existing scientific evidence as Brown et al. explain in their review article that summarizes the "Australian guidelines for physical activity in pregnancy and postpartum". They have been formulated after a transparent search and review process as the authors describe well. Of course, even though the "national" guidelines have been produced with support from the Australian Government Department of Health they are similarly valid outside Australia and, thus, are well placed in an international journal as JSAMS. Hopefully, they contribute to an appropriate level of physical activity in those pregnant women in the future who do not have any kind of contraindications to exercise (which are outlined in the guidelines as well; table 3).

References

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