

The New York Times

ON THE WEB

Workouts Are Potent Medicine for the Mentally Ill

By ABBY ELLIN

MATTHEW HASS is not sure what caused him to blow up to 300 pounds: his sedentary lifestyle, a diet devoid of fruits or vegetables or the medications he took for bipolar disorder. Not that the cause mattered. Mr. Hass knew he was at a crossroads: at 27 he said he felt like a "heart attack waiting to happen," so he decided to give exercise a chance. "I was ready to try something else that would help my moods," he said, "and maybe help me lose some weight too."

Mr. Hass, now 28, began working out with a personal trainer on Fridays, thanks to a program in Keene, N.H., called In Shape that pairs people with severe mental illnesses with mentors to guide them through a fitness regime. For almost a year and a half he also did circuit training and played tennis with his mentor. Since he signed up for In Shape not only has he lost 30 pounds, but he said his moods are steadier.

His experience illustrates why mental health experts increasingly recommend exercise for people with severe mental illness. It helps them stay physically healthy, which is crucial in a population that the surgeon general estimated in 1999 loses on average 15.4 years' life expectancy. And research suggests that by improving mood, exercise can be a beneficial accompaniment to other kinds of treatment for mental illness. While exercise is unlikely ever to replace medication and psychotherapy, experts say, it can increase the likelihood that those traditional strategies will be effective.

Scientists have long known that exercise lifts the spirits of people without mental illness, and hundreds of studies have shown how it can improve the psychological health of those who suffer moderate depression, whether or not they take medication or engage in talk therapy.

But newer research has looked specifically at what good exercise can do for people with conditions like bipolar disorder, schizophrenia and severe anxiety disorders. In a recent study at Boston University, for example, 15 previously sedentary patients suffering from mood or psychotic disorders exercised with an instructor three times a week. After three months they reported that their symptoms of depression had lessened, and that they felt a sense of empowerment they had not known before.

A similar study, at the University of Florida College of Nursing at Gainesville, looked at the effects of an aerobic exercise program on 20 people with schizophrenia. After four months of working out three times a week, the patients lost weight and gained cardiovascular fitness. And compared with a control group of sedentary patients, the exercisers also had fewer psychiatric symptoms, like social withdrawal and paranoia.

Mental health experts, already concerned about their patients' weight and inactivity, have been spurred by such research to encourage patients to work out. Many have started programs like In Shape to help people with severe mental illness get moving.

"More and more people in the field are looking at this because people with mental illness are dropping dead from things that are lifestyle related," like a lack of exercise and poor nutrition, said Dori Hutchinson, the executive director of services at the Center for Psychiatric Rehabilitation, a research center at Boston University that recently began a four-day-a-week program. Patients walk, stretch and lift weights with a trainer and once a week play basketball or soccer. They also learn about nutrition and cooking.

At Fountain House in Manhattan people with schizophrenia and bipolar disorder get together to do yoga or tai chi three times a week or to walk for an hour or two. Last month **McLean Hospital**, a psychiatric hospital in Belmont, Mass., opened a fitness center with cardiovascular and strength training equipment. Soon yoga and aerobics classes will be added. "Ideally we'd like them to go most days for an hour," said **Sally Jenks**, the director of business development at the hospital.

In Shape, which began two years ago, is one of the more established exercise programs for the mentally ill. After going to a spate of funerals for relatively young patients, Ken Jue, the chief executive of Monadnock Family Services, a community mental health center in Keene, created the program to help patients lead longer and healthier lives.

"Their physical health is compromised," Mr. Jue explained, "partly due to side effects of prescribed medications, partly due to the impact of mental illness on lifestyle choices, and in part due to economic limitations that many people with mental illness experience."

Initially he had hoped to attract 40 people; 65 signed up. They work out as much as they want with a personal trainer and in groups. They are also taught the basics of cooking and nutrition, as well as smoking cessation. The goal is to get patients into the habit of exercising regularly on their own, as Mr. Hass does. These days he walks an hour a day and lifts weights three times a week.

Ann Lapointe, 37, joined the In Shape program in May. At that time, she said, "I was sleeping all the time, couldn't clean the house, couldn't take care of my 9-year-old son." Now she hikes or lifts weights with her mentor for 90 minutes once a week. Other days she takes aerobics or spinning classes.

"It's really important for elevating my mood," said Ms. Lapointe, who suffers from bipolar, obsessive compulsive and anxiety disorders. She said she relies on her mentor's encouragement. "To be praised for exercising really helps."

Mr. Hass is feeling so much better that he no longer takes the eight medications he took for his bipolar disorder before he started exercising. He is down to just one drug, and he attributes that to regular workouts.

Most doctors say that exercise can never replace drugs, however, and that should never be the goal.

"It would be a mistake to think exercise can be used instead of other treatments for depression," said Dr. Norman Sussman, a psychiatrist at New York University Medical Center.

Although exercise can be beneficial for people with schizophrenia, these patients must still take their medications, said Dr. Ken Duckworth, the medical director of the National Alliance on Mental Illness in Boston. "I have people with schizophrenia who swim half a mile," he explained. "They sleep better, they have less anxiety and they're less depressed. Do they still hear voices? Yes. But exercise helps them cope."

In some cases, Dr. Sussman noted, exercise is impractical. "If someone is so apathetic that they can't even change their clothes or get out of bed, which happens in severe depression, how can you tell them to go down to the health club?"

Some personal trainers specialize in helping the mentally ill get moving. Jeff Rutstein in Boston works with many people who have schizophrenia or bipolar disorder. Over the last few years his business has grown in part because he is often sent doctor referrals from McLean Hospital.

"I get them to focus on their specific muscle group instead of on their negative thoughts," Mr. Rutstein said.

Marie Cotton, who is 60 and has suffered from depression for decades, is one of his clients. When she first got on the treadmill, Mrs. Cotton, a travel agent, said she was terribly afraid of falling. "Jeff always gave me a sense of security that he would not let me get hurt, which was a huge, huge thing."

Working out twice a week has helped Mrs. Cotton cope with her illness. She said she prefers Mr. Rutstein's private gym to group exercise. "You're not on display," she added.

Part of what Mr. Hass likes about the In Shape program is its anonymity. Patients work out at the YMCA among other fitness enthusiasts, and nobody knows who is in the program and who is not. And although mentors are willing to talk about clients' medical problems, that is not their focus.

"They are not their mental illness," said Brenda Buffum, 30, the lead health mentor for In Shape. "I treat them like any other training client."