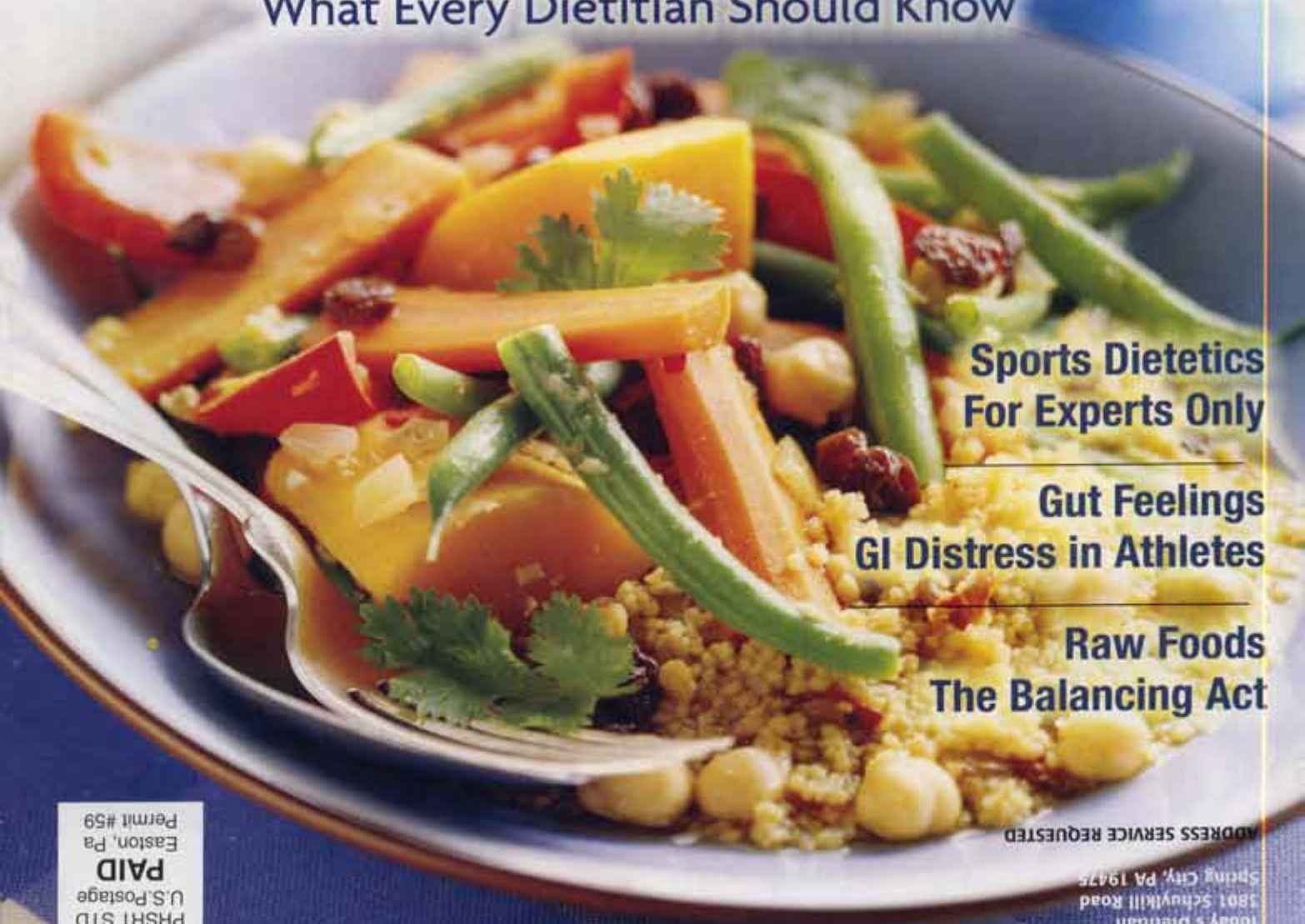


Today's Dietitian

THE MAGAZINE FOR NUTRITION PROFESSIONALS

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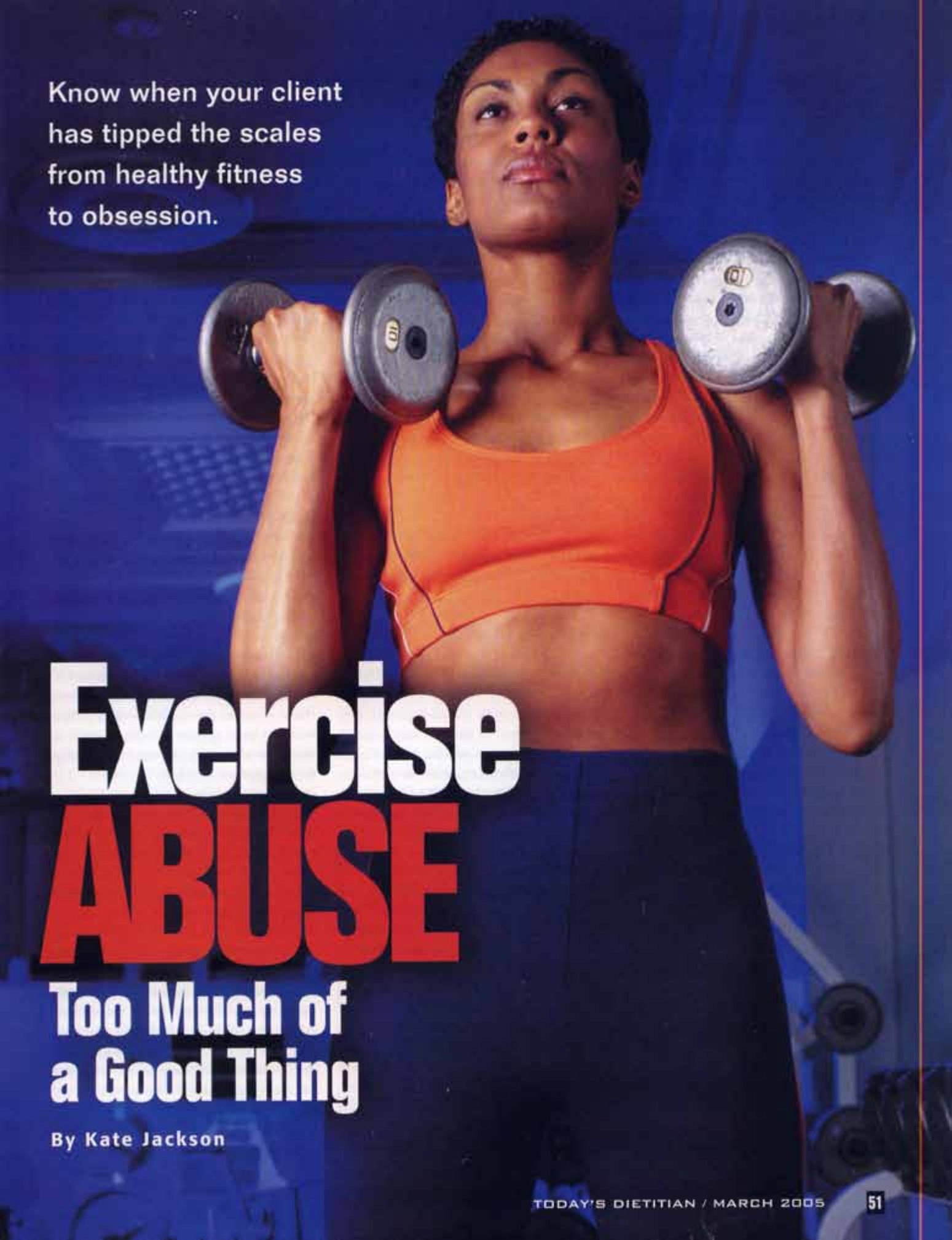
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A woman with short dark hair, wearing an orange sports bra and dark pants, is lifting two silver dumbbells. She is looking upwards and to the right with a focused expression. The background is a blue-toned gym setting with various pieces of equipment visible.

Know when your client
has tipped the scales
from healthy fitness
to obsession.

Exercise ABUSE

Too Much of
a Good Thing

By Kate Jackson

Imagine a client who's diligent about exercise and walks every day for one hour. Sounds healthy, right? What if she never misses a day and exercises rain or shine, even after spraining an ankle or when she has the flu? As the picture becomes more complex, the client's behavior begins to sound less healthy and more obsessive and compulsive.

Excessive exercise—sometimes called *exercise abuse* or *addiction*—is defined as activity that has a deleterious effect on physical and psychological well-being, says Kelly Pedrotty, MA, exercise coordinator and program coordinator at the Renfrew Center of Philadelphia, a residential treatment center for individuals with eating disorders. "People who have a healthy view of exercise," she explains, "exercise because they enjoy it."

Those who exercise excessively have negative feelings about their workouts and may consider it painful. It's often difficult to discern, say experts, but the key difference between moderate and pathological exercise is that the latter is compulsive. The individuals have to do it all the time—every day—or they become anxious. "This need to engage in a behavior, such as exercise every day or repeatedly, is a sign of compulsion," says Elizabeth Carll, PhD, a psychologist and eating disorders specialist in private practice in Long Island, N.Y.

Rigorous activity by all means isn't always pathological. "Goals such as training for an athletic event or weight loss that is medically necessary are appropriate, and

once those goals are reached, people cut back on the level of exercise intensity," explains Carll. "Exercise is compulsive and considered a disorder, however, when it is in response to free-floating anxiety, an obsessive need to improve the way one looks, or chronic dissatisfaction with one's appearance. The key difference is that those who have an addiction or compulsion can't stop."

Although men, women, and children can abuse exercise, it appears to be more common in women and is often linked with other psychological disorders such as depression or obsessive compulsive disorder. Compulsive patterns of exercise often go hand in hand with eating disorders, particularly anorexia nervosa.

"Many girls with anorexia also exercise compulsively in addition to restricting their intake of food in order to lose weight," says Carll. For these individuals, she explains, exercise and eating are linked, so that every time they eat, they feel they must exercise. They engage in activity, says Pedrotty, solely to compensate for eating.

Excessive exercise is also frequently associated with bulimia nervosa, says Christian Lemmon, PhD, department of psychiatry and health behavior, MCG Health Systems in Atlanta, a psychologist who specializes in treating people with eating disorders. In patients with bulimia, excessive exercise is another form of compensation for eating, such as inducing vomiting or taking laxatives or diuretics. It exists independently of eating disorders as

well, most commonly in men, but appears to be more common in individuals who struggle with food-related issues.

Typically viewed as merely exercising too much, exercise abuse can be manifested in other behaviors, explains Pedrotty, especially when eating disorders are involved. Bulimic women in particular may exhibit what she calls all-or-nothing patterns of exercise: "They'll engage in a period of intense exercise, and then they'll avoid it. Perhaps they'll train hard for a month and then back off for three months because they feel burned out. Or their approach may vary from day to day. They may wake up one day and feel like they ate too much the day before and therefore they exercise like crazy and then take a week off." Another associated behavior is obsessing about exercise but never actually working out, says Pedrotty.

At the Root

Exercise abuse may have a gradual or quick onset and typically begins as a healthy pattern that goes wrong, often in people with propensity for compulsivity. Molly Kimball, sports and lifestyle nutritionist at Ochsner Clinic's Elmwood Fitness Center in New Orleans, notes that it can arise easily among perfectionists. "Usually it occurs in very driven people—those who are overachievers and people who get great grades in school, excel at work, are well-liked, and tend to do things for the approval of others."

Individuals who have eating disorders and who abuse exercise often do so out of a lack of self-esteem and in an effort to punish themselves. "A lot of our patients use it as a form of self-harm, believing that they can't stop until they've experienced pain, until their heart rate reaches the maximum, until they're dripping with sweat, or until their bodies burn," says Pedrotty. They may feel they're not worthy of eating and that they must abuse their body. Many people derive a lot of self-esteem from their ability to maintain a certain kind of exercise regimen, agrees Lemmon, and it's difficult for them to see other reasons to feel good about themselves.

It's also highly likely to arise in people who by nature or circumstance have a need to control. Observes Kimball, "When

DON'T GO GUNG-HO

Juliet Zuercher, RD, director of nutrition at Remuda Ranch, cautions dietitians that gung-ho attitudes about healthful eating and regular exercise can be misinterpreted by individuals with exercise addiction or eating disorders. "Dietitians tend to be health-conscious and knowledgeable about exercise," she says, "and some-

times those who are not as adept or really experienced with eating disordered clients can almost feed into what might be a brewing exercise addiction."

All in the name of health, she says, dietitians not experienced in eating disorders may affirm, support, and unknowingly encourage what may sound like a healthy exercise pat-

tern, not recognizing the extreme nature of the client's thinking. A dietitian, she warns, can unwittingly feed into distorted thought patterns by emphasizing low-fat foods, fewer calories, or extremely healthy foods—all good ideas for normal clients, but easily misconstrued by those with compulsive tendencies.

—KJ

H

other things feel out of control, exercise may become a control issue because it's one thing they can master. No one makes them do it and they don't let anyone or anything interfere." A person might have been a recreational exerciser for years, she says, but something happens to trigger the obsession, such as a divorce or death of a parent. It might even be a less drastic milestone—a move, a new job, or the start of college—that erodes control and causes exercise to become an excessive focus.

Carll suggests that the root of overzealous exercise is an obsession—along the lines of an anxiety disorder—with one's appearance, used as a way of reducing weight and changing shape. "Frequently, individuals are both anxious and depressed and display behaviors similar to those seen in people with obsessive compulsive disorder, which is an anxiety disorder." Exercise, she explains, is a way of coping with the anxious feelings and taking control of one's body, much like anorexia. Most clients she sees with anorexia started out by dieting, but the diets got out of control. These girls and women kept losing weight, thinking that eventually they'd reach their ideal weights and goals. "They never do," she says. "It's always 5 pounds more. The same thing happens with exercise addiction."

Exercise abuse may also develop out of a habit that's widely promoted and generally considered healthy: working out to ward off stress. But once again, in vulnerable individuals, there's a tendency to turn a plus into a minus. According to Juliet Zuercher, RD, director of nutrition at Remuda Ranch, a treatment center for women and girls with eating disorders and related issues such as exercise addiction, "A client may dabble with exercise as a means of stress release, and it feels good, so they think more will be better." Then they get into higher intensity exercise, she explains, and are essentially self-medicating with endorphins. "If they were depressed or stressed, they exercise and they feel better. That's positive reinforcement that goes to the extreme and until the activity becomes compulsive and the person thinks he or she will be depressed if they don't run 10 miles every day."

Since exercise abusers, like those with eating disorders, are typically skillful dissemblers, simple and straightforward questions may not always cut through their disguises. Nutrition and exercise professionals offer the following telltale signs of excessive exercise:

- using exercise merely as a way to lose weight, especially by an individual with an eating disorder;
- a strong emotional commitment to exercise;
- a sense of duty or obligation about exercise manifested by an inability to take a day off or anxiety when exercise is not possible;
- a strong relationship between intake and output—having to exercise after eating;
- talking about exercise in a regimented way, not having a relaxed attitude about exercise, and not expressing enjoyment about activity;
- exercising through illness or injury, in inclement weather, or in severe times of stress;
- using exercise as the only means of stress control or mental health;
- exercising at the expense of one's social life or responsibilities;
- expressing guilt about not exercising;
- spot training—picking a particular part of the body and focusing excessively on it (eg, doing 1,500 crunches per day);
- being inflexible about exercise schedules or having rigid patterns (eg, having to use the same equipment at the same time in the same amount);
- always talking about exercise;
- exercising secretly—hiding or lying about exercise;
- visiting the gym more than once per day;
- having all-or-nothing exercise patterns—going from extremes of no exercise to constant exercise; and
- having a preoccupation with health food, weight loss, or performance supplements and products.

— KJ

Physicians and psychotherapists often recommend exercise as a means to keep depression and stress at bay, but it must be both moderate and balanced by proper nutrition. "I feel great when I exercise," says Lemmon, "but too much of anything isn't good for you." Exercise abusers, he says, also use negative reinforcement for their behaviors. "They engage in excessive exercise to avoid a noxious set of stimuli—the anxiety that comes from not exercising," he explains.

Lemmon observes that many teens' parents worry that their kids may sneak out of the house at night and engage in sexual or drug-related behaviors. Young people with exercise disorders, however, may tiptoe out to engage in exercise surreptitiously. He recalls one patient who waited until her parents were asleep to go

out and run five miles each night and another who got up every day at 5 AM to ride on a stationary bike for 25 minutes, run on a treadmill for 45 minutes, and then do hundreds of crunches.

In all these cases, a good thing has gone too far. "It's an extremist way of thinking. If a certain amount is good, then a lot more is better," explains Carll. "These individuals think that if it's great to exercise three or four times a week, imagine how much better shape they could be in and how much healthier they'd be if they exercised all the time."

"Healthy" Symptoms

Regular exercise is healthy, but compulsive exercise becomes pathological. It's more often than not a hidden problem, and the line that divides healthy

from obsessive activity is seldom clear. One of the reasons the problem goes unnoticed and that many eating disorders programs don't have exercise abuse components, says Pedrotty, is that exercise is the only symptom of an eating disorder that's actually healthy. "It's never healthy to binge-purge or use laxatives, but exercise is healthy when used in moderation and when there's a healthy mind-set motivating it, so it's challenging to find the balance."

It's important that healthcare professionals know how to assess for excessive exercise, says Lemmon, who acknowledges that it's a hard set of behaviors to define. "If someone says he or she exercises seven days a week, that's almost culturally sanctioned. We would all envy a person who can work out seven days a week, not only because they'd be in good health but because we'd wish we had the time to do the same. So problems such as exercise addiction are actually reinforced by our society."

For these reasons, professionals in the field suggest that dietitians ask all clients—men or women, young or mature, thin or obese—about exercise. By asking about it routinely, RDs can begin to see beyond the camouflage exercise abusers wear. Even in the ordinary course of practice with all clients, dietitians need to know about daily input and output of energy since they can't determine recommended dietary allowances without knowing how much energy a person is burning, says Lemmon. It's an opportunity to expand the conversation, he suggests, and dig a bit deeper.

Zuercher says that since excessive exer-

cise is a problem that can easily be missed, it makes sense for RDs to question all clients about their feelings about exercise in the initial intake or interview. It's not necessary to go into great depth with all clients, but when responses to simple questions about activity levels and exercise patterns suggest a problem, further probing is warranted.

"Clients who exercise a lot may appear to have a healthy attitude. It's only after you ask specific questions to assess the degree of exercise that it may become apparent that it's no longer healthy," explains Carll. In our very health-oriented culture, exercise is seen as positive, so most people might not pursue an avenue of questions about it. Dietitians, she adds, should ask specific questions to determine what kind of exercise their clients engage in and how much time they spend exercising.

It's especially important, adds Pedrotty, to probe clients with eating disorders about their activity. "Their exercise patterns may seem to be healthy and normal, but you really have to get in there and figure out their mind-sets." The crux of the program she codesigned with Rachel Calogero, MA, at the Renfrew Center, she says, is geared toward getting at the thoughts and feelings clients have about exercise.

Lemmon says he'd begin simply by asking clients to tell him about their physical activity. "If she tells me that she does aerobics six days a week, would I worry about that? Not necessarily, but I'll begin to ask more questions. I'll want to know if she has a tendency to exercise more on or after days when she feels as if she's eaten too much, or if she eats less on a day when

she didn't get a chance to work out. If she says yes to those kinds of questions, warning signals go off in my head and I'm going to ask more questions." He'll then want to explore whether clients' exercise regimens get in the way of their ability to function otherwise—if the behaviors disrupt their ability to function occupationally, academically, interpersonally, or socially. Many exercise abusers, especially those with eating disorders, he notes, make exercise their top priority. "They start limiting themselves socially because their social obligations can't fit into the structure to which their eating disorder symptoms bind them."

How to Help

Dietitians can help by discussing with clients the basics of energy balance, says Lemmon, explaining the need for a proper diet to compensate for exercise rather than the need for exercise to compensate for diet. They can also make a difference by educating clients to recognize unhealthy patterns and attitudes and understand the limits of healthy exercise.

For people in healthy body weight range, says Zuercher, "we suggest exercising for an hour at a time, three to five times a week—an amount based upon recommendations to the American College of Sports Medicine." She stresses the importance of taking one or two days off per week and advises people with weight issues to increase the cardio segment of each day's hour of exercise or increase exercise to six days per week rather than attempting to do more exercise each day. Anywhere from 30 to 60 minutes per day from three to six times per week—mostly cardiovascular exercise—is in the range of normal, suggests Kimball.

Ultimately, the healthy amount is different from person to person, says Pedrotty. Olympic athletes may exercise six days per week for eight hours per day, but that's not necessarily unhealthy because they fuel themselves appropriately, they enjoy what they're doing, and they take care of their bodies. "It's not the amount of exercise, it's the mind-set."

The simplest way dietitians can transform their clients' unhealthy attitudes

THE TOLL OF EXERCISE ABUSE



In addition to the psychological toll of excessive exercise, a host of physical complaints may arise, including the following:

- bone and muscle injuries
- inflamed joints, tendons, and ligaments
- decreased bone density
- disruption of the menstrual cycle
- infertility
- overuse injuries
- stress fracture
- plantar fasciitis

— KJ

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about exercise is by being good role models, says Pedrotty. "They should have healthy views about exercise, know how much is enough and how much is too much, and understand and communicate that the sole purpose of exercise is not weight loss but rather that there are many purposes: to rejuvenate the body, to create a connection between the mind and body, to have fun, and to relieve stress." In the end, she says, make sure to promote the idea that we eat to exercise. We don't exercise to eat." Then follow up by providing healthy eating and exercising strategies.

Referring Clients

That said, more often than not, clients with exercise issues will need more help than you alone can provide. It's important to keep in mind that an eating or exercise disorder is a psychological illness, says Carll, so it's necessary to refer patients to

mental health professionals who specialize in treating people with compulsive behaviors. These types of issues, she adds, have typically existed for some time and are not likely to change without therapeutic intervention. And the consequences of continuing these behaviors can be extremely serious. "Exercise by anorexic individuals with low body weight and low blood pressure can result in cardiac problems, including heart failure," says Carll.

In most cases, she says, people who exercise compulsively may not recognize that they have a problem because their behaviors give them a false sense of control. Your clients may not be receptive to the recommendation that they seek the care of a mental health professional, says Carll, who advises that it's still helpful to make the suggestion.

"If you see someone who has a very low body fat percentage and you discover

that their intake isn't appropriate or their amount of exercise seems far in excess of what it needs to be, ask questions," says Lemmon, who stresses above all the need to be sensitive. "Communicate concern but also understanding, and recognize that if your clients are truly addicted to exercise, they're probably going to be a little bit skittish about seeking treatment and may even get downright angry or upset with you."

In a very loving, kind, empathic way, he urges, tell them your concerns and offer to help them find someone with whom they can talk about their issues. Then, ideally, he says, dietitians would continue to be part of an interdisciplinary team that includes physicians and psychotherapists working together to help clients with exercise addiction.

— Kate Jackson is a staff writer for *Today's Dietitian*.