

ALSANA

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

# DISCLAIMER!!

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!

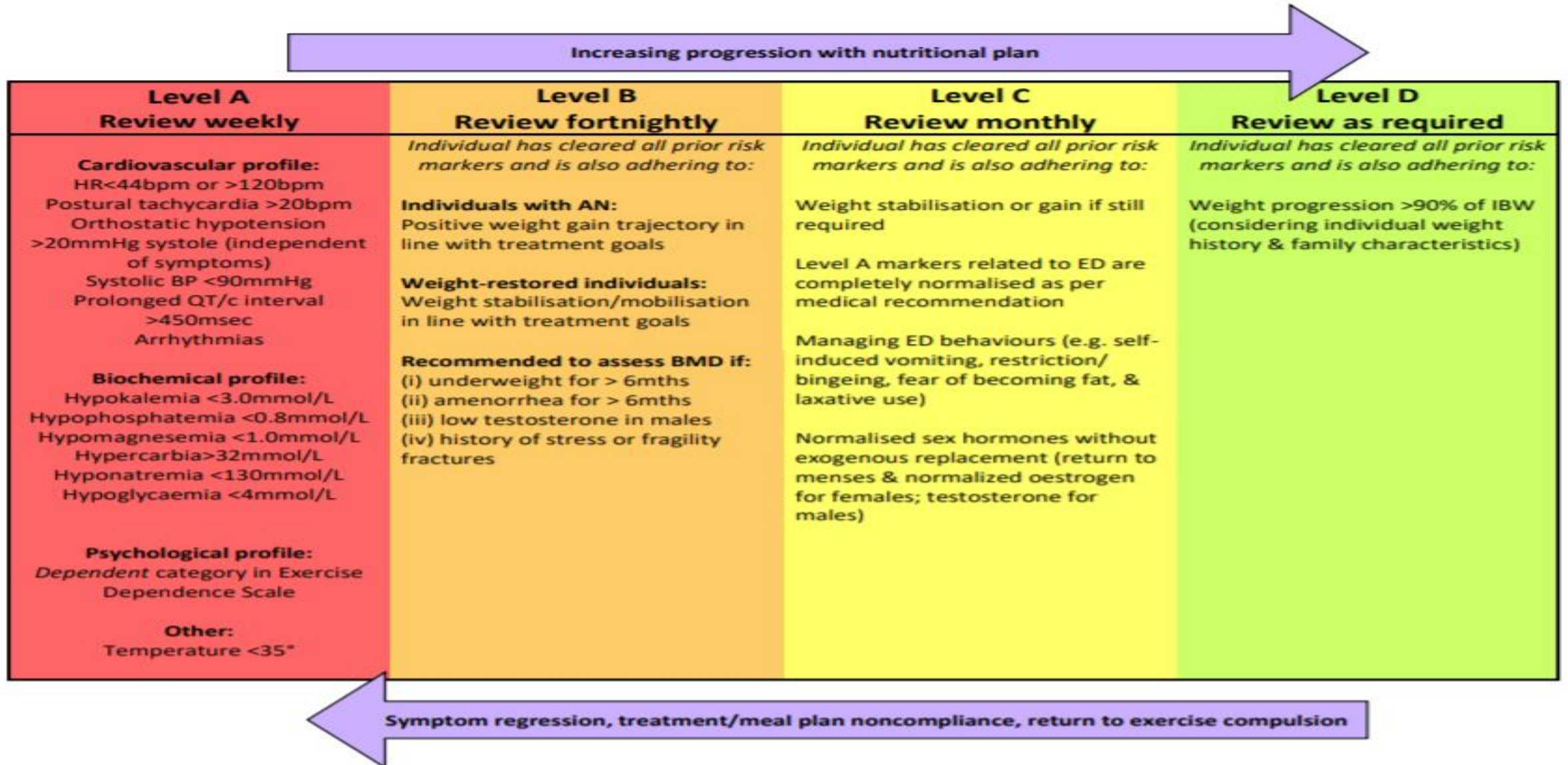


- The role of proper nutrition cannot be understated!
  - Must adhere to an adequate meal plan
- Body size is NOT a proxy or indicator for exercise safety
- Recognize the distinction and connections among cognitive and behavioral factors for exercise
  - Antecedents, motivations, beliefs, expectations, etc. all *drive* exercise behavior
    - These differ among individuals with or without 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 (<https://www.safeexerciseateverystage.com/> )



# Contraindicators & RED FLAGS

- Which clinical factors to monitor (source – [SEES Guidelines](#) p. 28)



# Absolute Contraindicators for Exercise

(source – [SEES Guidelines](#) 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

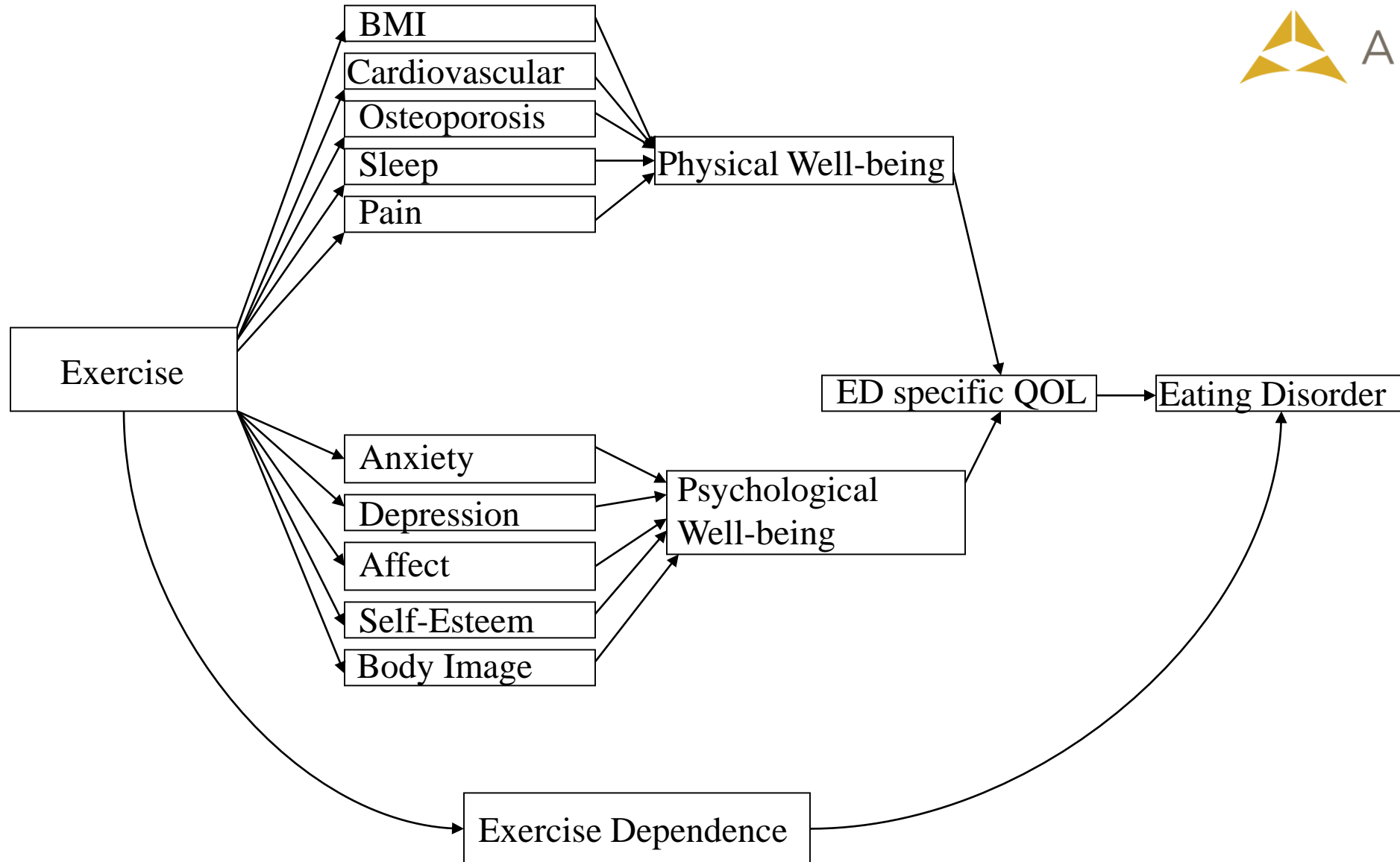
- Physical Activity – Any muscular movement
- Exercise – Movement for a **specific purpose or intention**
  - Behaviorally appears the same
  - **Motivation or drive for exercise is VERY different**
- **Must PROCESS the mental side of exercise**
- Many moving parts
  - Behavioral
  - Normative and social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

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

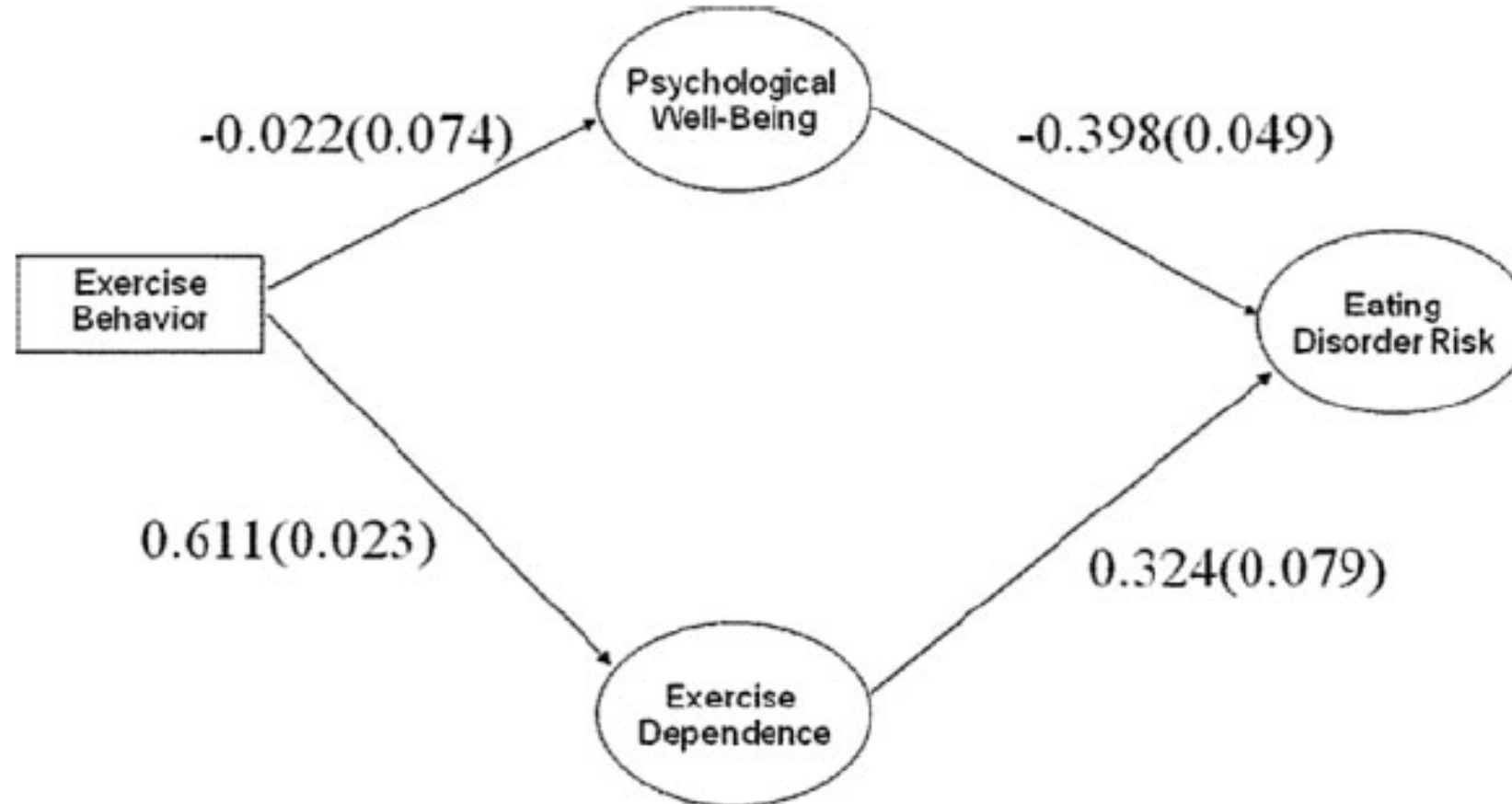
*Must assess psychological  
factors to determine a  
client's sources of  
motivation for exercise  
and their readiness to  
change exercise behaviors*

# 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 **without** compulsion/dependence leads to health benefits
- Exercise **with** compulsion/dependence is associated with eating disorders



# Evidence for Dualistic Relationship of Exercise



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

# 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

Taranis et al., 2011; Eur. Eat. Disorders Rev, 19; 256–268

# 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

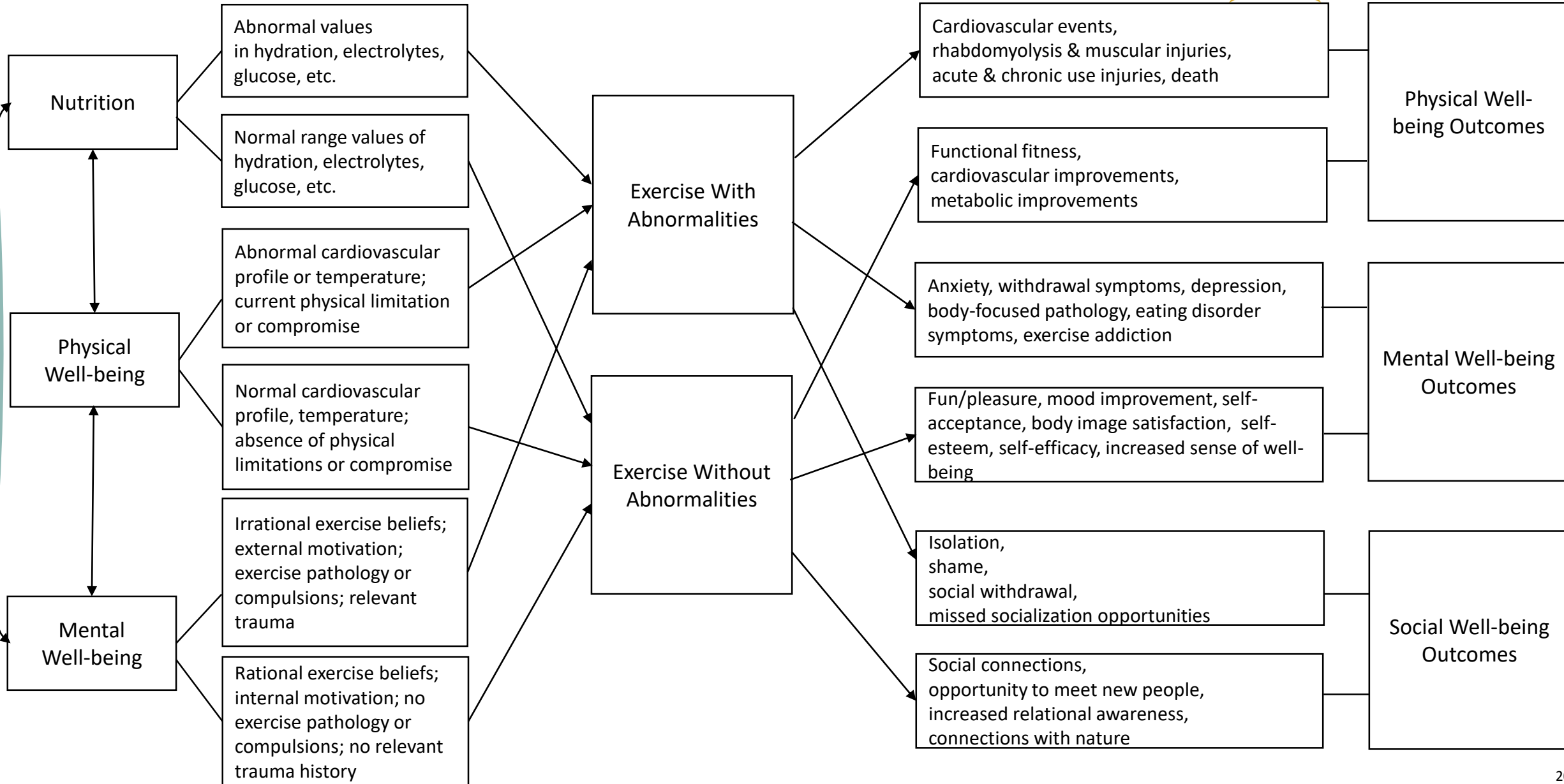


- Our model posits that exercise behavior alone is insufficient in explaining any outcome (positive or negative) in ED
- The interaction of antecedents with exercise behavior determine when, if, and how exercise may be used in ED treatment
- Checking on **Nutrition**, **Physical health** (i.e., medical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

# ANTECEDENTS

# BEHAVIOR

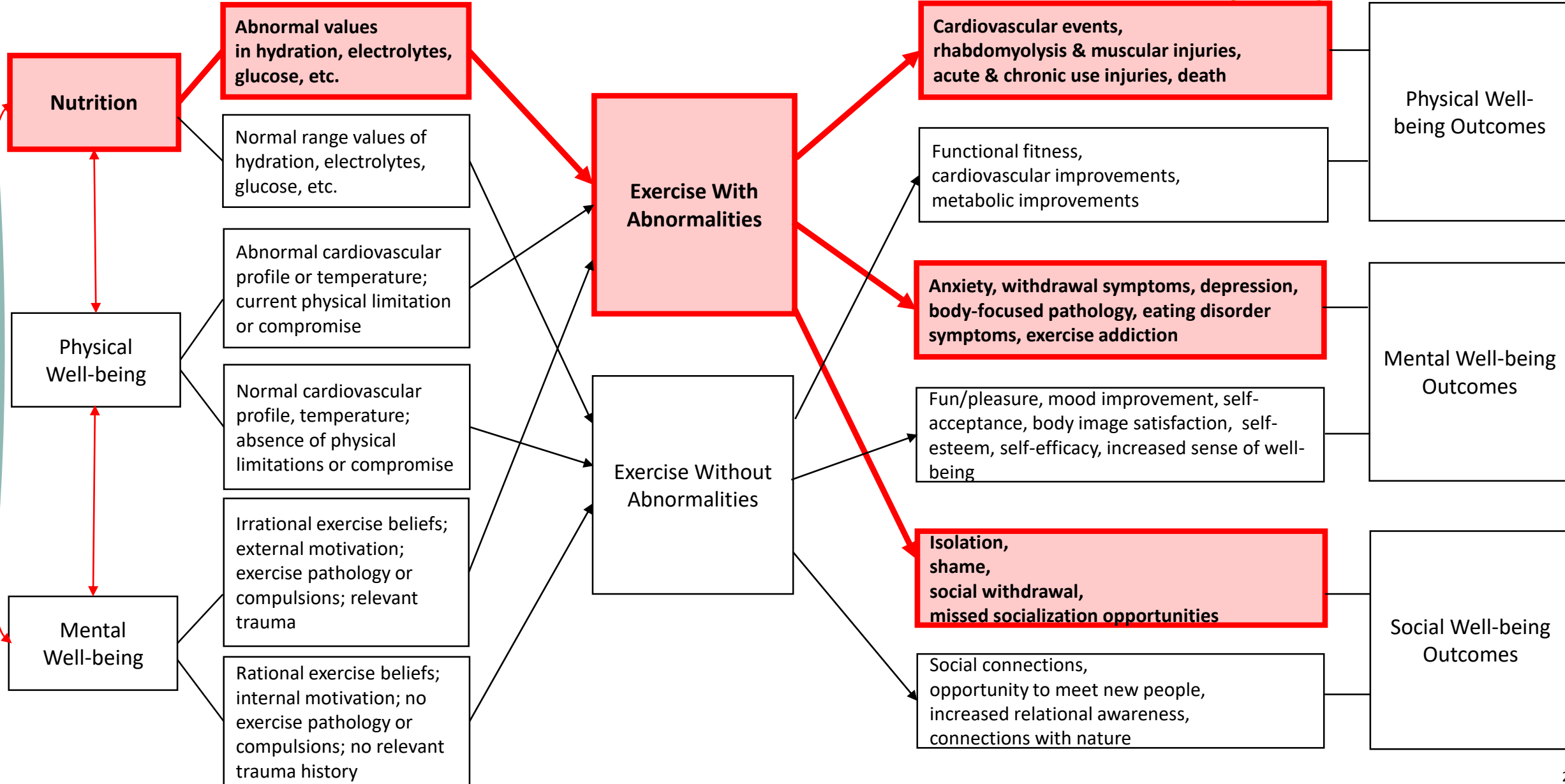
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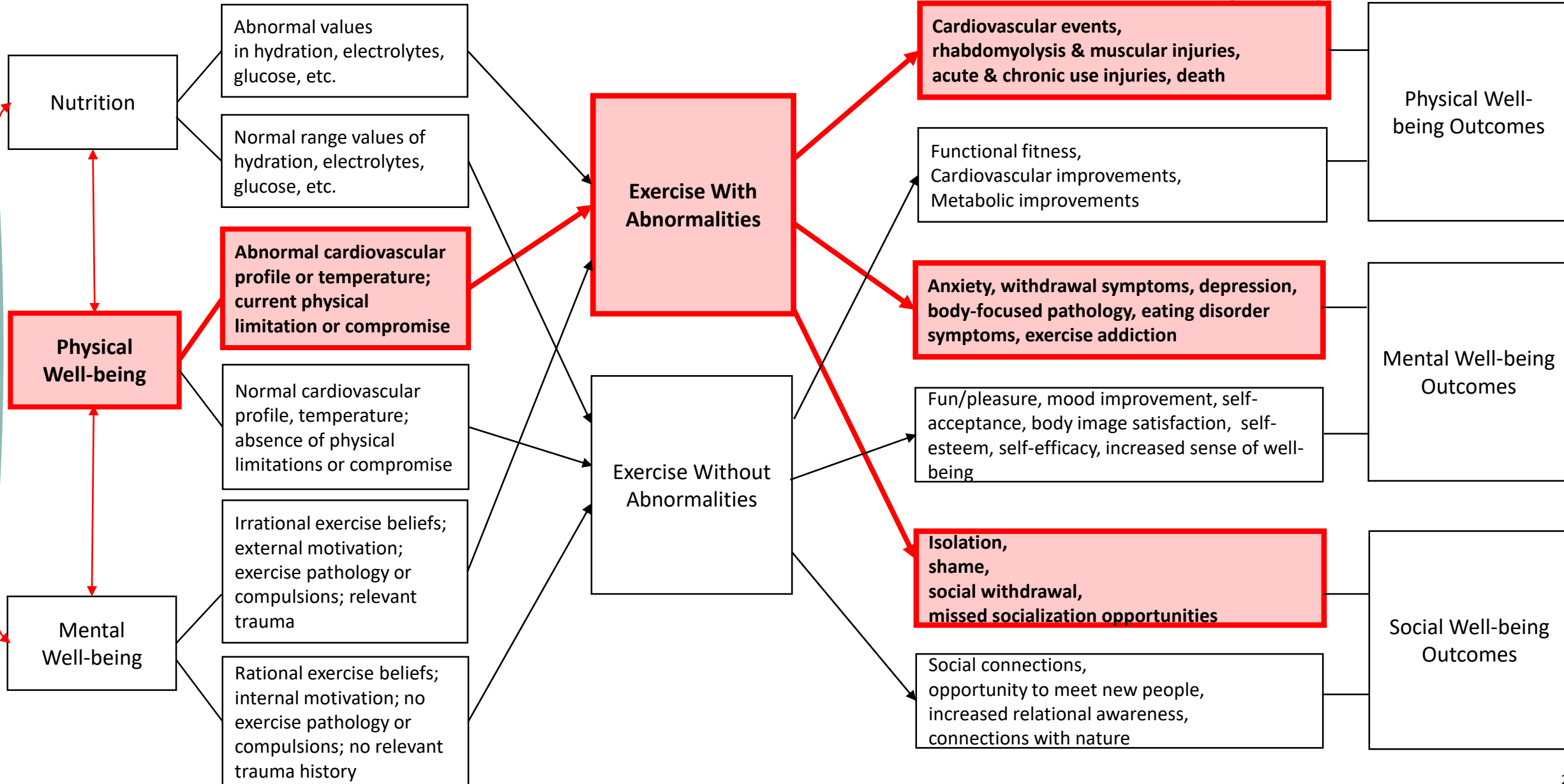


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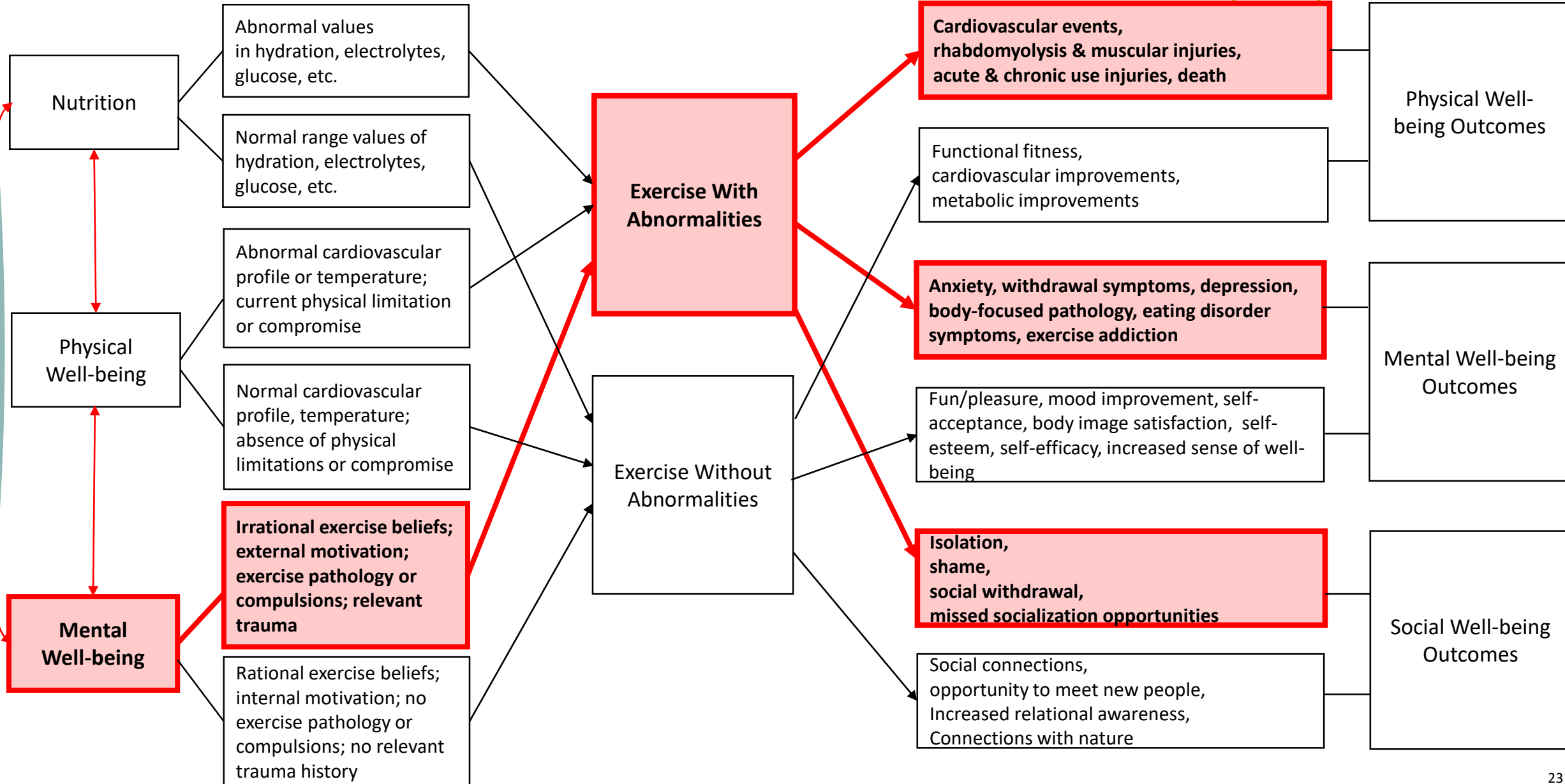




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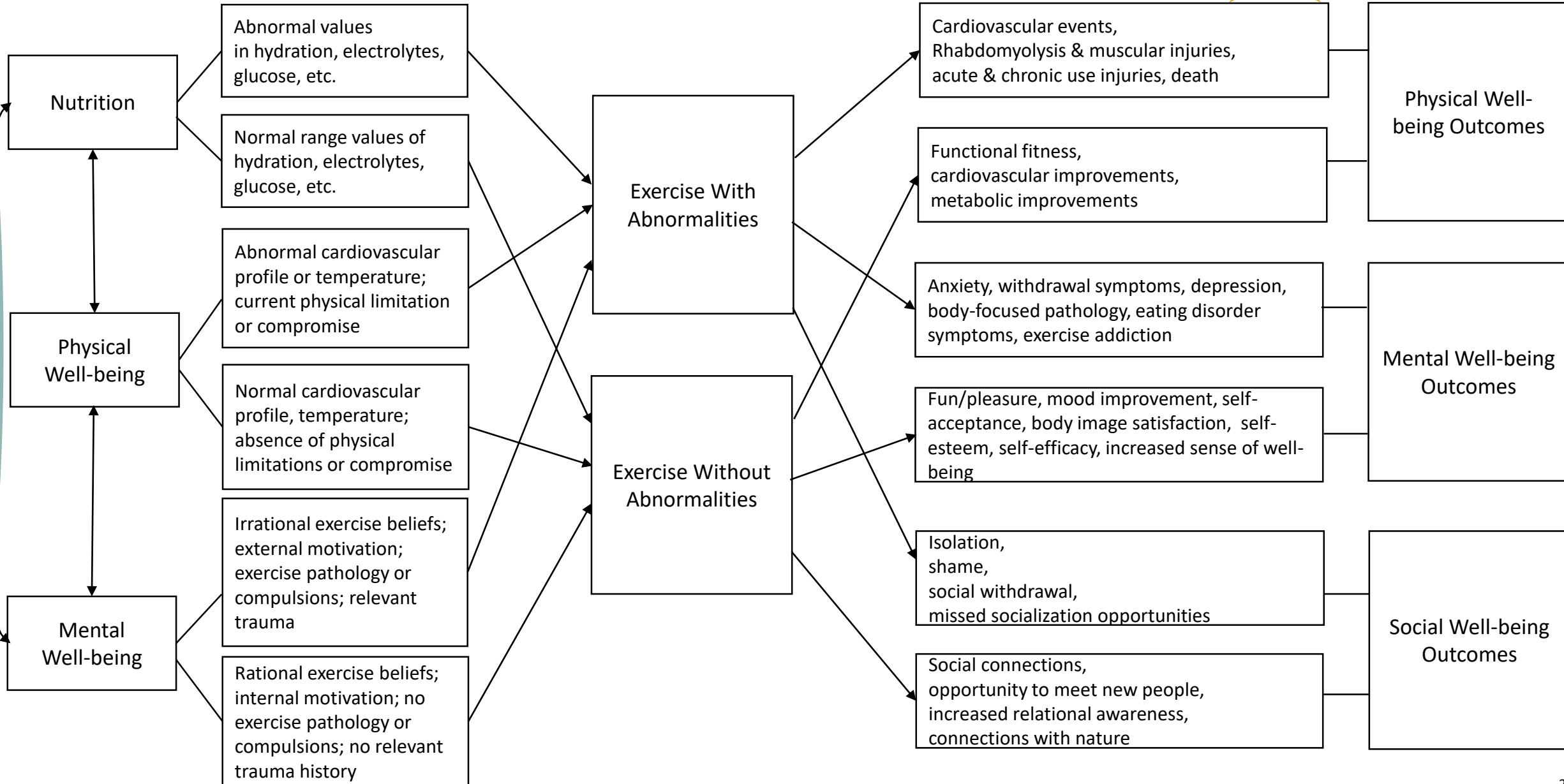
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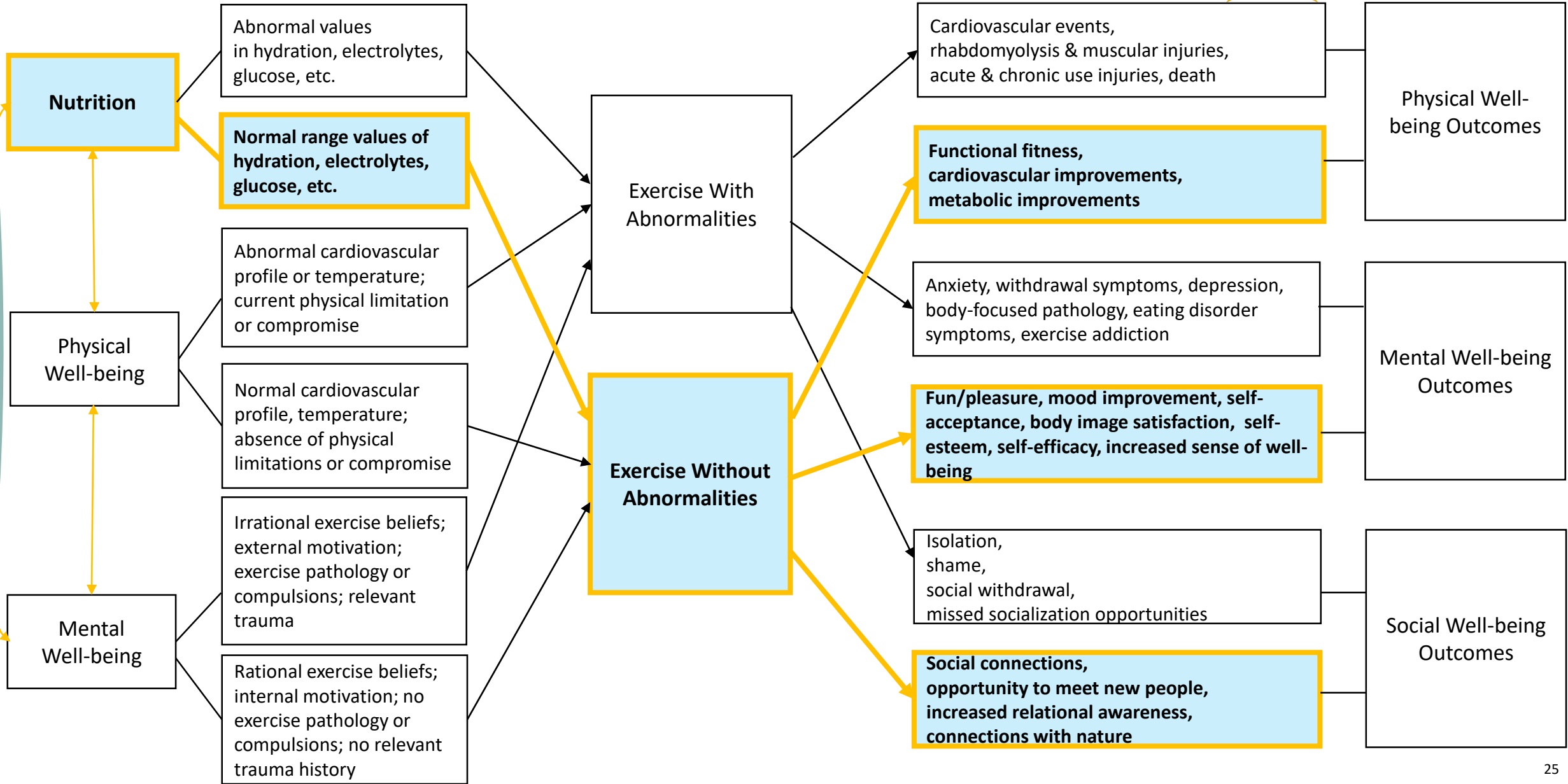
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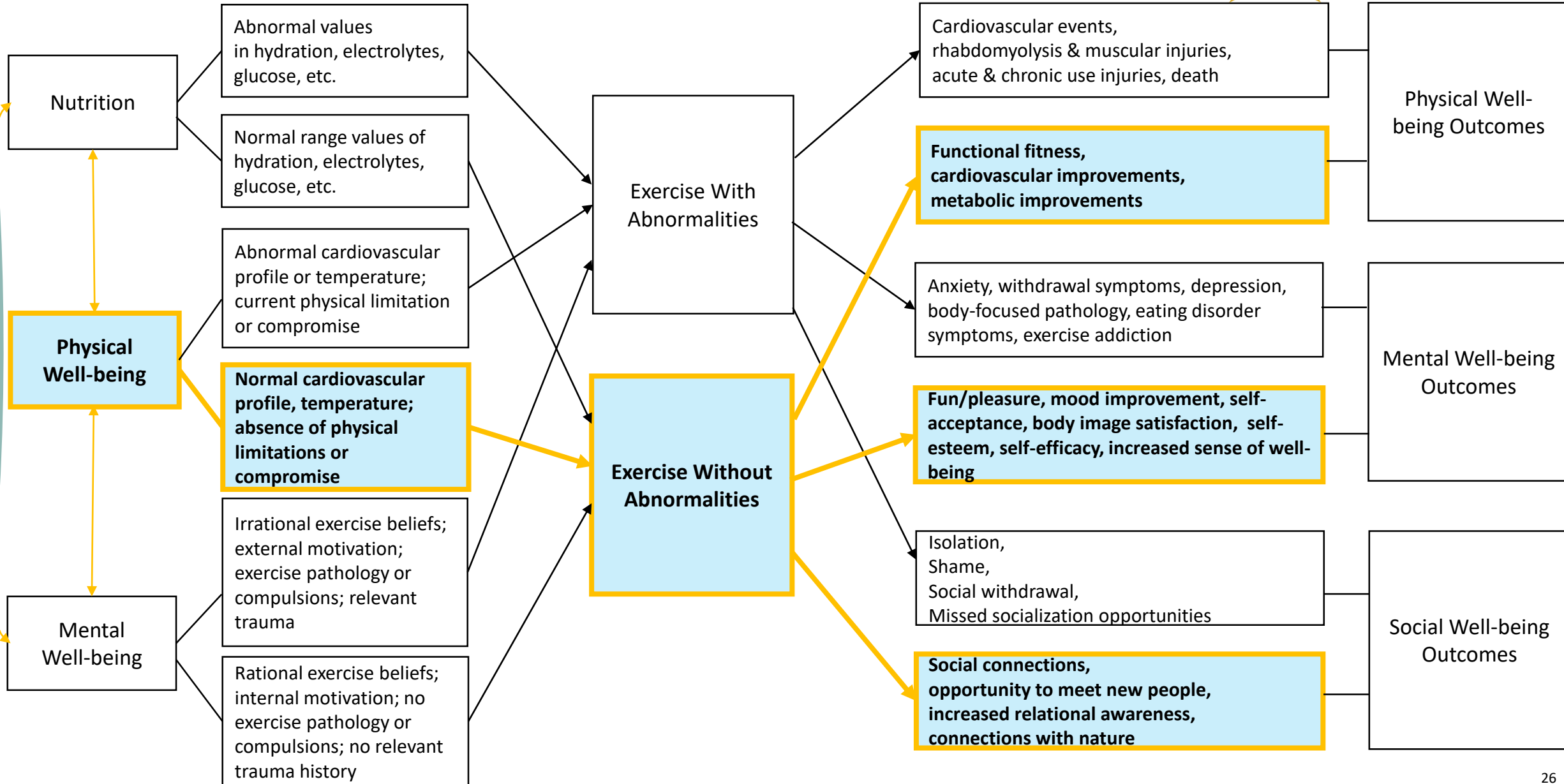


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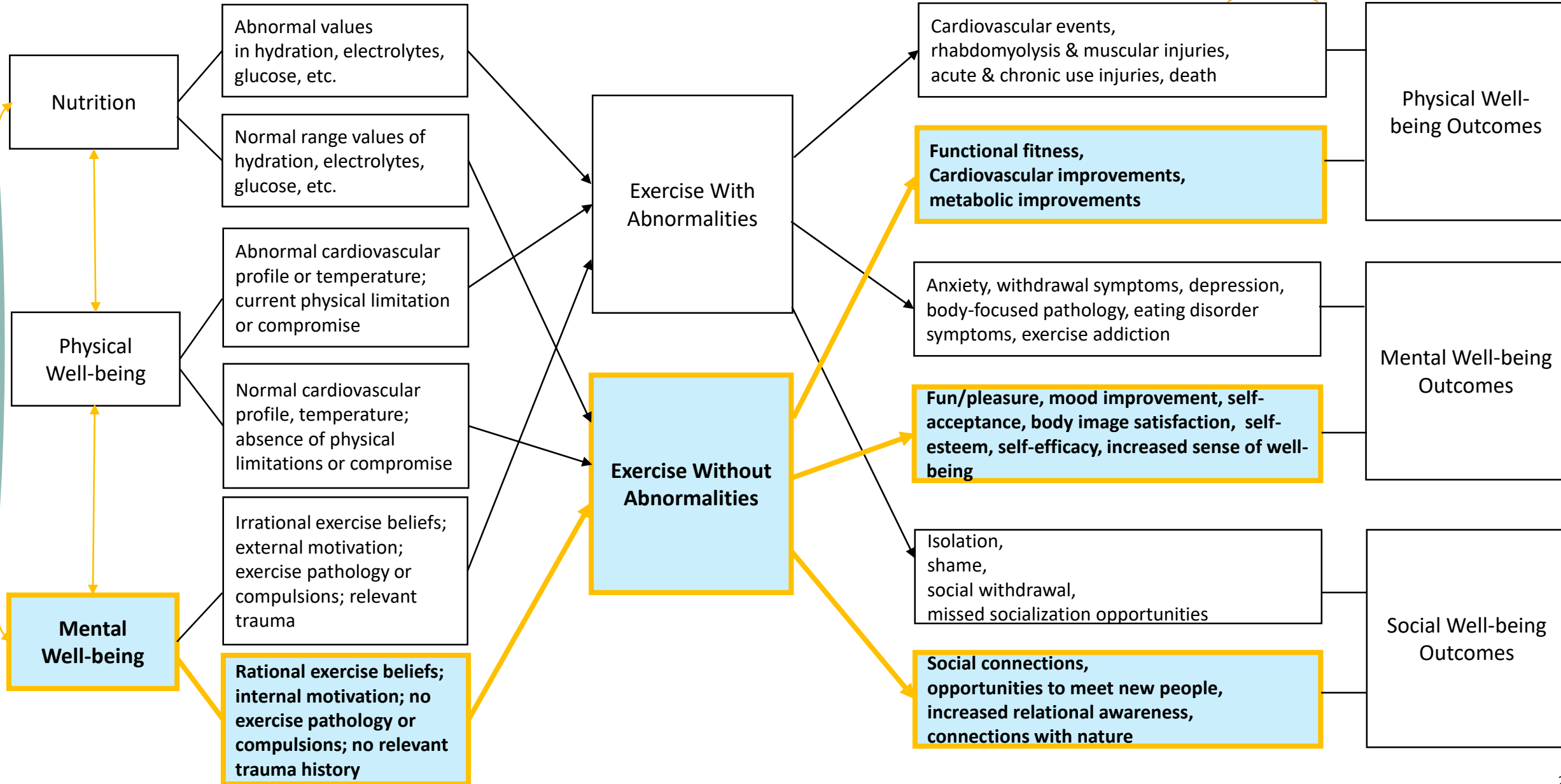


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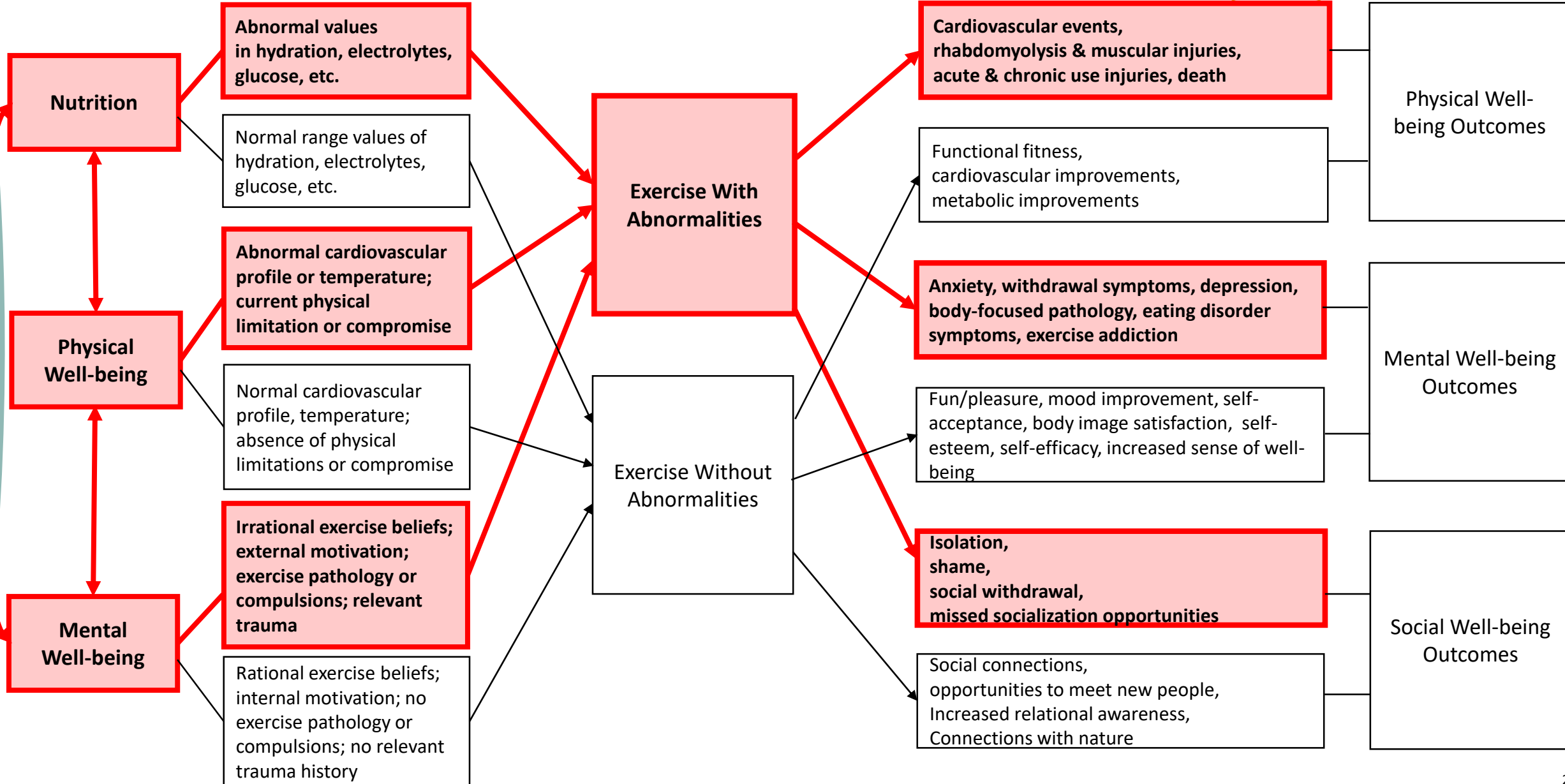
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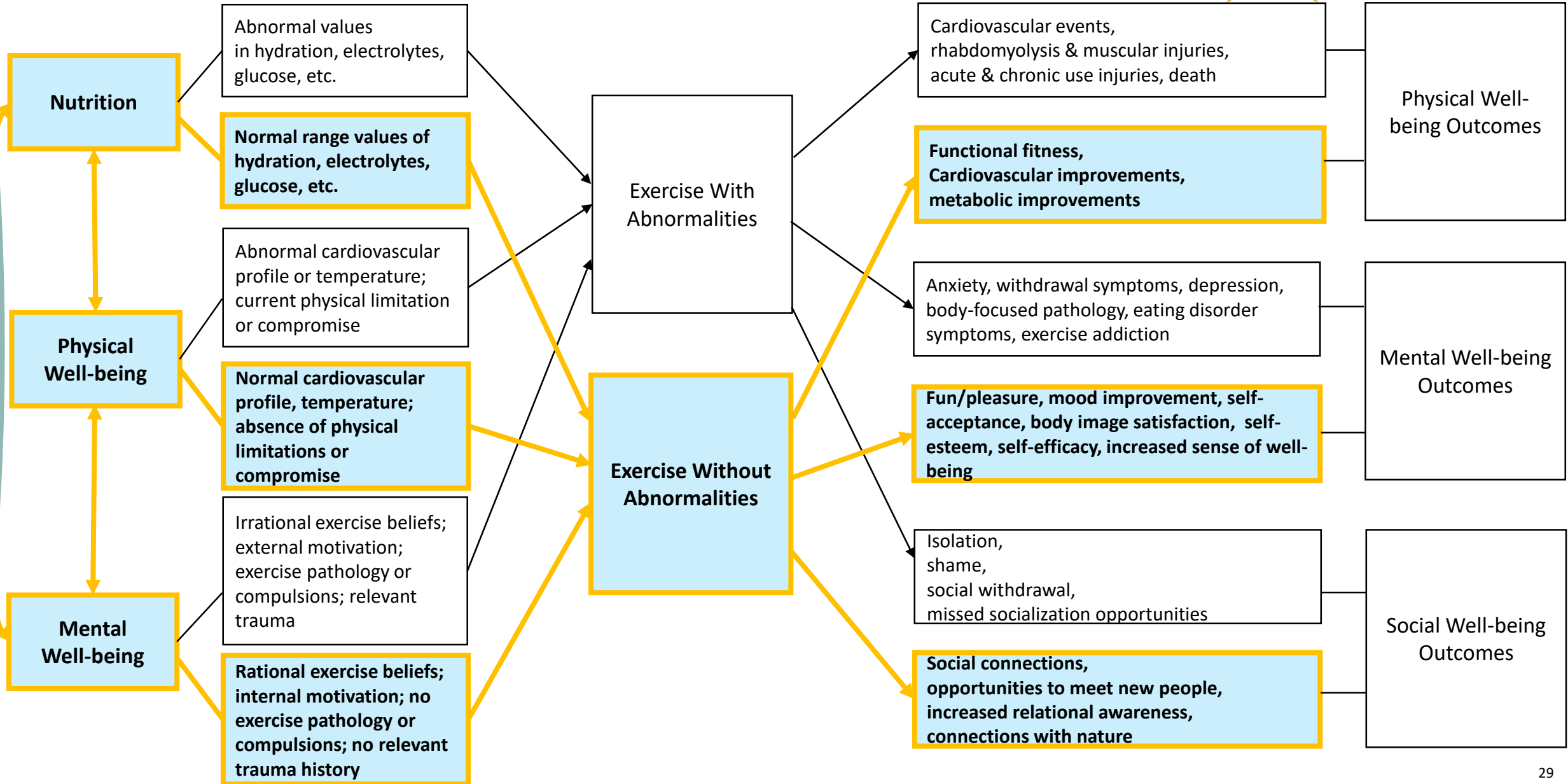
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# Take Home Messages

- 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!

[Brian.cook@alsana.com](mailto:Brian.cook@alsana.com)