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An Eating Recovery Community



The Missing Dimension of Eating Disorder Care

Current Evidence-Based Strategies for Integrating Movement into Eating Disorders Recovery



Setting the Stage: Making sure your clients are ready to move





Exercise may not be possible for all individuals with eating disorders or in eating disorders recovery!!

Were to start?



- Opportunities for *movement* or *exercise* during recovery are almost inevitable
 - e.g., running errands, being invited to a hike or bike ride, playing with children, etc.
- Need to balance movement without allowing it to worsen symptoms or trigger relapse
- Need to consider full range of factors related to and affected by exercise behavior
- This webinar will focus on the top things to look for to help determine *IF* your client is ready to engage in exercise as part of their recovery journey



Getting Moving ...



- Help clients to accept that old patterns/forms of exercise are not mandatory
 - Listen when the body is tired, sore, or feeling the effects of stress
 - The mind may think exercise can help, but often these sensations are ways that our body tells us we need rest
- Build off what was learned in treatment
 - "Work with your body, not against it"
 - The skills and strategies developed during treatment can also be used during recovery
 - Build upon successes by gradually progressing with exercise routine
 - Less IS more
- Understand there is no "best" exercise routine
 - Black and white or perfectionistic thinking allows exercise to lead to relapse
- Keep in mind that each person's relationship with exercise will most likely be very different

First, focus on safety!

- Consider an individual's:
 - medical needs
 - presence of contraindications
 - nutritional state
 - attitudes about exercise (e.g., compulsions, exercise dependence, and obligatory attitudes)
 - treatment plan
- DO NOT go it alone!
 - Use a team approach to monitor medical concerns/contraindications and ensures that proper expertise will be available to oversee the nuances of delivering exercise therapeutically
 - Distinguish when exercise needs to be prevented or stopped if an individual's medical or psychological status deteriorates





First, focus on safety!



- The role of proper nutrition cannot be understated!
 - Must adhere to an adequate meal plan
- Body size is NOT a proxy or indicator for exercise safety
- Recognize the distinction and connections among cognitive and behavioral factors for exercise
 - Antecedents, motivations, beliefs, expectations, etc. all *drive* exercise behavior
 - These differ among individuals with or with out eating disorders
 - Track thoughts and emotions related to exercise, not exercise behaviors!
 - We often focus on the behavior of exercise, but behavior is only part of the story
- Start low and slow, build gradually
 - Safe Exercise at Every Stage provide guidance (<u>https://www.safeexerciseateverystage.com/</u>)

Contraindicators & RED FLAGS

• Which clinical factors to monitor (source – <u>SEES Guidelines</u> p. 28)



9

Level A	Level B	Level B Level C	
Review weekly	Review fortnightly	Review monthly	Level D Review as required
Cardiovascular profile: HR<44bpm or >120bpm Postural tachycardia >20bpm Orthostatic hypotension >20mmHg systole (independent of symptoms) Systolic BP <90mmHg Prolonged QT/c interval >450msec Arrhythmias Biochemical profile: Hypokalemia <3.0mmol/L Hypophosphatemia <0.8mmol/L Hypomagnesemia <1.0mmol/L Hyponatremia <130mmol/L Hyponatremia <130mmol/L Hypoglycaemia <4mmol/L Hypoglycaemia <4mmol/L Hypoglycaemia Scale	Individual has cleared all prior risk markers and is also adhering to: Individuals with AN: Positive weight gain trajectory in line with treatment goals Weight-restored individuals: Weight stabilisation/mobilisation in line with treatment goals Recommended to assess BMD if: (i) underweight for > 6mths (ii) amenorrhea for > 6mths (iii) low testosterone in males (iv) history of stress or fragility fractures	Individual has cleared all prior risk markers and is also adhering to: Weight stabilisation or gain if still required Level A markers related to ED are completely normalised as per medical recommendation Managing ED behaviours (e.g. self- induced vomiting, restriction/ bingeing, fear of becoming fat, & laxative use) Normalised sex hormones without exogenous replacement (return to menses & normalized oestrogen for females; testosterone for males)	Individual has cleared all prior ris markers and is also adhering to Weight progression >90% of IBW (considering individual weight history & family characteristics)

(source - <u>SEES Guidelines</u> p. 61)



Symptoms that may contraindicate exercise engagement:

- Ongoing, unstable or moderate to severe chest pain
- Near-syncope
- Dizziness
- Pallor (paleness)
- Cyanosis (bluish skin colour)
- Central nervous system dysfunction
- Intoxication from drugs or alcohol
- Ataxia
- Shortness of breath

- Lightheadedness
- Confusion
- Nausea
- Cold/clammy skin
- Wheezing
- Leg cramps
- Claudication
- Fatigue
- Peripheral oedema

Next, define exercise

- Physical Activity Any muscular movement
- Exercise <u>Movement for a specific purpose or intention</u>
 - Behaviorally appears the same
 - Motivation or drive for exercise is VERY different
- <u>Must PROCESS the mental side of exercise</u>
- Many moving parts
 - Behavioral
 - Normative and social encouraged behavior
 - Physiological effects
 - <u>Psychological effects</u>
 - Social effects
 - Nutritional considerations
 - Relational/spiritual connections



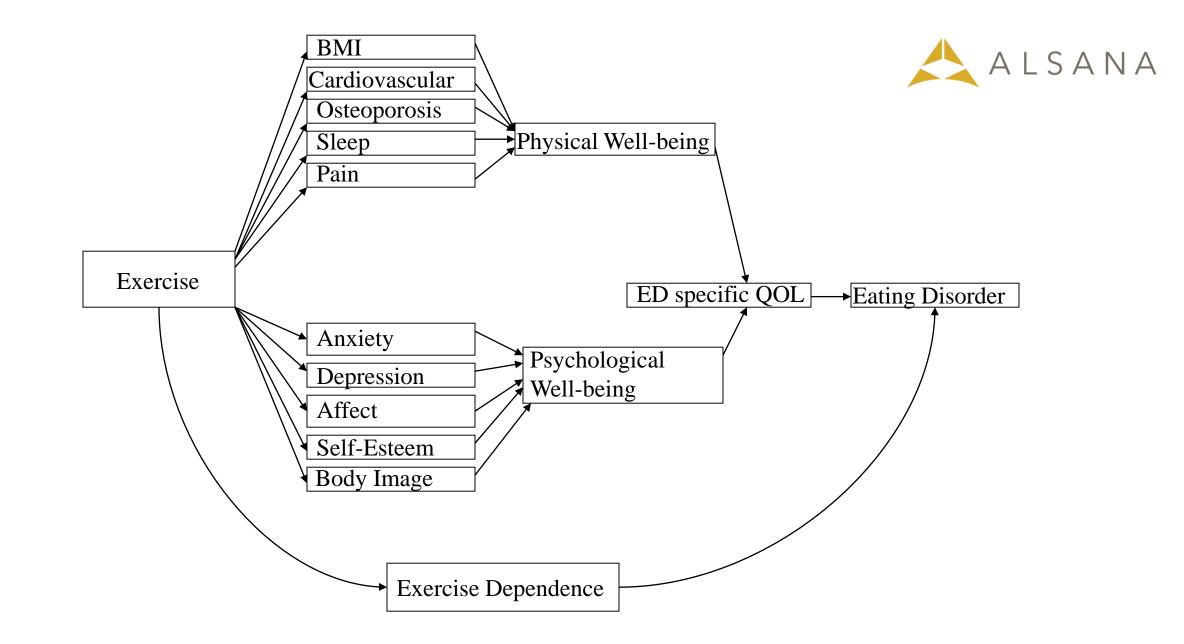
TAKE HOME:Psychological factors (e.g.,purpose or intent)distinguish exercisefrom movement

Must assess psychological factors to determine a client's sources of motivation for exercise and their readiness to change exercise behaviors

Importance of Psychological Factors



- The health benefits of exercise are well known
- How then can a "healthy" behavior lead to severe negative consequences associated with eating disorders?
- Several cross-sectional studies identified psychological factors (e.g., dependence, compulsion, etc.) as mediators of the exercise and eating disorders relationship
- Longitudinal studies confirmed intervening on such factors are related to decrease in eating disorders symptoms
 - Main outcomes reported were:
 - reduced compulsive exercise
 - patients' acceptance/compliance with treatment
 - reduced eating disordered psychopathology
 - reduction in anxiety
- Exercise <u>without</u> compulsion/dependence leads to health benefits
- Exercise <u>with</u> compulsion/dependence is associated with eating disorders

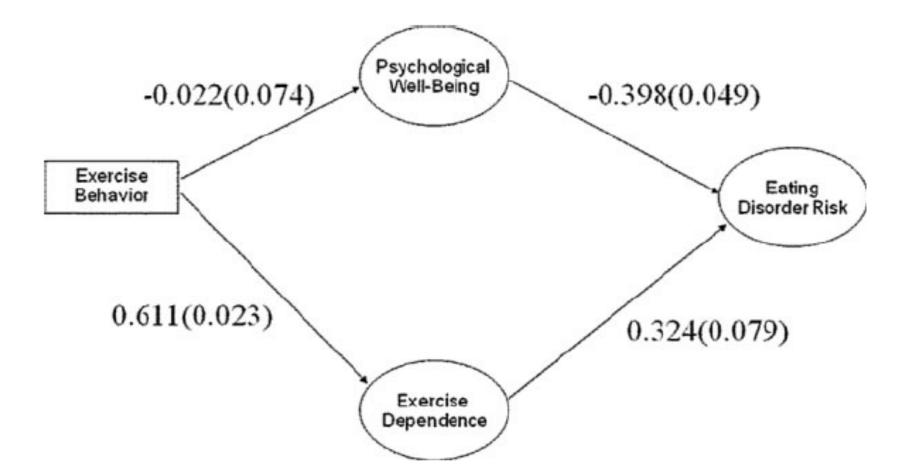


Hausenblas, Cook, & Chittester, 2008; Cook et al., 2010;2011

Evidence for Dualistic Relationship of Exercise 🛛 📥 ALSANA



14



NOTE: evidence did not support physical well-being associations with exercise

Cook et al., 2010;2011

Determining Which Psychological Factors



- Psychological factors best explain the exercise and eating disorder connection
- Appropriate assessments must focus on psychological aspects, rather than qualitative amounts of frequency, intensity, or duration of exercise
- Assessment informs interventions
 - Identify which psychological aspect(s) of exercise needs intervention

TAKE HOME: Recent assessments can help ascertain factors underlying the function of exercise in eating disorders. Identifying the function of exercise helps inform when a client is ready to begin or resume exercise.

Compulsive Exercise Test



- 24 items, 6 point Likert response
- Subscales:
 - Avoidance and rule-driven behavior
 - Weight control exercise
 - Mood improvement
 - Lack of exercise enjoyment
 - Exercise rigidity
- Developed as eating disorders specific measure of exercise
- Extensively used in eating disorders research

Exercise and Eating Disorders Questionnaire



- 18 items, 6 point Likert scale (Never Always)
- 4 Subscales
 - Compulsive exercise
 - Positive and healthy exercise
 - Awareness of bodily signals
 - Weight and shape related exercise
- Validated for use with females and males

Danielsen et al., 2015, Int J Eat Disord; 48(7): 983-993. Danielsen et al., 2018, Int J Eat Disord;51(5):429-438.

Exercise Dependence Scale



- Based on DSM-IV substance dependence criteria applied to exercise
- 21 item questionnaire
 - 3 items per each dimension of dependence
 - Tolerance
 - Withdrawal
 - Intensity
 - Lack of Control
 - Time
 - Reductions in other activities
 - Continuance
- Not eating disorder specific, but used widely in research

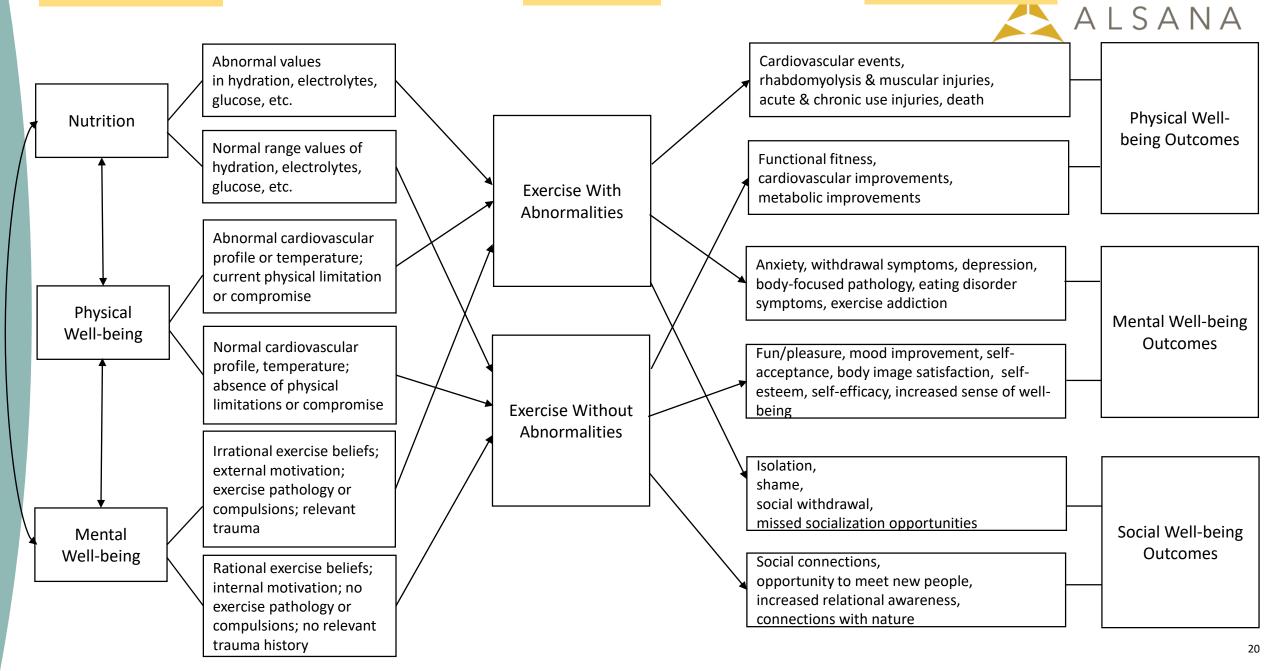
Hausenblas & Symons Downs, 2002; Psychology & Health, 17, 387-404

What to Look for in your Clients



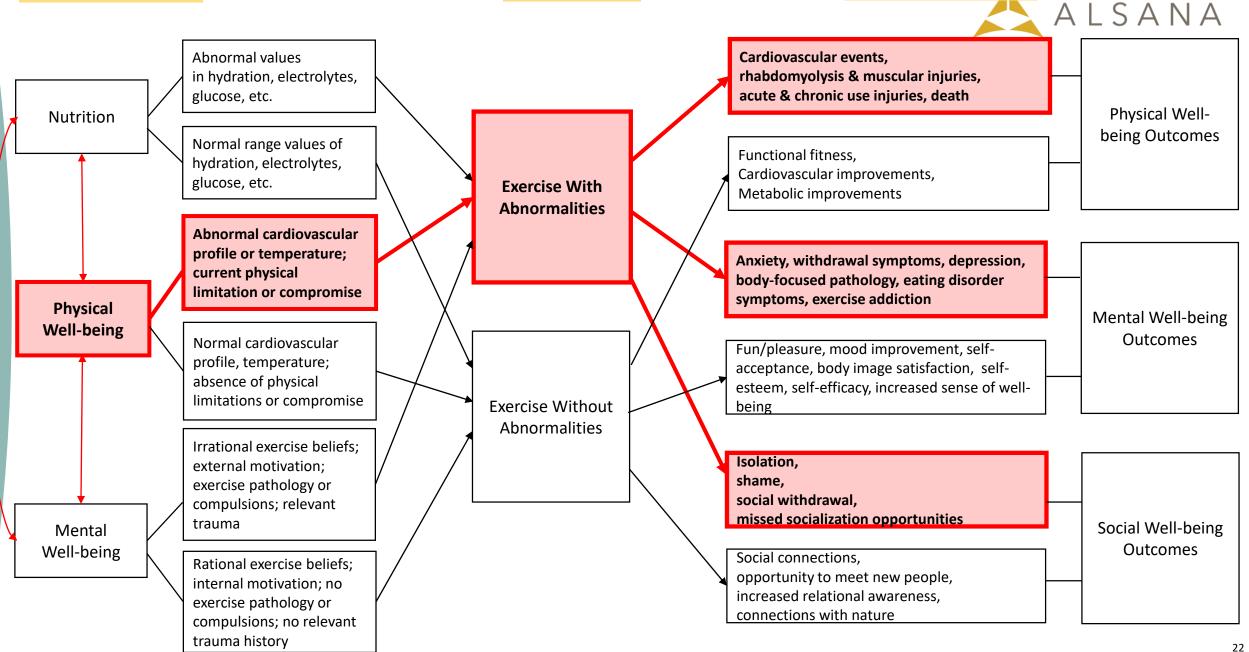
- Our model posits that exercise behavior alone is insufficient in explaining any outcome (positive or negative) in ED
- The interaction of antecedents with exercise behavior determine when, if, and how exercise may be used in ED treatment
- Checking on <u>Nutrition</u>, <u>Physical health</u> (i.e., medical contraindicators covered at the beginning of this webinar), & <u>Psychological Factors</u> are essential for helping to determine who is ready to exercise.

BEHAVIOR



CONSEQUENCE ANTECEDENTS BEHAVIOR 🔼 A L S A N A Abnormal values Cardiovascular events, in hydration, electrolytes, rhabdomyolysis & muscular injuries, acute & chronic use injuries, death glucose, etc. Physical Well-**Nutrition** being Outcomes Normal range values of Functional fitness, hydration, electrolytes, cardiovascular improvements, glucose, etc. **Exercise With** metabolic improvements **Abnormalities** Abnormal cardiovascular profile or temperature; Anxiety, withdrawal symptoms, depression, current physical limitation body-focused pathology, eating disorder or compromise symptoms, exercise addiction Physical Mental Well-being Well-being Outcomes Normal cardiovascular Fun/pleasure, mood improvement, selfprofile, temperature; acceptance, body image satisfaction, selfabsence of physical esteem, self-efficacy, increased sense of welllimitations or compromise **Exercise Without** being Abnormalities Irrational exercise beliefs: Isolation, external motivation; shame, exercise pathology or social withdrawal, compulsions; relevant missed socialization opportunities trauma Social Well-being Mental Outcomes Well-being Social connections, Rational exercise beliefs: opportunity to meet new people, internal motivation; no increased relational awareness. exercise pathology or connections with nature compulsions; no relevant trauma history

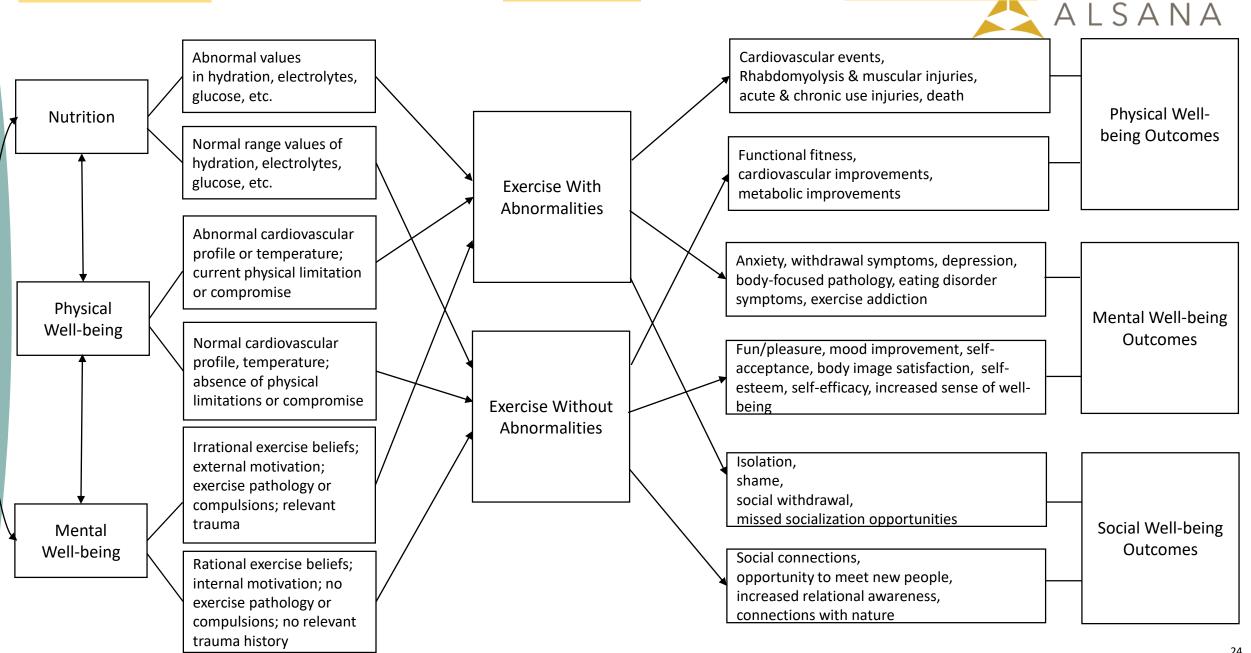
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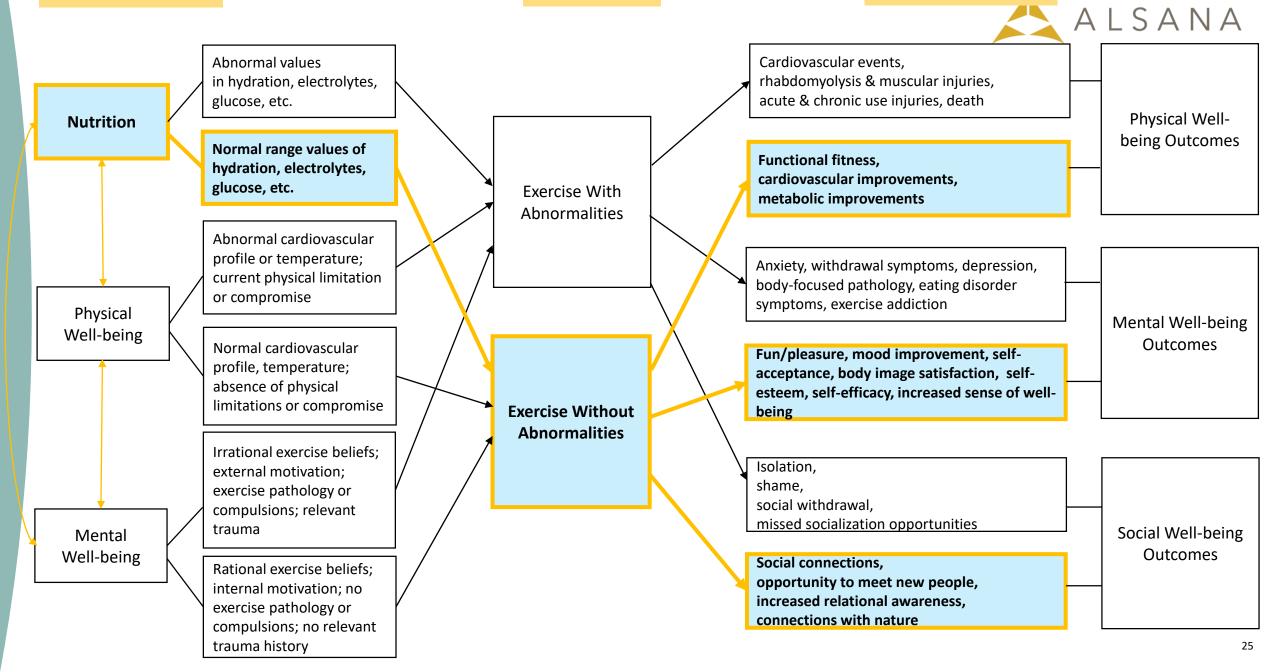
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[Nutrition	Abnormal values in hydration, electrolytes, glucose, etc.		Cardiovascular events, rhabdomyolysis & muscular injuries, acute & chronic use injuries, death	Physical Well-
		Normal range values of hydration, electrolytes, glucose, etc.	Exercise With Abnormalities	Functional fitness, cardiovascular improvements, metabolic improvements	being Outcomes
ſ	Physical	Abnormal cardiovascular profile or temperature; current physical limitation or compromise		Anxiety, withdrawal symptoms, depression, body-focused pathology, eating disorder symptoms, exercise addiction	Mental Well-being
	Well-being	Normal cardiovascular profile, temperature; absence of physical limitations or compromise	Exercise Without Abnormalities	Fun/pleasure, mood improvement, self- acceptance, body image satisfaction, self- esteem, self-efficacy, increased sense of well- being	Outcomes
	Mental	Irrational exercise beliefs; external motivation; exercise pathology or compulsions; relevant trauma		Isolation, shame, social withdrawal, missed socialization opportunities	Social Well-being
	internal m exercise pa compulsio	Rational exercise beliefs; internal motivation; no exercise pathology or compulsions; no relevant trauma history		Social connections, opportunity to meet new people, Increased relational awareness, Connections with nature	Outcomes 23

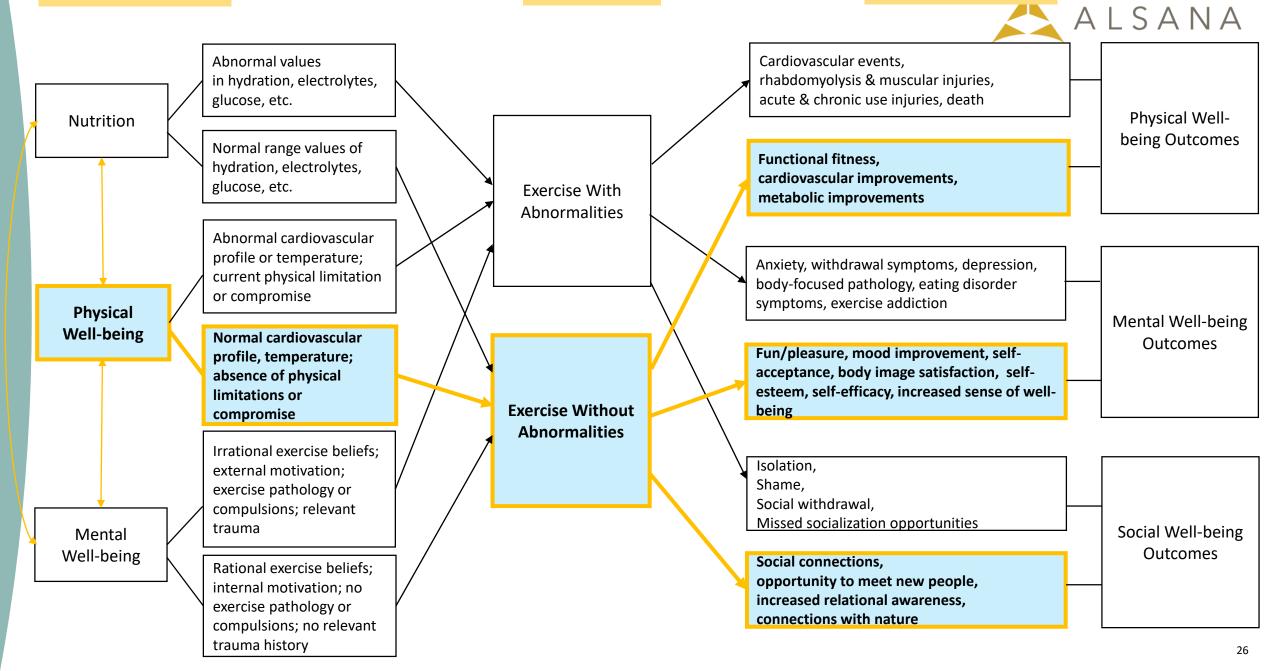
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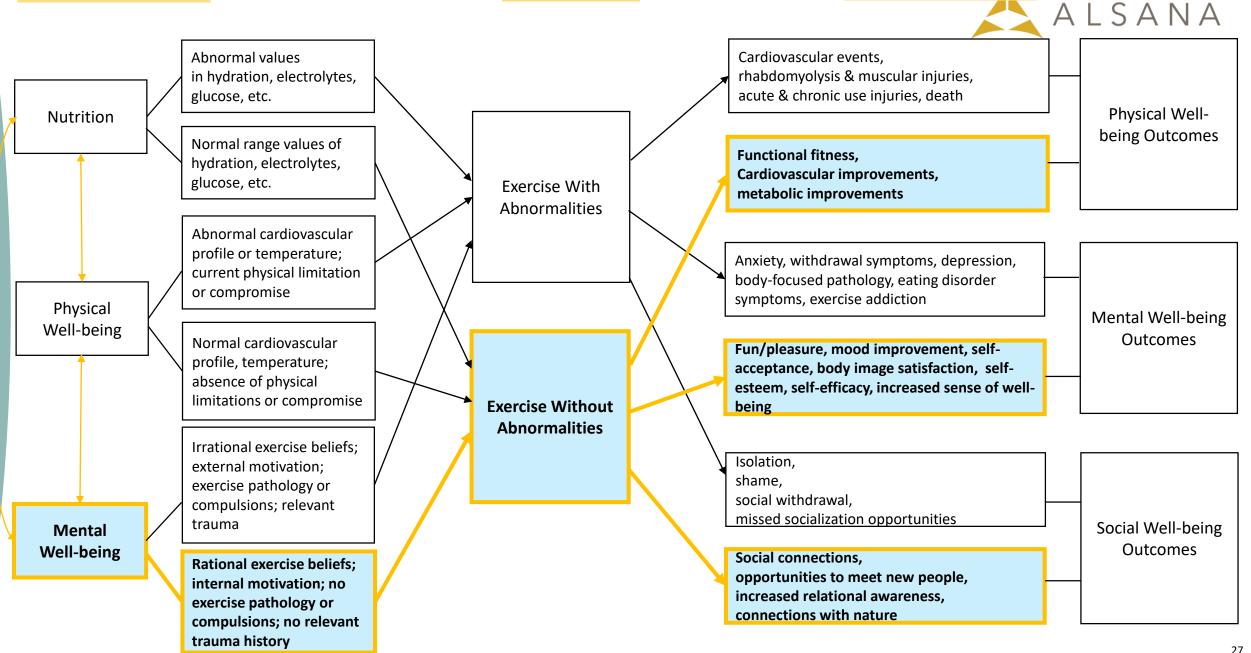
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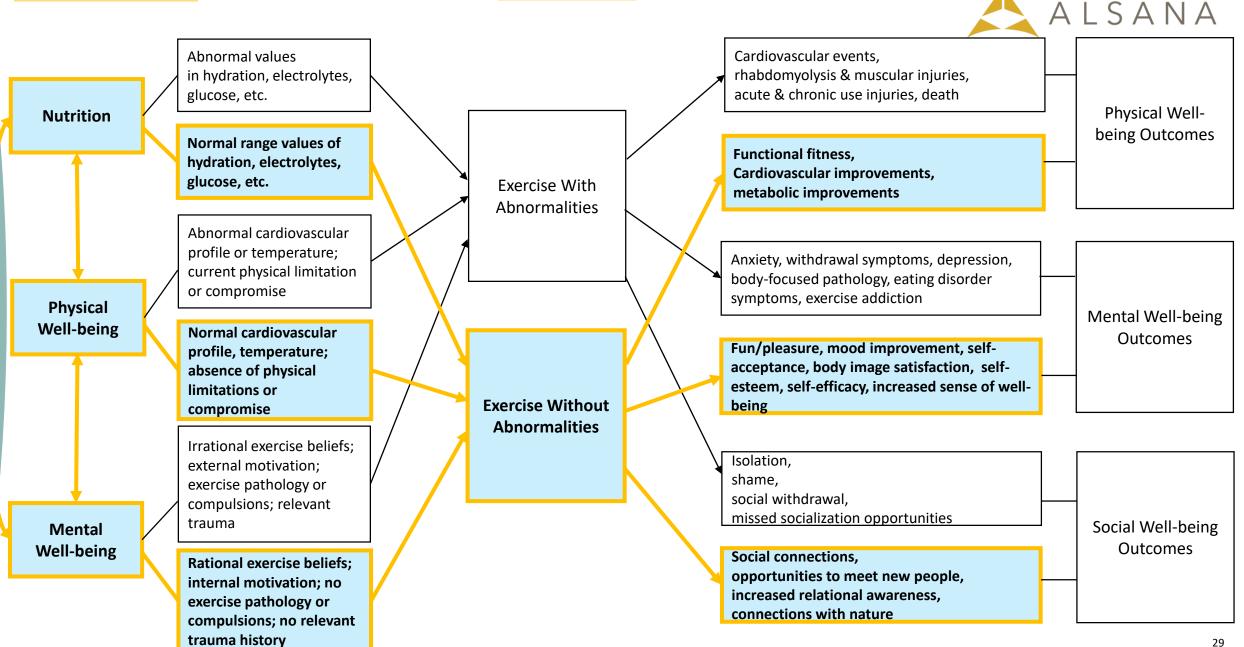
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Λ		Normal range values of hydration, electrolytes, glucose, etc.	Exercise With Abnormalities	Functional fitness, cardiovascular improvements, metabolic improvements	being Outcomes
	Physical Wall being	Abnormal cardiovascular profile or temperature; current physical limitation or compromise		Anxiety, withdrawal symptoms, depression, body-focused pathology, eating disorder symptoms, exercise addiction	Mental Well-being
	Well-being	Normal cardiovascular profile, temperature; absence of physical limitations or compromise	Exercise Without Abnormalities	Fun/pleasure, mood improvement, self- acceptance, body image satisfaction, self- esteem, self-efficacy, increased sense of well- being	Outcomes
	Mental Well-being			Isolation, shame, social withdrawal, missed socialization opportunities	Social Well-being Outcomes
	Rational exercise beliefs; internal motivation; no exercise pathology or compulsions; no relevant trauma history	internal motivation; no exercise pathology or compulsions; no relevant		opportunities to meet new people, Increased relational awareness, Connections with nature	

BEHAVIOR



Take Home Messages



- Determining if/when your client is ready to incorporate exercise into their treatment or recovery is complicated
- Focusing on behavior or behavior modification is misleading
 - Understanding the "why" of the behavior is much more important in eating disorders than modifying the behavior itself
- Three main factors to consider:
 - Medical contraindicators
 - Nutrition/meal plan adherence
 - Psychological factors





Thank you!

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