

delivery of education workshops). Data from athletes' medical insurance scheme showed that the number of claims for mental health have increased and the average costs of these claims has decreased.

Conclusion Good start; high uptake in MHEP led to increasing their time; education programme built upon with MH Champions programme; possible correlation between increased awareness and earlier intervention, and increasing number of claims for mental health support with decreasing average cost; levels of psychological distress and wellbeing similar to levels observed in wider society.

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IMPLEMENTATION OF PSYCHIATRIC/PSYCHOTHERAPEUTIC SUPPORT WITHIN A LONGITUDINAL HEALTH MONITORING IN COMPETITIVE PARA ATHLETES

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10.1136/bjsports-2021-IOC.348

Background Longitudinal monitoring of mental health symptoms in para athletes is rare, so are strategies to prevent and detect mental illnesses in this group. Ideas to lower barriers for seeking for mental help are needed.

Objective Implementation of a mental health surveillance system, using the PHQ (Patient Health Questionnaire)-4 in high-level Paralympic athletes in combination with a psychiatric/psychotherapeutic support which provided help either if athletes demanded or if PHQ-4 score exceeded 4 two weeks or longer.

Design Longitudinal weekly monitoring of depression and anxiety within the German National Paralympic Team accompanied by psychiatric/psychotherapeutic intervention.

Setting In preparation of the Paralympic Games in Tokyo, German athletes were invited to take part in a weekly, questionnaire-based monitoring program which included the PHQ-4 and level of stress.

Patients (or Participants) Data of 78 athletes was collected for one year (05/19–04/20). Within this group 21 athletes were contacted (8 male, 13 female, 8 individual sport, 13 team sport), 4 of them more than on one occasion.

Interventions (or Assessment of Risk Factors) Athletes were contacted via Email and offered support regarding mental health problems in case they requested help or if their PHQ-4 scores overreached the cut-off value of 4 in at least 2 consecutive weeks.

Main Outcome Measurements Number of athletes contacted because of PHQ-4, number of athletes demanding support and number of contacts which resulted in consultation during one year.

Results Twenty-one of 78 athletes were contacted, 11 times on demand, 13 times because of PHQ-4 scores. After the first contact psychiatric/psychotherapeutic support was requested 8 times, by 7 different athletes. This resulted in 7 phone calls and 1 email conversation. Seven of the 8 requests were on demand, whereas only one resulted from

elevated PHQ-4 scores. Recommendations for sport psychology (n=2), psychiatrist/psychotherapy (n=4) were given six times. Help to find a local sport psychiatry/psychotherapy specialist was provided in 4 cases, questions concerning medication were answered in 1 case and support in an acute stress situation in 1 case.

Conclusions The demand for psychiatric/psychotherapeutic support was high (9% of all athletes within one year). Offering an easy access to psychiatric/psychotherapeutic help seems to be an effective way to support athletes concerning mental health issues.

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MAXIMISING THE RELEVANCE AND DISSEMINATION OF THE IOC MEDICAL CONSENSUS STATEMENTS: WHAT ARE THE CONSENSUS STATEMENTS AND HOW ARE THEY USED IN LITERATURE?

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10.1136/bjsports-2021-IOC.349

Background The International Olympic Committee (IOC) Medical and Scientific Commission has a goal to provide guidance on athlete health for sports organisations. One strategy to meet this goal has been the development and publication of sports medicine consensus statements. It is currently unknown if there has been use of the consensus statements or if the overall goal of the statements – to improve athlete health and wellbeing - has been achieved.

Objective To identify and summarise citation measures of the IOC medical consensus statements.

Design Citation analysis.

Methods IOC medical consensus statements published from 2004 to 2018, and citing publications, were sourced from the IOC website, Scopus database and Google Scholar. Descriptive analyses over time of the number of consensus statements and citing documents with summaries of the authorship countries and keywords. Citation analyses were conducted to model links between consensus statements and citing publications, field weighted citation index (FWCI), and the SCImago Journal Ranking.

Results Twenty-seven consensus statements linked to the IOC medical and scientific commission were identified, addressing a range of topics from broad health and social issues to specific clinical topics. Authors from 30 countries contributed to the statements while citing papers were authored from 86 countries. Concussion was the most prominent key term in all citing documents. The youth athletic development statement has the highest FWCI (19.6), followed by concussion(18.8); load (12.3); relative energy deficiency(11.3); platelet-rich plasma (10.1); and supplements(9.9).

Conclusions Several consensus statements are widely used and cited in the literature while others have been less impactful through citation measures. The countries that use and cite

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consensus statements are much more diverse globally than those that author them. Consideration of how the statements are used in practice and outside of the academic literature needs to be explored.

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MAXIMISING THE RELEVANCE AND DISSEMINATION OF THE IOC MEDICAL CONSENSUS STATEMENTS: A KNOWLEDGE MANAGEMENT PERSPECTIVE

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10.1136/bjsports-2021-IOC.350

Background There have been 27 consensus statements published under the International Olympic Committee (IOC) Medical and Scientific Commission with a goal of contributing to the mission of injury prevention and protection of athlete health. The success of these statements in achieving this goal has not been evaluated. Knowledge management (KM) considers the identification, acquisition, creation and storage, transfer and application knowledge. The KM process of transforming knowledge into relevant and shareable information is important to consider, to ensure the statements are adaptable and useable to local contexts in sports medicine.

Objective This study uses a KM-framework to evaluate the IOC consensus statements and identify where improvements for their development and dissemination can be made.

Design Mixed methods. .

Methods Bibliometric analysis, literature review and qualitative case study, including interviews with fourteen South African and Australian sports physicians/physiotherapists. A proposed new KM framework is presented with practical examples of current and proposed steps for improving the development, dissemination and use of the IOC consensus statements.

Results The framework shows how knowledge (both tacit and explicit) is currently brought together in a consensus statement. This process is led by international scientific/clinical experts, but there is scope to include athletes and/or coaches. Subsequently, the steps of gathering knowledge and tailoring it into relevant and shareable information are outlined. Examples for improvement include consistent formatting and key word choices in the written statements, the inclusion of athlete/coach take home summaries and a wider range of dissemination formats to accommodate different access preferences. Stronger awareness of who the audience is and what the consensus statements seek to do are also highlighted.

Conclusions A KM-framework is highly applicable for the development and dissemination of the Consensus Statements. Short, simple changes as well as longer-term, more resource intensive opportunities, could help to increase visibility and applicability in practice.

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MAXIMISING THE RELEVANCE AND DISSEMINATION OF THE IOC MEDICAL CONSENSUS STATEMENTS: WHICH CONSENSUS STATEMENTS ARE USED IN PRACTICE, AND HOW ARE THEY USED?

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10.1136/bjsports-2021-IOC.351

Background One of the goals of the International Olympic Committee (IOC) Medical and Scientific Commission is to provide guidance in relation to injury prevention and the protection of athlete health. One way of meeting this goal is the development and dissemination of sports medicine consensus statements. It is not known if, or how, these consensus statements are used by staff within the National Olympic medical commissions.

Objective This study aimed to identify which of the IOC medical consensus statements were most widely known and used by a selection of Olympic sports medicine professionals in South Africa and Australia, and how they were accessed, regarded and used.

Design Qualitative case study.

Methods Semi-structured interviews, document analysis and field notes were utilised. Fourteen ($n=14$) sports medicine professionals directly involved with Olympic athlete health were interviewed in South Africa and Australia.

Results The statements most commonly recalled by participants (without prompting) addressed the topics of Periodic Health Evaluation, Relative Energy Deficiency, Concussion and Load. These documents were noted as having practical information such as a decision flow chart that was easily applicable for athlete management. A further reason for use was relevance outside of the Olympic setting (e.g. sourced in preparing a policy for medical care of a sports team). The consensus statements were most commonly accessed through social media and used by sharing with peers, with or without a tailored summary, cited in publications and talks, or re-read when seeking a quick update on a particular topic.

Conclusions Of 27 consensus statements available, most were not widely known or used by these participants. The documents that were most familiar were perceived as being relevant and practical. In this case, the documents were shared with colleagues by email/social media but not formally adopted or integrated into athlete care.

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SELF-REPORTED PREVENTIVE STRATEGIES IN OVERHEAD ATHLETES

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10.1136/bjsports-2021-IOC.352

Background Overhead athletes often perform shoulder movements with high velocity and extreme range of motion, thus