



## Exercise Addiction and Eating Disorders

While potentially among the most difficult of issues for your facility and staff to address, exercise addiction and eating disorders may prove to be among the most important.

*By Shana McGough, Writer and Online Editor*

A university fitness facility can act as an irresistible magnet to those in the campus community with eating disorders and exercise addiction, but facilities are also uniquely positioned to provide an opportunity for intervention. **Amy Gleason**, senior nutritionist for the Adolescent Eating Disorder Program at **McLean Hospital**, Belmont, Mass., estimates that for the 1 to 3 percent of the population diagnosed with an eating disorder, perhaps as high as 90 to 95 percent of these people are using a fitness center. And college students, she points out, are a prime target for eating disorders, given the life changes many are experiencing. Many are away from home for the first time and may feel heightened social pressure, including pressure to be thin and fit.

### Reason for concern

There are a myriad of reasons to take steps to address this issue in your facility. Clearly, from an ethical standpoint, any intervention that could be made to help those with an eating disorder or exercise addiction get help or treatment should be done. And, with fitness facilities a likely location for these populations to frequent, there are more opportunities to notice and have a positive effect on someone exercising unhealthily.

Tracy Noonan, physical therapist, personal trainer and founder of Direct Access Physical Therapy, Boston, Mass., points out that college is a good time to instill exercise as a healthy habit. And university facilities are a prime setting to shape students' exercise attitudes and steer them away from compulsive gym use. This means facility managers and staff have the ability to provide an intervention with someone who has an exercise addiction or eating disorder. "Using the gym as a vehicle to promote wellness and well-being [is ideal]," explains Noonan, because it's the one place where a lot of diverse people gather at once, making it a perfect forum to use literature and other forms of education to increase people's awareness. The most common problem in the realm of exercise addiction and eating disorders is body image, says Noonan. Exercise is also used by people with bulimia as part of a binge and purge cycle.

Beyond simple ethics, facility managers and staff have another reason to care about and address this issue: liability. Gleason explains that eating disorders can go undetected for a long time, and while people with eating disorders may be at normal weight and not appear to be unhealthy, they do have serious underlying health risks. One common risk is dehydration before exercise has even begun (bulimics, in particular, lose potassium and sodium, causing problems with electrical activity in the heart); another is hypoglycemia. Either of these could result in an exerciser passing out and potentially hitting their heads, which is a clear safety concern, as well as a liability issue. Even if the exerciser doesn't pass out at the gym, hospitalization or death as a result of gym overuse can still come back to haunt the facility. Gleason says that nationally, there are such lawsuits pending against fitness centers.

## Warning signs

Though people with eating disorders and exercise addiction may not outwardly look different than other exercisers, there are some warning signs you and your staff can be on the lookout for.

**Loners.** Potential candidates for concern include people who always work out alone and who seem isolated from others, which may include staying in a corner, possibly with the same piece of equipment all the time. They may also avoid assessments and interaction with trainers and staff (which can make it more difficult to approach them, Gleason acknowledges).

**Rigid routine.** Be aware of people who always follow the same exercise pattern, without any variety, especially those who exercise for more than two hours daily, repeatedly.

**Increase in exercise time.** Another potential warning sign is someone who suddenly increases the amount of time spent at the gym (say from one hour to two to three hours).

**Fixation on weight loss.** Facility staff may want to check in with people who look like they have suddenly lost a lot of weight. Also cause for concern can be people who talk about needing to lose weight when they don't appear to, especially if they talk about needing to exercise a certain amount to burn off a meal or specific foods they ate.

**Exercising when unwell or injured.** Be on the lookout for people who are sweating and out of breath soon after they start to exercise -- a sign that something could be metabolically wrong, even if not a case of an eating disorder, says Gleason. People with eating disorders or exercise addiction will also continue exercising in spite of fatigue or injury. "You will usually see these people exercising to the point of pain and beyond," says Gleason.

**Social changes.** Peers (who include your student staffers) should take note of students who skip class, work and/or social plans for their workouts -- basically, when exercise begins interfering with other areas of their lives. A bonus to having student staffers, says Gleason, is that they may be more comfortable approaching other students with concerns, and students who have an exercise addiction or eating disorder may be more comfortable confiding in a peer. She also recommends investigating at time of hire potential staffers' mentality about exercise, to ensure that they will be healthy exercise role models.

## What to do?

There is another side to the liability issue to beware of regarding eating disorders and exercise addiction in your facility: the risk of discrimination, or the appearance of discrimination. Noonan explains that eating disorders are classified as a disability, so facility operators must take care to stay in compliance with the Americans with Disabilities Act, which prevents discrimination against people with disabilities. The best way to do this, she says, is to have guidelines in place requiring screenings and medical clearance for all facility users prior to beginning exercise. If everyone is screened prior to beginning an exercise program, she explains, then anyone with a body mass index below a certain number can be required to get a doctor's permission to exercise. If everyone undergoes the same screening and is subject to the same guidelines, then facilities are clear of the discrimination problem. Another benefit to initial screenings is that people with potential exercise problems can be flagged and monitored more closely.

Having guidelines and screenings in place to address exercise addiction and eating disorders is probably the easiest way to handle the issue. But, it is probably inevitable that situations may need to be handled

on an individual basis as well. On the sticky subject of approaching an exerciser you have concerns about, Noonan advises, "be nonconfrontational, but do address the topic." Gleason suggests that when approaching someone, express concern and be ready to explain healthy exercise patterns, and have handouts and other resources available. The key to approaching someone without scaring them off is to create a relationship with them prior to bringing up any concerns, they advise.

Gleason says that unhealthy uses of exercise are not necessarily obvious -- exercisers won't be complaining or bringing their potential problems to anyone's attention. Asking why a person is training and/or what their exercise goals are is one way to start a conversation and get information. It is also important to document any such conversations you have.

Many staff members may feel that they are not the most appropriate ones to approach someone, and Gleason acknowledges that that may be true; nutritionists or counselors may be more ideal to handle the situation. However, a fitness center may be the place where a potential problem is first recognized. Thus, facilities provide staff the opportunity to connect with someone who may need help, even if it's simply having a conversation and offering resources.

Noonan also suggests using strength training as a conversational starter with individuals you are concerned about, as most people with exercise addiction and eating disorders will tend to spend the majority of their time on cardio training. Explaining the benefits of strength training and increasing muscle mass are good educational interventions, as is discussing overuse syndrome and the injuries that could develop, she says. Gleason also suggests asking individuals if they feel they are making fitness gains, as many people using exercise unhealthily will not be gaining muscle and may be getting weaker.

### **Make a difference**

Though addressing the topic of eating disorders and exercise addiction is not an easy one, it may be among the most important your facility tackles. As Gleason points out, someone suffering from exercise addiction or an eating disorder is lonely and isolated. Though approaching these people may be difficult and thankless, and they may be in denial, they may also be waiting for someone to notice and help them.