**What about Exercise?**

**Important consideration in ED assessment and treatment**

* By expending energy, exercise may contribute to the negative energy balance that triggers and maintains an eating disorder.
* Often the more fidgety activity is actually driven by an unconscious drive activated by energy imbalance.

**There is no consensus about terminology in the ED literature:** Push for consensus:

Problematic Physical Activity (PPA)

Compulsive exercise

Over-exercise

Driven exercise

Unhealthy exercise

Dysfunctional exercise

**Regardless of what we call it:**

* present in up to 81% of individuals with an ED.
* associated with worsening the rate of relapse, illness chronicity and future prognosis

**In assessing role and impact of exercise explore:**

* Quantitative factors: intensity, frequency, duration, type
* Qualitative factors: associated cognitions, motives for exercise, nature of exercise (dependence/addiction)

**REMEMBER:**

**Exercise driven by an eating disorder is qualitatively different than joyful movement.**

Helpful cues:

* able to express benefits or enjoyable aspects beyond calorie-burning or exercise euphoria
* willing to do other things that go against the eating disorder (have an extra snack) in order to participate in the activity

Specific considerations

1. **Safety:** Is it safe to exercise?
2. **Energy balance:** Can nutritional goals (gain weight/maintain weight) be met w/activity?
3. **Leverage:** Will the inclusion or exclusion of activity support recovery at this time?
4. **Symptoms:** How is exercise/activity contributing to eating disorder symptoms?

Also important to consider:

* Prolonged exercise exclusion is associated with negative consequences as well
* Being thoughtful and intentional about exercise recommendations is critical throughout ED treatment.

**Using an FBT Lens:**

**Phase 1/early in treatment**

**PRIORITIES:** Supporting weight gain and stopping of eating disorder behaviors

Nutritional and medical compromise are prominent. All physical activity should be stopped.

Application of our considerations:

1. **Safety:** It’s not safe. Teens who are malnourished often have low heart rates, orthostasis, and other medical sequelae that place them at risk baseline which increases with activity.
2. **Energy balance**: Optimizing rate of weight gain is critical. Must keep energy expenditure to minimum to support this effort.
3. **Leverage**: Message the severity of the illness by not allowing life as usual. Getting to a healthier place is necessary before activity can resume. Can be an external motivator for continued recovery.
4. **Symptoms:** When a symptom of the eating disorder, exercise needs to be prevented. If concern for secretive exercise, increase supervision and support required until the compulsion decreases in the context of weight restoration: open doors, doors off hinges, 24-hour supervision, or having teen sleep with parent

**Activity Clearance in Phase 1:** when safe enough medically and nutritionally – establishing weight gain and stable VS - consider clearing for gentile, socialized, supervised activity (walking the dog, mini golf, throwing a ball, etc)

**REMEMBER:**

[**A healthy relationship with movement**](https://www.eatingdisordertherapyla.com/a-better-resolution-for-exercise/) **can reduce risk of relapse**

**Phase 2 and 3: Reincorporating More Activity**

* Exercise clearance is done gradually and progressively
* Gradually progress activity to goal (based on the teen’s pre-illness level of activity)
* In certain situations, is not healthy for a teen to return to their pre-ED level of activity
* Be on the look out for rigidity, inflexibility, and “must do” thinking
* Continue close monitoring (potentially more frequent visits)

**Where to start?**

* Gym class (with limits if needed)
* Previously enjoyed activities
* Start with shorter sessions a few times per week; gradually extend time and frequency in order to protect against inadvertent weight loss and manage the teen’s energy balance and adding appropriate intake as needed.
* Important to monitor response to clearance (including feelings about time limits, type, intensity)
* Provide opportunity to assess how teen is experiencing re-engaging.
* What ED thoughts are coming up? What feels good? What are their concerns?

**REMEMBER (and remind families):**

* Teens returning to activity often need more nutrition than they needed in Phase 1 (d/t response to activity when hypermetabolic). This is one reason not to reduce nutritional expectations once an initial target weight is met.
* Some activities may never be safe to return
* Team sports are usually safer than solo endurance sports.
* Intense activities with high energy requirements may remain too intense
* Sports with strict weight or body size or shape, requirements (ice skating, ski jumping, ballet, wrestling) may need to do additional work in therapy before resuming such activities (if at all)

Adapted from:

[Return to Exercise & Eating Disorder Recovery in During FBT (eatingdisordertherapyla.com)](https://www.eatingdisordertherapyla.com/exercise-and-fbt/)