



EXERCISE AND EATING DISORDERS: A PRACTICAL INSIGHT

TODAY'S PRESENTERS



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AGENDA

Introduction

Key definitions

What is “Intuitive Movement”?

What is a “dysfunctional” relationship with movement?

What may be an acceptable amount of exercise to do?

What if guideline-based care is not possible?

What can I say that may be helpful?

“5 Steps of Intuitive Movement”

Contact

30 minute Q&A

Key definitions

- **Physical activity** is an umbrella term referring to all movement of the musculoskeletal system. We use the word “movement” to encompass all activity in this presentation.

Under this umbrella, we have the following terms:

- **Incidental activity**: movement from any activity of daily living.
- **Planned activity or exercise**: planned, structured, repetitive and purposeful physical activity.

(American College of Sports Medicine, 2018)



THERE ARE TWO KINDS OF MOVEMENT RELATIONSHIPS

1. "Intuitive"
2. "Dysfunctional"

Intuitive Movement (IM)



- Prioritises safety; involves noticing our physical and physiological cues before, during and/or after movement
(Calogero and Pedrotty, 2007).
- Using these cues can help decide how to adjust the movement and/or recovery for most helpful outcomes
(Calogero & Pedrotty, 2003).
- IM aims to:
 - Rejuvenate the mind and body, not exhaust or deplete them
 - Enhance mind-body connection, not allow or induce disconnection
 - Alleviate mental and physical stress, not produce more
 - Provide genuine enjoyment, not pain or dread
(Calogero and Pedrotty, 2007, p.184).
- Movement aims to be about having fun and socialising, not about punishing yourself
(Quesnel et al, 2017)
- Choosing movement that makes you feel good!
- Shifting the focus away from changing your body
- Learning to listen to your body
- Unconditional permission to rest
- Reducing rigid rules around movement and increasing mental flexibility



- **Nutritionally supported, supervised, and prescribed exercise and education in ED can help improve physical AND mental health, including but not limited to:**
 - o Improved quality of life
 - o Enhanced bone, organ and muscle mass and wellbeing
 - o Reduced central health markers of the ED (e.g., drive for thinness, weight/shape concerns and eating restraint)
 - o Improved comorbid physical and psychological symptomatology (e.g., anxiety, depression, muscle degradation, body esteem issues, sleep disturbances, perceived stress and osteoporosis)
 - o No adverse outcomes regarding weight in people who are deemed underweight for their individual characteristics and family history

“Dysfunctional” Relationship with Movement



- Umbrella term; covers compulsive exercise, exercise dependence, exercise addiction, excessive exercise, abstinence and hyperactivity.
(Carter, Blackmore, Sutandar-Pinnock, & Woodside, 2004)
- Quality NOT quantity
(Galogero and Pedrötty, 2007)
- Reported to be present in 20-81% of individuals living with an ED
- Predicts relapse (second highest of 50 factors, second only to low social support), longer illness chronicity, more severe psychopathologies
(Dalle-Crovi et al., 2009; Carter et al., 2004; Striegel-Moore & Morrell, 1997)
- Predicts increased time in hospital, poorer long-term outcomes.
- Commonly the first presenting and last remaining symptom of an ED
(Davis, Kennedy, Ravelski, & Dionne, 1994).

**ADDITIONAL
INFORMATION:**

**WHAT IS A “DYSFUNCTIONAL”
RELATIONSHIP WITH
MOVEMENT?**

It can take many forms

Dysfunctional relationships with exercise can present differently in different individuals. Everyone's experience is unique.

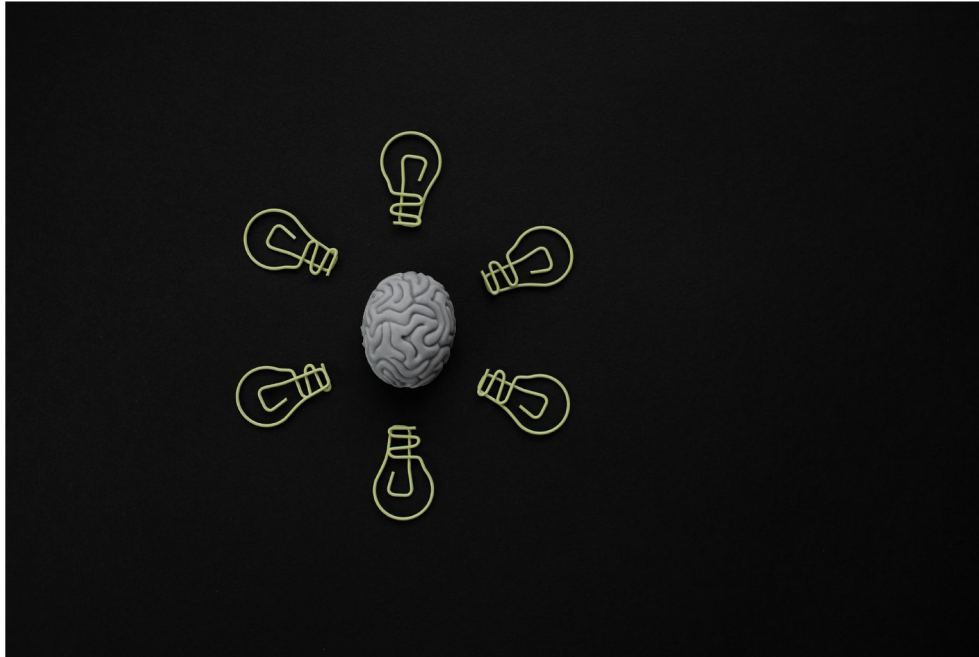
- Mood dependence
- Withdrawal symptoms
- Rigidity (often associated with rules)
- Compulsivity and guilt



- Weight- and shape-driven exercise
- Lack of enjoyment
- Lack of control
- Interrupting other activities
- Continuance when not safe to do so
- Other

(Meyer, Taranis, Goodwin, & Haycraft, 2011).

Quality over Quantity



- What are the motivations to exercise?
- What does the relationship with movement look like?
- What are the circumstances in which the movement is/isn't occurring?



- Frequency, intensity, time, type of exercise, rest, etc.



What is an acceptable amount of exercise?

What is an acceptable amount of exercise?

There is no one answer

The acceptable amount of exercise is different for everyone. no one size fits all!

To determine how much exercise is “enough”, many factors need to be considered such as:

- medical stability (cardiac and biochemical markers, menstruation, weight trajectory, etc)
- nutritional and hydration intake
- symptomology experienced (e.g. dizziness)
- energy levels / fatigue
- injury, pain, illness
- intention for exercise
- ability to apply skills around unhelpful thoughts and behaviours (e.g. identifying red and orange flags such as the intention being compensatory, ability to modify activity safely, ability to apply coping skills effectively, etc)

A framework to work towards

The World Health Organisation Physical Activity Guidelines

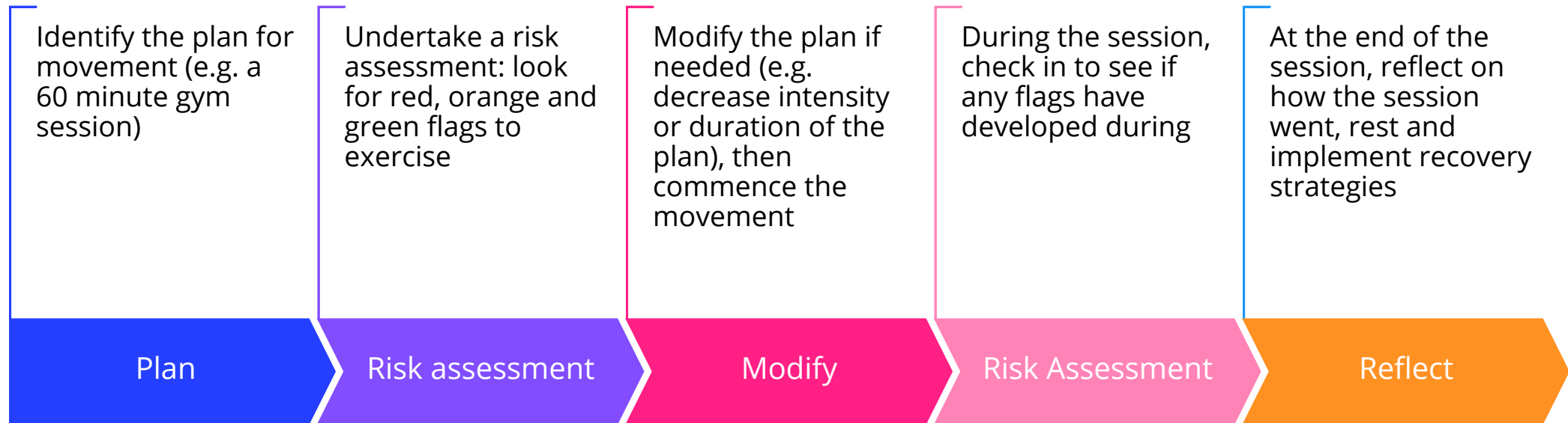
- Outlines the amount and intensity of physical activity required to have “optimal” benefit on health and wellbeing
- Guidelines are for the general population only (**not clinical population**)
- Could be used as a framework to slowly work towards

E.G. ADULTS 18 – 64:

Ideally, adults are active most days of the week, and each week accumulate:

- o 2.5 to 5 hours of moderate intensity physical activity
- o 1.25 to 2.5 hours of vigorous intensity physical activity
- o An equivalent combination of moderate and vigorous activities
- o Include muscle-strengthening activities as part of daily physical activity on at least 2 days each week. This can be planned and structured strength exercise or incidental activity
- o Include flexibility up to daily

Increasing exercise safety



Other factors that can increase exercise safety

- Prioritise adequate intake prior to engaging in an exercise session
- Adding a social element: developing social wellbeing and a different intention
- Minimising the all or nothing mindset: all or “something”
- Limiting situations where individuals may feel a high concern with the opinions of others or a need to please
- Make the movement fun, exciting and variable
- Removing the use of numbers to signify health benefit: fitness trackers, smart watches, strava, etc
- Avoiding emphasis on technique to reduce perfectionism
- **Seek advice from trustworthy, evidence-informed and appropriately trained practitioners and resources, such as:**
 - Health care professionals and services specifically trained in and designed for eating disorder recovery (can include exercise physiologists and physiotherapists - view databases at the [Butterfly Foundation](#), [InsideOut Institute for Eating Disorders](#), etc)
 - Clinical guidelines for exercise and eating disorders (such as the [Safe Exercise at Every Stage \[SEES\] guidelines](#), etc).



**What to do if
guideline-
based
exercise is
not possible?**



Is abstinence the answer?

- We wouldn't tell someone with an ED to “just eat”, yet we often recommend people “just stop movement”

(Dobinson, Cooper and Quesnel, 2019)

- **Exercise abstinence has been associated with:**

- Increased risk of relapse symptoms (Carter et al., 2004)
- Poorer treatment outcomes (Bratland-Sanda & Vrabel, 2018)
- More severe psychopathologies (Davis et al., 1994; Dalle Grave et al., 2008)
- Worsened illness chronicity (Davis et al., 1994; Dalle Grave et al., 2008)

- Negative withdrawal symptoms due to the removal of a vital (and often sole) coping strategy, particularly if no new coping skills have been adopted first (Geller, Cockell, & Goldner, 2000; Morris, Steinberg, Sykes, & Salmon, 1990)
- Secretive movement? “Sweeping it under the rug”?

- May accidentally undermine treatment and recovery outcomes, as a key component reinforcing the ED may still be present and remain unchallenged (Carter et al., 2004, (Bratland-Sanda & Vrabel, 2018, Davis et al., 1994; Dalle Grave et al., 2008)
- Zero minutes of movement does not equal a “fixed” relationship with movement
- May simply return to “dysfunctional” movement again after treatment ends
- Is it ethical to not explore safe and intuitive movement skills, support and education during treatment?

Note - some people prefer to abstain from movement in recovery and that is completely fine if it feels helpful not harmful!!)



What to do instead?

- Collaborate to find a level of movement the individual thinks is fair (this is not always possible).
- Genuine curiosity, care and collaboration. Ask questions and offer reflections:
 - What do you think of your movement?
 - Do you have any concerns?
 - How can I support you?
- Try to find areas of movement or focus that the individual feels is valuable to their movement. *The “yes and” approach.*
- This could include adding:
 - Weight neutral goals
 - Intuitive & mindful movement
 - Improving positive relationship with movement
 - Community and social engagement
 - Focusing on movement that is enjoyable
 - Focus on movement that positively enhances wellbeing
 - Education
 - “Debriefing” to help facilitate mindfulness before, during, and after movement - this can involve reflections regarding emotions, sensations and thoughts (Calogero and Pedrotty, 2007).
- Compassionate informed consent.

Every Person is Trying their Best

- It's important to remember that a person living with an ED and a dysfunctional relationship with movement, who is not able to or struggles to follow the guidelines is only someone exhibiting the signs of an ED.
- It is critically important to not punish or get angry at someone for exhibiting the signs of their mental health condition.
- **Everyone is always doing their best.** If someone is struggling with a movement plan in recovery, it is never the persons fault. **The plan needs to change.**



WHAT CAN I SAY THAT MAY BE HELPFUL?

Practical Tips

Tips for parents and caregivers

- **Promote a positive message** that all types and intensities of movement can be beneficial across all domains of wellbeing, not only physical
- **Role model** wellbeing-enhancing exercise behaviours (i.e. for fun and health benefits) and highlight to your loved one how it makes your body and mind feel.
- **Having a mindful awareness of language use** around exercise: try to avoid using language that suggests exercise is a way to work for or burn off food, or as a way to modify shape (e.g. I better go for a run after I eat this).
- **Promoting connection to the body** and honouring how the body is feeling
- **Encouraging activity that they enjoy**
- **Seek advice** from trustworthy, evidence informed and appropriately trained practitioners and resources



IM IN PRACTICE

The “5 Steps of Intuitive Movement”

Intuitive Movement Check-In



How am I feeling physically right now?

E.g. Injuries, symptoms, soreness, tiredness, hunger, nothing particularly noticeable, etc



How am I feeling psychologically right now?

E.g. Thoughts, emotions, urges, etc (e.g. anxious, curious, urge to avoid, etc)



Am I feeling adequately nourished and hydrated?



What movement (planned or incidental) have I already experienced the last few days?



Am I involved in any events or tasks in the coming days that I may like to keep some energy for?



What is the purpose of my movement right now?



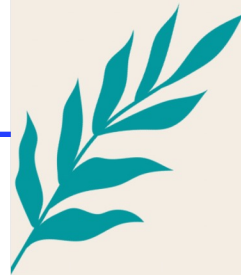
Other:



> If any acute or severe markers or situations are present, contact emergency, your doctor, and/or or choose LOW intensity/duration/impact/concentration movement, with supervision.*
> If non-acute and non-severe markers or situations are present, choose LOW TO MODERATE intensity/duration/impact/concentration movement.*
> If no outstanding markers or situations are present, choose ANY movement.*
* It is recommended you speak with your exercise physiologist and/or doctor prior to altering your usual movement engagement.



Note: the 5 Steps of Intuitive Movement are available for pre-sale at autonomyinmovement.com.au



MY REASON

For movement today is to:



- Help me reach my movement milestone/s
- Align with my values
- De-stress
- Rejuvenate my mind and body
- Support my mental health
- Have fun!
- Practice a skill
- Help give me energy!
- Socialise
- Explore what I'm capable of
- Safely challenge myself
- Help ground me
- Help nurture my conditions
- Practice intuitive movement
- Work on my fitness
- Practice self compassion
- Other



CHOOSING HELPFUL MOVEMENT

Note: If you are in recovery from an eating disorder, it is recommended you and your treating team utilise the SEES Clinical Guidelines at safeexerciseateverystage.com.

Movement variable / consideration	Low intensity, time and type ideas	Moderate intensity, duration and impact ideas	High intensity, duration and impact ideas
Intensity (How hard)	<p>Low Leisurely; normal talking and breathing; $\leq 3/10$</p>	<p>Moderate Can finish 1-2 sentences but moderately short of breath; $\leq 6/10$; $\leq 3 \times 12$ reps if resistance training.</p>	<p>Up to high Broken speech and heavy breathing; $\leq 9/10$; $\leq 3-5$ sets of 1-8 heavy/powerful reps if resistance training.</p>
Time (How long)	<p>$\leq 30\text{min/day}$ Limit incidental activity to what is necessary (e.g. walking to car).</p>	<p>$\leq 30\text{min/day}$ Option to break session up so 15min low, 15min mod intensity, etc. Limit incidental activity to what is necessary (e.g. walking to car).</p>	<p>$\leq 30\text{min}$ high intensity OR $\leq 60\text{min}$ combination of intensities</p>
Type (What activity)	<p>Leisurely walking, seated or lying stretching (keep head above heart), gentle mat or chair yoga, playing video games, art, board games, light seated throw and catch, leisurely bounceball/handball, light playing with animals, etc.</p>	<p>Any of the previous column's activities plus the options of: Non-competition (NC) tennis, NC swimming, Reformer Pilates, TheraBand/light weights OR body weight circuit, NC dancing, NC volleyball, NC martial arts (practice only), NC badminton, balance practice, NC soccer, camping, housework, etc.</p>	<p>Any of the previous activities mentioned plus the options of: Competition and impact sport/activity, option to return to previously "dependent/dysfunctional" activities if interested, equipped and it is deemed safe to do so.</p>



RED FLAGS

Of unhelpful movement

Guilt

Exhaustion

Punishment

Rigid rules

Must go
harder/
longer

Only way
to cope

Symptoms
presenting or
worsening (e.g.
dizziness)

Can't rest
even if need to

Form
concerns

Dread

Compensatory

Shame

Numbing out/
distracted/
bored

Judgement

Interrupting
other
commitments

Dehydration/
undernourishment

Other


+




THE FITT(RRRSI) PRINCIPLE

Changing movement in-the-moment


If a red flag arises during your movement session, choose one or more of the following variables to alter or be aware of. The movement should then align with green flags (next step) which supports improved wellbeing and performance.



FREQUENCY
Days per week
Sessions per day




INTENSITY
Resistance (kg)
Speed (kph)
Power/watts
Incline/decline
Degree of concentration



TIME
Sets and reps
Sec, min, hrs
Distance (m, km)




TYPE
Flexibility
Strength
Cardiorespiratory /pulmonary
Balance
Coordination
Proprioception
Agility
Reaction time
Speed
Power
Part(s) of body used
Class/individual
Outdoor/ indoor
Sitting/standing /lying



REST
Sec/min/hrs
Active rest:
Still moving but low intensity
Passive rest:
Sedentary; sitting, lying or standing



RECOVERY
Hrs/days/weeks between sessions
Hydration
Nourishment
Rehabilitation
Rest
Socialise
Incidental activity
Nurture mental health



REASON/REFRAME
Rejuvenation
Mind-body connection
De-stress
Enjoyment
Self compassion
Mental health
Physical fitness
Performance

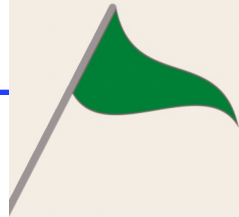


SAFETY
Safe:
Physically
Emotionally
Socially
Environmentally
Other



INTUITION
Aligns with 4 Principles of Intuitive Movement
Aligns with values
Supports 10 Dimensions of Wellness

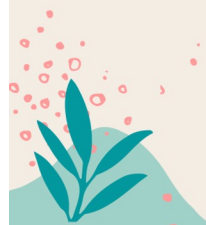




GREEN FLAGS

Of Intuitive Movement

- Hydrated/nourished
- Fun!**
- Energy-enhancing
- Focussed/ Present**
- Aligns with values
- Helpful form**
- Choice (not obligation)
- Variety**
- Safe (emotionally, physically, socially)
- Sustainable**
- Flexible thinking
- Social**
- Noticing mind and body cues
- Fits into schedule**
- Trying something new
- Rejuvenating
- Other**





Contact details



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AUTONOMY
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THANK YOU

Questions?