Fitness Australia

Fitness Australia Guidelines

Identifying and Managing Members with Eating Disorders and/or Problems with Excessive Exercise

Fitness Australia

The Health & Fitness Industry Association

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A collaborative project between Fitness First and the Centre for Eating & Dieting Disorders for Fitness Australia

This policy document has been endorsed by the following organizations:

Eating Disorders Foundation of NSW Inc; Eating Disorders Foundation of VIC Inc; Eating Disorders Association of SA Inc;Eating Disorders Association of QLD Inc; Centre for Eating & Dieting Disorders NSW; Eating Disorders Outreach Service QLD; Centre for Excellence in Eating Disorders VIC; The Butterfly Foundation; Australia & New Zealand Academy for Eating Disorders

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INTRODUCTION

It is an unfortunate fact but there are a small number of Australians utilising fitness facilities who suffer from over-exercise or eating disorders.

Fitness Australia has identified the need to provide guidance and support both for the individual and the management of the facilities used by the individual.

With thanks to the management of the Fitness First organisation, the following guidelines have been developed with extensive input from the Centre For Eating and Dieting Disorders and broad industry and specialist consultation.

The guidelines will assist centre staff and management to identify the varying conditions and develop appropriate and supportive responses.

The numbers are small, but the potential risk to the individual and facility is high – Fitness Australia is pleased to be able to provide this support for the health and fitness operators in Australia and urges all facilities to ensure that their staff are aware of and have access to these extensive tools.

Ian Grainger
CEO – Fitness Australia

CONTENTS

PART ONE: POLICY AIM & DEFINITIONS

Aim: This policy has been designed to assist managers, personal trainers and instructors to work effectively with gym members who are at risk of developing (or who have developed) an eating disorder or exercise disorder, in order to sensitively and appropriately address issues of health and safety.

Eating Disorders is the term used to describe several different conditions[1]:

ANOREXIA NERVOSA

Anorexia Nervosa (AN) is a mental illness characterized by refusal to maintain a minimally normal weight for age and height; intense fear of weight gain despite being underweight; a significant disturbance in the experience of body weight or shape and its influence on self evaluation; and, amenorrhoea (the absence of 3 consecutive menstrual cycles). People with AN typically deny the seriousness of their low body weight or its complications. In addition to extreme dietary restriction, people with AN may also self-induce vomiting, self-induce purging (e.g. laxative abuse), engage in excessive exercise, or use appetite suppressants or diuretics (tablets which assist with loss of body fluid).

BULIMIA NERVOSA

Bulimia Nervosa (BN) is a mental illness characterized by recurrent and uncontrolled bouts of binge-eating, a feeling of loss of control over eating behaviour during the eating episodes, excessive preoccupation with body weight, shape & food, and the use of 'inappropriate compensatory weight loss behaviours' to prevent weight gain. Inappropriate compensatory behaviours include self induced vomiting, laxative abuse, excessive exercise, use of appetite suppressants or diuretics, and periods of starvation or extreme dietary restriction.

OTHER EATING DISORDERS

Eating Disorder Not Otherwise Specified (EDNOS) describes a group of eating disorders which may be sub-clinical (e.g. where someone meets most but not all of the diagnostic criteria for AN or BN) or atypical (e.g. chewing and spitting but not swallowing food). This category also includes people who meet all of the criteria for AN, but whose weight remains within a normal weight range (e.g. someone of 160cm height who has lost weight from 100 – 50kg through extreme dietary restriction, excessive exercise and self-induced vomiting). Also included is Binge Eating Disorder, where episodes of binge eating occur without the use of inappropriate compensatory behaviours.

[1] Eating disorder definitions AN, BN, EDNOS adapted from *Diagnostic and Statistical Manual of Mental Disorders*, Fourth Edition. Washington, DC, American Psychiatric Association. 1994.

ACTIVITY, EXERCISE & EXCESSIVE EXERCISE

Physical activity is any bodily movement produced by skeletal muscles that result in energy expenditure[2].

Exercise is planned, structured and repetitive bodily movement which is done to improve or maintain one or more components of physical fitness. Exercise is a subset of physical activity[3].

Physical fitness is a set of attributes that people have or achieve and which relates to their ability to perform physical activity.

EXCESSIVE EXERCISE

While physical activity and exercise are important for disease prevention – particularly with regard to coronary heart disease, stroke, diabetes, cholesterol & weight regulation, healthy bones and good mental health – there are some people who exercise excessively. Excessive exercise is physically and emotionally damaging in and of itself, as well as being a risk factor for developing an eating disorder.

Club staff are in an ideal position to identify people who may be developing a problem with excessive exercise and are encouraged to pay particular attention to members who:

- Lose a significant amount of weight and/or lose weight rapidly
- Are excessive in their gym attendance – consistently or occur in bouts of extreme activity
- Attend despite injury or obvious illness
- Are complaining of a reduction in performance
- Are having 'dizzy spells' or fainting whilst exercising
- Become unsteady on their feet when using equipment
- Are experiencing difficulties concentrating or remembering
- Are thought to be purging on club premises
- Are identified by other club members who are concerned

[2] Caspersen, C. J., Powell, K. E., & Christenson, G. M. (1985). Physical activity, exercise, and physical fitness: Definitions and distinctions for health-related research. *Public Health Reports, 100,* 126-131.
[3] Caspersen et al 1985

OVERTRAINING

Overtraining is a condition in which the physiological demand of an exercise regime outweighs the ability of the body to adjust to the demand[4]. Overtraining negatively affects several physiological systems, including the neuroendocrine, immunological, cardiovascular, and musculoskeletal systems. Overtraining is characterised by poor performance in competition, frequent illness, disturbed sleep and alterations in mood[5]

EXERCISE DEPENDENCE

Some people can be described as being 'dependent' on exercise. Exercise dependence is also a probable cause of overtraining.

The symptoms of 'exercise dependence' include:

- Narrowing of the exercise repertoire leading to a stereotyped pattern of exercise twice or more daily[6]
- Increased priority of exercise over other activities of life
- Increased tolerance to the amount of exercise performed
- Physical & psychological withdrawal symptoms
- Relief or avoidance of withdrawal symptoms by exercising
- Awareness of a compulsion to exercise
- Rapid return to previous pattern of exercise and withdrawal symptoms after a period of abstinence

(Adapted[7])

ATHLETIC MENSTRUAL DYSFUNCTION

Athletic menstrual dysfunction is a term used to describe a number of menstrual disorders (including loss of periods, painful periods, cessation of ovulation and late-onset of menstruation in puberty) which can occur in active women, particularly in competitive athletes who participate in sports where a lean body mass is common.

Factors such as energy balance, exercise intensity and training practices, body weight and composition, disordered eating behaviours, and physical and emotional stress levels, may contribute to the development of athletic menstrual dysfunction[8].

Menstrual dysfunction significantly affects health (both short term and long term) as well as sport performance and should be considered an indicator that the athlete's health is compromised.

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[4] Adams, J., & Kirby, R.J., 2001 'Exercise dependent and overtraining: the physiological and psychological consequences of excessive exercise' *Sports Medicine, Training & Rehab* 10(3):199-222

[5] Mackinnon, L., 2000 'Overtrainig effects on immunity & performance in athletes' *Immunology & Cell Biology* 78(5):502-509

[6] Adams & Kirby 2001

[7] De Coverley Veale, D. M. W. (1987). Exercise dependence. *British Journal of Addiction, 82,* 735-740.

[8] Manore, M., 2002 'Dietary Recommendations and Athletic Menstrual Dysfunction' *Sports Medicine* 32(14)887-901

FEMALE ATHLETE TRIAD

The female athlete triad is a term used by researchers to describe three interrelated disorders which can occur in girls and women who are driven to excel in their sport or activity – disordered eating, amenorrhoea (loss of menstrual periods) and osteoporosis (weakening of the bones)[9,10].

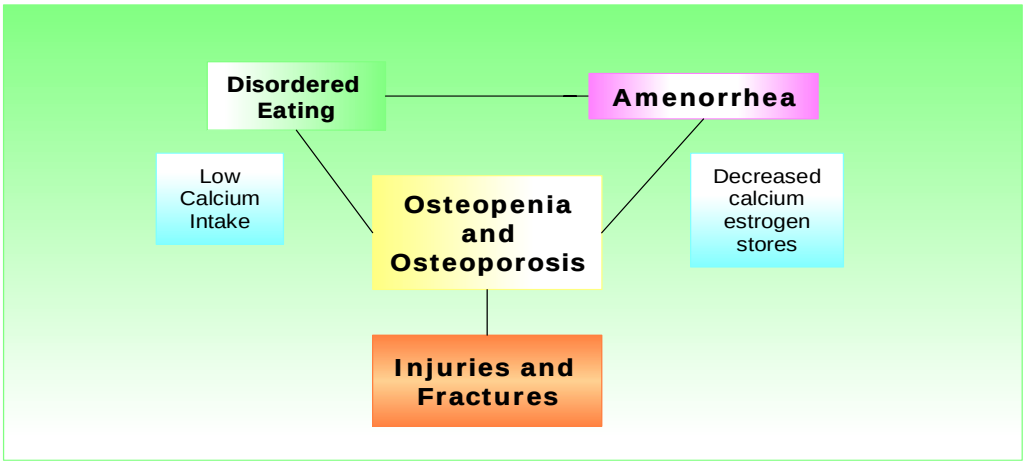
These disorders (alone or in combination) impact negatively on physical and mental health and can result in deterioration in athletic performance. Health consequences become more serious, potentially life threatening, when the three disorders occur simultaneously[11,12].

Amenorrhoea can be associated with many factors, including low body weight or body fat, disordered eating behaviours, poor nutrition, excessive exercise and stress. However, a negative energy balance – where energy taken in is not adequate for the amount of energy expended – is the most likely problem. Athletes who are amenorrhoeic are 4.5 times more likely to sustain a fracture than an athlete who menstruates[13].

Disordered eating in athletes can cause electrolyte imbalance, mental slowing, decreased athletic ability, problems with temperature regulation, cardiac abnormalities, impaired immune systems, depression and more. Estimates of disordered eating among female athletes range from 15-62% which is dramatically higher than the general population[11].

Osteoporosis. Weight bearing exercise is not enough to counteract the effects of chronic caloric deprivation and amenorrhea with regard to the bones. Osteoporosis increases risk of fracture and fragility.

Figure 1: The Female Athlete Triad

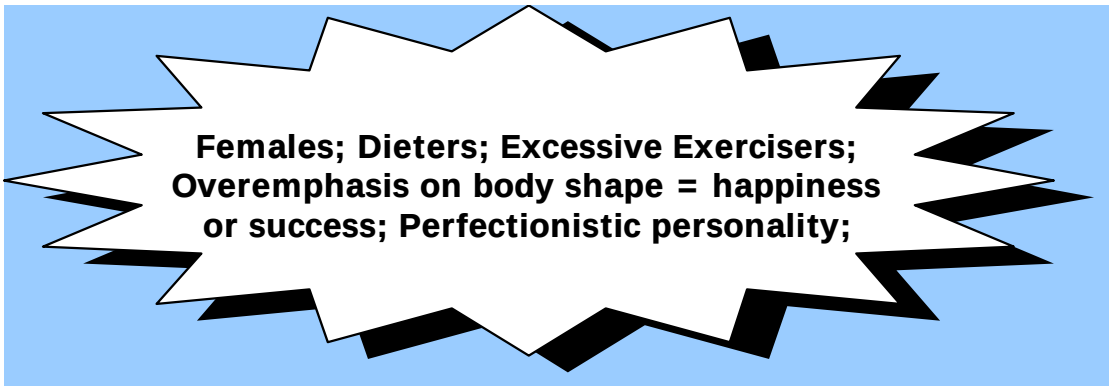


Source: **Rust, D.M., 2002 Adapted from Thrash & Anderson 2000**

[9] Lebrun 2002
[10] Burney, M.1998 'The Female Athlete Triad' *Journal of Physical Education, Recreation & Dance* 69(9)43-45
[11] Rust, D.M. July/Aug 2002 The female athlete triad: Disordered eating, amenorrhoea and osteoporosis. *The Clearing House* Vol 75(6):301
[12] Beals, K.A., Brey, R.A., Gonyou, J.B., 'Understanding the Female Athlete Triad: Eating Disorders, Amenorrhoea and Osteoporosis' Journal of School Health, 1999, 60(8)337-330
[13] Lo, B.P., Hebert, C., McClean, A., 'The female athlete triad. No pain, no gain?' *Clinical Paediatrics*; Sept 2003; 42,7; Health Module pg 573

EATING DISORDERS: WHO IS AT RISK?

- 95% of people with eating disorders are female. Girls between 14-19 years (for anorexia nervosa) and between 19-25 years (bulimia nervosa) are most at risk.
- Dieting is the most important predictor of eating disorders, with females who diet severely 18 times more likely to develop an eating disorder[14]. Also at risk are those engaging in other risky behaviours such as purging and smoking to suppress appetite.
- People with a family history of eating disorder, mental illness (e.g. mood disorder, obsessive compulsive disorder) or substance abuse, family dieting, and/or adverse comments from family members about eating, appearance or weight.
- Those with a history of childhood obesity, obese parents, early onset of menstrual periods.
- Those with a genetic vulnerability (towards developing anorexia nervosa restricting type)
- People considering a career in an industry where low weight is considered a pre-requisite, such as modeling, the fitness industry, acting and dancing, or where 'weight categories' are specified regardless of height (e.g. boxing, weight lifting, body building, martial arts) should be considered 'at risk'.
- Peer group pressure (where a group leader is 'successfully' engaged in a dieting disorder) and pressure to conform to a thin stereotype.
- Elite athletes, sports people and 'gym junkies' – people who feel guilty when they do not exercise, train despite injury or illness and usually engage in solitary exercising behaviours.
- People who feel insecure about themselves, those who experience difficulty communicating their needs and emotions and those who do not feel 'in control' of their lives.
- Those with a poor body image and/or negative self-evaluation – people who see loosing weight as a panacea for other disappointments in life.
- Those who are prone to perfectionism, depression, obsessionality or social anxiety and those with a past psychiatric history
- After exposure to assault or trauma.



[14] Centre for Adolescent Health Melbourne

PART TWO: POLICY STATEMENTS

POLICY STATEMENT ONE

Member's health and safety is the priority.

Prevention is better than cure. It is recommended that Clubs take a preventive approach to the issues surrounding eating disorders.

A full **"Activity Assessment"** (See Part 4) is carried out with members who are observed to be engaging in excessive exercise, or where there is concern that a member has, or is developing, an eating disorder.

POLICY STATEMENT TWO

It is recognized that people with eating disorders have the right to engage in appropriate levels of exercise and that for some people with eating disorders, exercise will form an integral part of the recovery process.

Guidelines regarding appropriate levels of exercise can be found in Appendix 3. These guidelines have been developed for Fitness Australia by Eating Disorder and Fitness Industry experts.

POLICY STATEMENT THREE

Members with a BMI lower than 14 should not be engaged in any form of exercise – either at a high or low intensity level. Where there is concern about a member who is thought to be at risk, is losing weight and whose BMI falls between 14 and 18, s/he should be referred to a GP

The dangerous physical complications associated with being underweight (particularly the potential for cardiac problems and sudden death) mean that it is essential that members who are thought to have, or be at risk of developing an eating disorder should be referred to see a GP.

POLICY STATEMENT FOUR

Members who binge and purge, or who abuse steroids, laxatives or diet pills, should not be engaged in any form of exercise – either at high or low intensity level.

The dangerous physical effects associated with these extreme forms of dieting are well known. Where members confide that they are engaging in any of these behaviours their exercise program will be reviewed and they will be referred to appropriate services.

POLICY STATEMENT FIVE

Exercising excessively is physically and emotionally damaging and can lead to overtraining syndrome, exercise dependence, menstrual dysfunction, osteoporosis, depression and/or eating disorder

The dangerous physical effects associated with extreme exercising are well documented. Where members are identified as engaging in excessive exercise, their exercise program will be reviewed and they will be referred to appropriate services.

POLICY STATEMENT SIX

Specialist intervention is required in the treatment and recovery of people with eating disorders and excessive exercise.

Individual instructors, personal trainers or managers are **not** therapists and are not expected to provide counselling or treatment. The role of Club staff is to identify problems as they develop and to encourage the client to seek appropriate supportive, medical and psychological help.

Club staff may request that a member provide the organisation with an '**Activity Approval Form'** completed by a general practitioner (GP) and should provide the GP with a copy of the **'Activity Assessment'** which will include a recommendation about continued levels of exercise.

POLICY STATEMENT SEVEN

It is acknowledged that with the right kind of treatment, support and advice, people with eating disorders can and do recover.

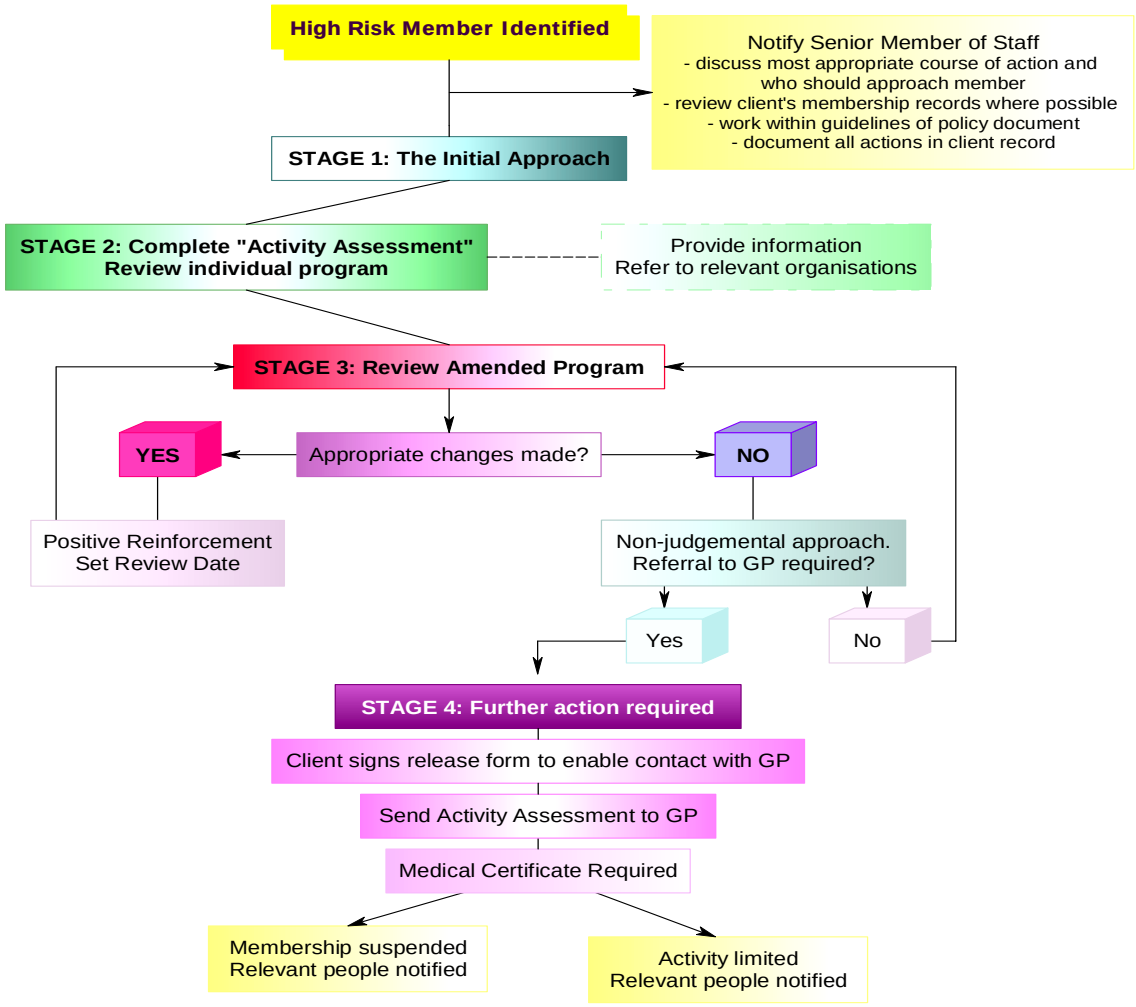
Clubs will provide high risk members with appropriate information and will make every effort to encourage members with eating disorders to contact a suitable referral agency (listed in Appendix 4).

POLICY STATEMENT EIGHT

Club management reserves the right to suspend a membership or restrict the use of the club (where possible) where there is concern about the impact of exercise on a client's physical or medical condition.

Every effort is made to assist each member to participate in an appropriate type of activity. Where a member is exercising excessively, confides that they are bingeing or purging, or where their body weight, BMI, physical or medical condition indicate that there is concern for the member's health or safety and no level of physical activity can be considered appropriate, and/or where all efforts to assist the member to modify their exercise regime to an appropriate level have failed, membership may be withdrawn or suspended, or access to the gym may be limited.

IMPLEMENTING THE POLICY



Note:
The process of approaching and managing a member who is exercising excessively or thought to be at high risk for developing an eating disorder requires a considered approach. It is essential that a senior member of staff or Management be involved in this process – either directly with the client, or in support of the staff member who is directly involved.

It is recommended that after each meeting with the client the staff member would be afforded an opportunity to discuss the meeting and its outcome with the club manager. Staff members are also encouraged to discuss any anxieties or concerns they may have about the interventions with management and the Eating Disorder community organisation in their State where desired.

PART THREE: MANAGEMENT STAGES & DISCUSSION GUIDES

Stage One: The Initial Approach

If a manager, instructor or trainer is concerned about a member's health, the following approach is suggested:

1. First, discuss the issue with a senior member of staff, preferably the manager, to determine who should approach the member and what the most appropriate course of action should be.
2. Where possible, you may wish to review the member's attendance record prior to approaching them.
3. Approach the member & ask to see them in a private place.
4. Discuss your concerns in an open and non-judgemental manner.
5. Outline your responsibilities to the member, the gym's policy (which is governed by Fitness Australia's guidelines) and what you require the member to do (e.g. attend an individual review of their exercise program or see a GP & have an Activity Approval Form completed).
6. Review with the member his/her individual program to ensure their health & safety is maintained.
7. Set a review date.
8. Document all actions in the appropriate place – e.g. client's file, centre computer.
9. Discuss the meeting and its outcome with the Centre Manager and/or a senior member of staff.
10. Debrief after the meeting with the Centre Manager and/or a senior member of staff. Contact an eating disorder community organisation for additional support where required.

Remember! The sooner you intervene, the more likely it is that you will be able to easily and successfully negotiate an amended gym program with your client. The longer someone engages in excessive exercise, the more likely s/he is to become entrenched in this behaviour pattern and develop a serious problem.

Relationship, rapport, tone of voice and body language are very important when addressing serious but personal issues such as these. Wherever possible, the approach should be made by the most senior member of staff who is most familiar with the member. *However, it is important that the club employee does not take on the role of counsellor.*

The following discussion guides might give some idea about the type of approach that would be reasonable given the sensitive nature of the issue at hand. They are not intended to be prescriptive. Each member will require an individual approach.

Discussion Guide: The Initial Approach

Instructor: Lucy, I was wondering if you would be able to pop into my office with me for a quick chat. There is something important that we need to discuss.
Lucy: Sure… is everything O.K.?
Instructor: Well actually Lucy, a number of the instructors have expressed concern at the amount of time you are spending at the gym – I reviewed your attendance record and notice that you're here every day for up to four hours at a time. The instructors are also concerned about your physical health – we have noticed that you have lost a lot of weight since you first joined us and that you are exhibiting some of the symptoms of fatigue during classes…Is there anything that we should know about your health at the moment?
Lucy: No…Not at all – I'm fine!
Instructor: I certainly hope so. Are you training for anything in particular at the moment?
Lucy: No, just trying to get really fit.
Instructor: Right. Being fit is important that's for sure. It's also important for you to be healthy and as you can imagine, we take the issue of health & fitness very seriously – we need to know that we are providing you with the best possible service.
Lucy: Right.
Instructor: I'd like to ask you a few questions about your exercise program…
Lucy: Mmmm...
Instructor: How often are you coming into the gym?
Lucy: Oh, most days.
Instructor: Every day? That must get a bit exhausting!?
Lucy: Not really...only sometimes.
Instructor: Can you tell me what your current routine involves?
Lucy: I do about an hour on the treadmill, then the bikes. I sometimes do a class if there's a good one on.
Instructor: When was the last time that you had someone look at your exercise program?
Lucy: Well I joined about 18 months ago, so probably around then.
Instructor: Well, given the concern of the instructors and the amount of time that you've been here… it's probably about time that we reviewed that program to make sure it is still the right one for you.
Lucy: Yeah, alright.
Instructor: Great… so shall we do that now?
Lucy: Yes that would be fine.
Instructor: Excellent!

Wherever possible, progress immediately to the Program Review.

Stage Two: The Program Review

Remember the client may be feeling anxious about the review.
S/he may also be feeling upset, angry or defensive that s/he has been asked to account for his/her exercise routine.

Reluctance to answer questions or providing vague responses usually arises from fear, anxiety or lack of trust. It is important at all times to maintain a non-threatening, sincere approach, to reiterate that you are there to help and that you have a responsibility to ensure the members health and safety comes first.

It is also important to acknowledge acceptance of the person's thoughts/feelings about the situation and to give him/her an opportunity to ask questions.

During the exercise program review you should:

1. Complete the **"Activity Assessment"** form (Part 4) gathering as much information about the current exercise regime as possible. Remember to ask about incidental activity such as walking, plus activity taken outside the gym – e.g. swimming, running, cycling.

2. Steer the conversation by asking the member to elaborate, returning to a subject that was skimmed over and/or using encouraging words or gestures.

3. Take the client's BMI:
    a. If the BMI falls below 18, ask the Client to get his/her GP to complete the **Activity Approval Form** and have him/her sign an **Information Release Form**, so that you are able to contact the GP where necessary.
    b. If the client's BMI is within the normal range but exercise is excessive, develop a new individual exercise plan, based on the information you have gathered, in collaboration with the client – considering their likes and dislikes – discussing appropriate amount of exercise, target heart-rate, perceived level of exertion, benefits of variety etc.

4. Set a review date for the new exercise plan – make sure this is a relatively short period of time (e.g. 1-2 weeks).

5. Document all actions in the appropriate place – e.g. client's file, centre computer.

6. Discuss the outcome of the meeting with the Centre Manager and/or a senior member of staff.

7. Debrief after the meeting with the Centre Manager and/or a senior member of staff. Contact an eating disorder community organisation for additional support where required.

Discussion Guide Option A: The Program Review – BMI below 18

Instructor: Hi Lucy, thanks for coming in for the program review.
Lucy: That's alright.
Instructor: Now, let's get down to business. I mentioned that the instructors are concerned at the amount of time you are spending exercising… are you having any difficulties with your program?
Lucy: No, I've just had to increase the number of reps I'm doing to get the same effect.
Instructor: Right, so can you tell me exactly how much of everything you are doing. I'd like to write this down so I get a clear picture of the situation.
Lucy: Yeah, O.K.
Instructor: I also mentioned that we are concerned about your fatigue and weight loss…can you tell me a bit about that?
Lucy: Well I've lost a bit of weight, but that's because I was overweight before. I'm O.K. Everyone loses weight when they first start exercising – I'm just toning up, I'm being healthy, there's nothing wrong with my weight.

Record details of Lucy's exercise regime on the ACTIVITY ASSESSMENT form. Include level of difficulty, duration, number of reps, classes + additional activity outside the gym such as jogging, swimming, yoga.

Instructor: O.K., well I'm not a doctor, so I'm not the best person to make an assessment of your health. However, we do have a policy here at the gym about the type of exercise that people are able to engage in which is related to their body weight & physical health. Before we make up your new program I'm going to need to take your Body Mass Index (BMI) – have you ever had that done before?
Lucy: Not professionally. I've worked it out myself from magazines.
Instructor: O.K. can I ask you to jump on the scales; great thanks, now just pop over here & I'll get your height. O.K…. well, by my calculations, your BMI is actually very low – it's 17.5 which is well below the normal level for a woman of your age and height.
Lucy: I'm surprised that I'm considered underweight. This weight feels normal for me…I've never been a big person.
Instructor: What I'm going to need you to do is to take this Activity Assessment form to a GP and ask him/her to complete an Activity Approval Form – which you will need to bring back to me. The Activity Approval Form asks the GP to assess your physical health and to give us some indication of the amount of exercise that you are able to do.
Lucy: Do I have to? Can't we just work out a new program and I'll reduce what I'm doing? I promise I'll change my routine to whatever you say.
Instructor: Sorry Lucy, I have to follow the club policy on this one. Look, as soon as you get the completed Activity Approval Form from your GP, we'll be able to work out your new training plan. I'd also like you to sign this Release Form if you would, so that if the GP rings me to discuss what sort of program you should be doing, that I can discuss the situation with him/her. That way we will be able to work together to get a program sorted out for you as quickly as possible.
Lucy: (Unhappy) O.K.
Instructor: Thanks for working with me on this one Lucy…I realize it's probably a bit stressful for you & I appreciate you talking with me so openly about it.
Lucy: That's alright.
Instructor: So I'll see you back here soon with that Activity Approval Form filled in?
Lucy: Yeah, I guess so.

Discussion Guide Option B: The Program Review – BMI above 18 but excessively exercising

Instructor: Hi Lucy, thanks for coming in for the program review.
Lucy: That's alright.
Instructor: Now, let's get down to business. I mentioned that the instructors are concerned at the amount of time you are spending exercising… are you having any difficulties with your program?
Lucy: No, I've just had to increase the number of reps I'm doing to get the same effect.
Instructor: Right, so can you tell me exactly how much of everything you are doing. I'd like to write this down so I get a clear picture of the situation.
Lucy: Yeah, O.K.
Instructor: I also mentioned that we are concerned about your level of fatigue…can you tell me a bit about that?
Lucy: Well I have been finding it a bit difficult to get motivated some days, particularly when I start exercising… but after a while on the treadmill I pep up & feel much better.

Record details of Lucy's exercise regime on the ACTIVITY ASSESSMENT form. Include level of difficulty, duration, number of reps, classes + additional activity outside the gym such as jogging, swimming, yoga.

Instructor: What have you done to your ankle Lucy? I notice you have it strapped & you seem to be limping a little – have you hurt it?
Lucy: Yeah, I twisted it in the City to Surf the other day… it's o.k. though – I've just been concentrating on cycling & weights training – you know, not putting much weight onto it.
Instructor: I noticed that you seemed to be feeling dizzy towards the end of the bike class that we just did – was that the case?
Lucy: Yes, I did feel a bit lightheaded – probably just thirsty.
Instructor: Actually Lucy, I think you are training too much & you are wearing yourself out. Feeling exhausted, exercising with an injury, getting dizzy – they are all signs that your body isn't coping with the intense exercise regime that you are putting yourself through and that you aren't listening to your body & backing off when you need to. People tend to think that if some exercise is good for your health, then loads of exercise must be even better - however it doesn't really work that way. In fact, excessive exercise can lead to a multitude of pretty serious problems – including osteoporosis, exercise dependence, menstrual disturbance, reduction in performance - among other things.
Lucy: Wow, I didn't realize exercising could ever be a problem. I thought I was being good to my body! …So, what do you think I need to do?
Instructor: Well, I suggest that we arrange a session with Tina who can discuss your program with you in detail. She'll be able to recommend a program for you with an appropriate amount of exercise, she'll probably discuss issues like your target heart rate, level of exertion etc. That way we can make sure that you don't suffer from any of those problems related to overtraining that I mentioned.
Lucy: O.K., thanks David, I really appreciate your help – is that it?
Instructor: The only other thing that would be worth considering is that you see a dietitian - to ensure you are getting enough nutrients for your body considering the amount of exercise you do. Nutrition is obviously a really important aspect of health & fitness & people who exercise have different needs to those who don't. I can give you the name of a dietitian who works near here if that's helpful?
Lucy: That would be good, thank you.
Instructor: O.K. Lucy, let's say we meet up in a week's time to quickly check how you are going with the new program, then we can take it from there. Is there anything that I've forgotten, or do you have any questions?
Lucy: Don't think so. Sounds good to me. See you then.

Stage Three: Reviewing the new plan

If all goes well, the amended program will have reduced the amount of exercise time spent in the gym and you will see some improvement in the member's nutritional status evidenced by an increase in weight and BMI. (Discussion guide Option A) From here, you may wish to monitor the client's progress over a number of months and occasionally thereafter – discuss the options with your client and make the decision together.

Alternatively, the member may have made some of the recommended changes, but not all and you may decide to go over the amended program once more and ensure that your requirements are clearly understood (i.e. that the member reduces the amount of exercise s/he is doing) and that any difficulties with the amended program are identified. (Discussion guide Option B)

It will be important to schedule a second follow-up session within a fairly short space of time – i.e. 2-4 weeks. If the client continues to have difficulties and/or loses more weight, it may be necessary to take further action (see Step 4).

If the member has continued to lose weight, had difficulty reducing the level of exercise or has increased it, and/or has simply increased his/her level of activity outside the gym to compensate, then it will be necessary to request that the member visit his/her general practitioner for a medical review (see Step 4). This is likely to cause the client to feel humiliated, upset and/or angry, so it is important to maintain a firm and honest, but non-threatening and non-judgemental manner. Wherever necessary, provide the member with written materials to support what it is that you are saying (see Handouts Section 5) and suggest that they contact the Eating Disorder organisation in their State (See Appendix 4) for additional referral options.

Document all outcomes in the appropriate place e.g. client's file or club computer and be sure to debrief with the Centre Manager and/or a senior member of staff after each meeting takes place. Addressing excessive exercise and/or issues surrounding eating disorders can be difficult and anxiety provoking for the staff member involved. Additional support can be sought from the eating disorder organisation in your State.

Discussion Guide: 'Everything's Rosy'

Instructor: Hey Lucy, thanks for keeping our appointment. How is everything going with the amended plan?
Lucy: Great – I'm feeling a bit less tired during the day and I've got more energy when I **do** workout. I felt a bit lazy and guilty the first week for not coming to the gym every day, but I'm getting used to that now & I'm actually enjoying having a bit of extra time at home.
Instructor: That sounds really positive. Did you manage to get along to see a dietitian as we discussed?
Lucy: Yes, she was very helpful. I've had to increase my carbohydrate intake to improve the balance of my diet…I didn't realise what a difference it would make just changing things around a bit!
Instructor: That's really great to hear! O.K. now for the boring bit… I'll get you to quickly jump on the scales and we'll re-do your BMI measurement. So it looks like your BMI is getting better – it's now 19 which is still below what it should be, but definitely heading in the right direction. Good work! I would recommend that you continue on with the amended program until your BMI returns to normal, then we'll have a bit of leeway and can start playing around with your routine a bit – how does that sound?
Lucy: Sounds good. When do I have to see you again?
Instructor: Let's say we give it about 2 or 3 weeks and see how things are going then?
Lucy: O.K. great.
Instructor: Is there any other information I can help you with?
Lucy: No thanks. I think that's it.

Discussion Guide Option B: 'Finding it Hard'

Instructor: Hey Lucy, thanks for keeping our appointment. How is everything going with the amended plan?
Lucy: O.K. I guess, but I'm really keen to get back to my normal workout.
Instructor: What are you finding so difficult about the changes that we made?
Lucy: I feel so lethargic and tired on the days that I don't come here – I have to go for a run just so I can wake myself up.
Instructor: Right, so you've cut down on the amount you are doing at the gym, but you have increased the amount of running you are doing to compensate?
Lucy: Yes, I guess so.
Instructor: I'm concerned then that you're still exercising too much - particularly given the issues we discussed at the review.
Lucy: Well I tried to reduce and I just felt awful.
Instructor: Sometimes re-arranging your program can take a bit of getting used to – that's for sure. Shall we look over the new program together again and see where things went wrong?
Lucy: Yes O.K.
Instructor: Great. Before we do that, I just need to check your BMI again. Right, so your BMI is still the same. You obviously haven't lost any further weight which is positive, however it's still really essential that you really try and reduce your activity level. At your current BMI I'd be worried about the damage that you are doing to your bones and joints by running. Sometimes it's easier to change activities all together than cutting back on what you are doing. Perhaps instead of running you could try doing Yoga or Tai Chi for example?
Lucy: Yeah, well, there is a yoga centre down the road from me & the classes are fairly cheap…I guess I could try that.
Instructor: That would be good. Now, did you manage to get to see a dietitian as we discussed?
Lucy: No, I tried to call a few but I couldn't really get onto anyone.
Instructor: That's a shame. Do you think you could try again? It is really important that we get your diet and exercise situation worked out properly as soon as possible, in order to avoid you having any health problems. I can give you a contact number if you like or give her a call now for you?
Lucy: O.K. I've got tomorrow off work, so I'll try again then.
Instructor: O.K. great. So, the plan is – you will continue on with reducing the time spent here at the gym, you will try a yoga class instead of increasing your running to compensate, and you'll make an appointment to see a dietitian. Are we agreed?
Lucy: Yeah.
Instructor: That's good. How about we schedule another review next week to see how things are going for you?
Lucy: O.K. that would be fine.
Instructor: Thanks Lucy – good to see you again & good luck with making the changes – I'm sure you can do it. Do you have any questions for me?
Lucy: Not at this stage, thanks.

Stage Four: Taking Further Action

Unfortunately, there will be some clients who are unable to make the appropriate changes to their exercise regime, or who continue to lose weight, requiring that you take further action.

Asking someone who is exercising excessively and/or has an eating disorder to obtain a Doctors approval to exercise may seem like a daunting task. However, if you maintain a warm and concerned approach and provide clear information about the Club policy, your responsibilities as an exercise specialist and exactly what you require the member to do, things should not be too difficult.

Taking further action involves:

a) Asking the client to visit their GP for a medical assessment and provide you with an ***'Activity Approval Form'*** completed by that GP.

b) Get the client to sign a ***'Release Form'*** so you can discuss the situation with the GP if necessary.

c) Providing the client's GP with a copy of the completed '***Activity Assessment'*** you have done

d) Monitoring the client's progress and, in some instances

e) Limiting access to the gym, or

f) Suspending the client's membership if they are not willing to make any changes, they don't have medical approval to exercise and their physical condition is obviously deteriorating

g) Informing other employees of the gym of the outcome of each of these activities and recording information in the client's file or wherever appropriate

h) Discussing the outcome of the meeting with the Centre Manager and/or a senior member of staff.

i) Debriefing after the meeting with the Centre Manager and/or a senior member of staff. Contacting an eating disorder community organisation for additional support where required.

Important Point:

Once a referral to a GP has been made, he/she should then be responsible for weighing the client, working out his/her BMI and making recommendations to you for the amount/type of exercise s/he can do. Make sure you discuss the process of who will do what with the GP – to avoid giving the client conflicting messages and reduce client's anxiety.

Discussion Guide Option A: Referral to a GP

Instructor: Hi Jane, thanks for coming back to see me.
Jane: That's O.K.
Instructor: How do you think things are going?
Jane: Pretty good. I'm feeling much better and I think everything's fine.
Instructor: Unfortunately Jane, that's not the way I see things. A number of the staff here are very concerned that you have continued to come into the gym every day and exercised for long periods, even though you had agreed to limit the amount of activity that you do….
Jane: Well I've come every day but I've cut down heaps on what I'm doing and I feel fine.
Instructor: I'm glad to hear that you have cut down Jane. However I'm worried that you are still exercising far too much. I'm concerned that you may be placing yourself in real physical danger by continuing to exercise so excessively and I'm going to have to ask you to get your GP to see you for a medical assessment before I can agree to have you back in the gym.
Jane: This is pathetic. I'm perfectly alright & I should be allowed to do whatever program I want to.
Instructor: I'm sorry you don't agree with me, but I have a responsibility to you and to the Club to do what I think is best.
Jane: Why are you picking on me…I see heaps of people who are *always* here when I'm here – why don't *they* have to see a Doctor?
Instructor: Jane, I'm sorry you feel that I'm singling you out. Rest assured that I routinely check with a *lot* of the members that their programs are appropriate for their current physical condition. However, at the moment, it is *you* I'm concerned about.
Jane: Whatever.
Instructor: Do you have a GP who you see regularly?
Jane: Yes
Instructor: I would like your GP to have a copy of the Activity Report that we did and a copy of the program that I recommended. Plus, I need your GP to fill out this **'Activity Approval Form'** before we can allow you to exercise in the club. Shall I give them all to you, or would you prefer that I send it to him/her directly?
Jane: I'll take it with me.
Instructor: O.K. thanks Jane. I also need you to sign this release form, so that if the GP calls me to discuss your program I am able to talk to him/her about it. Otherwise, it might be difficult for him to work out exactly what it is that you are able to do.
Jane: If I have to…
Instructor: Thanks Jane. So all I need back from you is the completed 'Activity Approval Form'. Once we've got that, we'll be able to take it from there - alright?
Jane: O.K.
Instructor: Do you have any questions for me about any of this?
Jane: Yes, when will I be able to get back to my normal routine?
Instructor: That depends on your medical condition, what your doctor recommends and how much exercise you are doing. Ultimately, you are in control of how all of that evolves. If you can limit the amount of exercise you are doing and get yourself healthy again, I'm sure we'll be able to sort out a program that is the right one for you.

Discussion Guide Option B: Limiting access to the gym

Instructor: Hi Harriet, thanks for coming back to see me.
Harriet: That's O.K.
Instructor: Thanks also for dropping in the **'Activity Approval Form'** from your GP last week – I appreciate you doing that… I know that you weren't really too happy about it.
Harriet: O.K.
Instructor: Now, I would like to be very clear about where we go from here so that we both know what's going on. Your doctor has agreed that you can attend the gym twice per week to do a yoga session and twice per week to do 30 minutes of light weights training. Now the limit that has been set for the weight training is 5kg.
Harriet: Right.
Instructor: Do you think that you'll be able to stick to those guidelines?
Harriet: Yes, so long as I don't always have to stay at that level!
Instructor: Of course you won't Harriet. What we are aiming for here is to gradually increase the amount and type of exercise you do, in accordance with an improvement in your physical condition as measured by your doctor. I'm also hoping that you can get back to doing exercise for enjoyment not just because you feel that you have to. Is there anything that we can do to make any of this easier for you?
Harriet: Not really.
Instructor: Well make sure you let me know if there is. Now, what I'll do is enter all this information onto your membership file and that way everyone will know what is going on.
Harriet: O.K.
Instructor: Now it's really up to you to abide by the guidelines that the doctor has recommended… so no jumping on the treadmill for a quick marathon eh! ☺
Harriet: No, O.K.
Instructor: No seriously, if you make sure you stick to that program we know exactly what you are doing and how your body is responding, which means we should know when it will be alright to make changes to the type or amount of activity you can do. Does that make sense?
Harriet: Yes, I guess so.
Instructor: Any questions? No? Great, well, the doctor has indicated that s/he will be reviewing your progress in a week, so how about I give her a quick call on Wednesday afternoon & that way we can catch up quickly for 5 minutes when you come in?
Harriet: O.K. that would be good.
Instructor: Look forward to it. Have a good week Harriet.

Discussion Guide Option C: Suspension from the gym

Instructor: Hi Carmel, thanks for keeping our appointment.
Carmel: That's O.K.
Instructor: So…things don't seem to be going very well. I hear that one of the trainers had to remind you not to join in the step class on Tuesday and that someone else asked you to stop running on the treadmill yesterday. One of the other members reported that she was worried about you yesterday because you appeared to be having a dizzy spell in the change room. Have I heard correctly?
Carmel: [*Carmel doesn't respond. She looks downcast and upset*]
Instructor: Unfortunately Carmel, I'm in a difficult situation here. On the one hand, I would like to see you staying on at the gym and sticking to the plan that we've worked out. On the other hand, I'm just too concerned that you aren't able to make the changes that we have agreed to at this stage and ultimately putting your health at risk. [*A pause, but no comment from Carmel*].
I'm afraid that I'm going to have to suspend your membership until such time as your physical condition improves.
Carmel: [c*rying*] What does that mean?
Instructor: That means that your membership will be put on hold and that you won't be permitted to exercise here, until such time as you are able to demonstrate that your physical condition has improved.
By that I mean three things, first that your weight and BMI have increased and that that is determined by your doctor. Second, that you are able to abide by the limitations placed on your program here at the gym; and third, it also means that your Doctor approves the type of gym program you are involved in.
Carmel I'm sorry that you are upset, but I hope that you understand that I have a responsibility to ensure that all the members here at the gym are only engaging in exercise programs which are safe and healthy.
Carmel: [*nods*]
Instructor: O.K. Hey, I'd love to see you walk back in here in a few months time in a healthier state so that I can help you incorporate a safe amount of exercise into your recovery. Will you keep in touch and let me know how things are going?
Carmel: [*nods*]
Instructor: Now I know we've discussed this before and you weren't keen, but perhaps now would be a good time to get in touch with that consumer organization on that number I gave you. They would be able to give you some suggestions about where to go from here.
Carmel: [*nods*]
Instructor: Alright Carmel, then perhaps we should leave it there for today, unless you have any questions for me?
Carmel: [*shakes her head*]
Instructor: O.K. then you take care and I hope to see you back here soon.

ADDRESSING OTHER DISORDERED BEHAVIOURS

Body image dissatisfaction is extremely common. In Australia, 47% of healthy weight women believe themselves to be overweight and only 24% of young Australian women of a healthy weight are satisfied with their weight[15]. Studies report a number of dangerous weight loss practices including fasting (in 6 -15% of women) crash dieting (16%), vomiting to lose weight (1-4%), use of diet pills (6%) or laxatives (3 to 11%)[16].

Figures in adolescents are also alarming with dieting occurring in over 50%, experimentation with an extreme method (e.g., crash dieting, fasting, vomiting) occurring in 47%, occasional fasting occurring in 26-28%, fasting at least once a week occurring in 6% and vomiting at least once a week occurring in 3%[17]

Increasingly, men and boys are developing problems with body image dissatisfaction, eating and exercise disorders. Dissatisfaction with body proportions and weight in men with eating disorders closely resembles that of women[18]. Wanting to 'bulk up' or increase body size occurs in adolescent boys and young men - they engage in both sensible and inappropriate methods of weight gain[19]. At the other end of the spectrum, adolescent studies show that a significant number of boys (5-20%) report restrained eating, vomiting, laxative abuse, or smoking cigarettes for weight control[20].

At times, Club Members or Club Staff members may notice some of these behaviours occurring within the Club premises – e.g. where someone is overheard purging in Club facilities. If these behaviours are reported or disclosed, it is important to address them. Just because someone looks to be a 'normal' weight, doesn't mean that they aren't engaging in unhealthy practices and/or risking their health and safety.

The following discussion guides give some indication of addressing problems were they are less noticeable than overt weight loss.

[15] Cash, 1997; Kenardy, Brown & Vogt, in press; Maude, Wertheim, Paxton, et al., 1993; Paxton, Sculthorpe & Gibbons, 1994
[16] Crawford & Worsley, 1988; Ben-Tovim, et al., 1989; Wertheim, Mee & Paxton, 1999
[17] Fear et al., 1996; Grigg, Bowman & Redman, 1996; Patton et al. 1997; Martin, Wertheim et al., 2000; Maude, Wertheim et al., 1993
[18] Olivardia, R., Pope, H., Mangweth, B., Hudson, J., 'Eating Disorders in College Men' AJP 152(9):1279-1285
[19] O'Dea, J., Rawstorne, P., 2001 'Male adolescents identify their weight gain practices, reasons for desired weight gain, and sources of weight gain information' Journal of the American Dietetic Association 101(1)105-107.
[20] O'Dea, J.A., Abraham, S., 2002 'Eating & Exercise Disorders in Young College Men' Journal of American College Health Vol 50(6)273-278

DISCUSSION GUIDE 1: Leave the door open

Manager: Hi Kathy, I wonder if we could have a quick chat in my office?
Kathy: Sure… is everything O.K.?
Manager: I certainly hope so Kathy, take a seat. Actually, I'm concerned about you - I was just in the bathroom when you came in and I heard you vomiting. Is there anything I should know about your health at the moment?
Kathy: No, no I'm fine. I just felt a bit sick that's all – I had a sausage roll for lunch and it was greasy & made me feel ill.
Manager: O.K. Kathy – you don't need to justify yourself to me. I was just concerned because I know that sometimes members do have problems with eating and purging – whether it's all the time, or just occasionally. When I find out about it, I like to make sure that where necessary I provide the member with information and referral advice, and to give them some important information about the safety of the exercise that they are doing…
Kathy: Right, well, nothing to worry about here. I'm O.K.
Manager: Glad to hear it. Now listen, given the fact that you **have** just been sick, I would really recommend that you give the gym a miss today – go home and get some rest. Most people don't realise how dangerous it is to exercise, particularly doing cardio work, when they have been vomiting, particularly over a prolonged period of time – there is a real risk of having a heart attack or other cardiac problem.
Kathy: Oh! O.K… I'll do that. And thanks for your concern.
Manager: No worries Kathy - my door's always open! Let me know if you need anything & see you soon.

Important Points:

1. Discuss what you observe/have been told, in a non-judgemental manner – expressing concern.
2. Even though the interaction is brief, you can include essential information – e.g. that exercising when vomiting is dangerous.
3. Highlighting the fact that you are aware that the problems exist shows that you aren't afraid to talk about them.
4. Inform the client that you have information & referral resources if they are required.
5. Sometimes just letting someone know you are there and willing to talk will help give them the courage to ask for help.

DISCUSSION GUIDE 2: A passing comment

James: Hi Julie, thanks for your class today – I really enjoyed it.
Trainer: No worries, James – you even LOOK like you're enjoying it now!
James: I am… I've managed to lose weight & I reckon I'll have a six pack before you know it.
Trainer: That's really great…I hope you're doing it sensibly…?
James: Well, a vomit every now and then never hurt anyone… at least I can have my cake and eat it too ☺
Trainer: You know James, vomiting even every now and then is actually really harmful to your health and there is the potential for it to escalate into a really serious problem. It is particularly dangerous to vomit and exercise at high intensity – like we've just done – there is the potential for heart attack, not to mention reducing your performance capacity and depleting your body of its vital energy.
James: Well, I must say I've never really thought about it being serious…
Trainer: Most people don't. Look we've actually got some information which you might find useful… and a number you can contact to speak to someone about this stuff in more detail. I can grab it for you now if you like?
James: Yeah, O.K. Thanks Julie.
Trainer: Do you want to come down to the office with me and I'll sort that out for you.

Important Points:

1. Take any opportunity to check up on the appropriateness of members methods of weight-loss.
2. Use every opportunity to provide information about safety issues.
3. Don't let stereotypes about disordered eating or eating disorders (e.g. that they are only women's problems) stop you from recognising a problem.
4. Provide written materials and/or a telephone number to the eating disorder organisation in your State.
5. Never let someone joke about inappropriate weight loss behaviours without addressing them seriously.

DISCUSSION GUIDE 3: Approaching a colleague

Manager: Mark have you got a minute for a quick chat with me?
Mark: Sure Liz, what's up?
Manager: Mark, I'm worried about you. I've noticed that you seem to be really over-doing it with the timetable – you've been volunteering to fill too many sessions and three times this week I've seen you doing additional workouts. Plus I know you cycle to and from the Club… I'm worried that you've got a real problem with exercise and that you are compromising your health.
Mark: What are you saying to me Liz? That just because I've been filling the gaps & doing the right thing by the Club I've got some kind of problem?
Manager: No, I'm saying that at the moment you are exercising too much to remain physically healthy and it's important to me that you don't compromise your health by filling gaps in the roster.
Mark: So what do you want me to do? I've got a lot of regulars coming to all my classes now I can't just stop doing the sessions.
Manager: Well, I will arrange to get some of the other staff to take on some of those classes – I'm sure your regulars will cope with the change… you're the one who is important here. But first & foremost I'd like to recommend to you that you talk to someone about all of this – like a GP – and have a proper check-up.
Mark: So I've got to go and have a physical?
Manager: Yes and you'll need to reduce the amount of exercise you're doing here in the Club. You know we have a policy for addressing excessive exercise in our members… it's just as important to me to make sure that our staff aren't endangering their health by taking on too many classes.
Mark: Whatever.
Manager: Mark, you know I think you do a great job here and I am in no way commenting on your professional performance. I'm just worried about you – you're an important member of our team. Please try and understand that my concern is for your health - I don't want to embarrass you or stress you out… I have a responsibility to intervene in a situation which I can see has the potential to become a serious health problem for one of my staff members. Do you understand where I'm coming from?
Mark: Yes, I suppose I do Liz. It's just frustrating & so out of the blue!
Manager: Yes I can appreciate that. Look, why don't we go and have a coffee and we can work out some kind of plan to get this sorted out?
Mark: O.K. Liz… just a minute & I'll grab my bag.

Mark heads down to the locker room to grab his bag & sees Karen on the way…

Mark: Hey Kaz, do you believe it…Liz is trying to tell me I've got some kind of exercise addiction and she wants me to "see someone".
Karen: Mark, you have been seriously overdoing it for the past few weeks – I'm not surprised she's worried about you. I'm worried about you too… so is Leisha.
Mark: What, so you're all talking about me behind my back?
Karen: Of course not… we're your mates & we're worried about you. You've had that sore shoulder for over a week now but you still haven't let up…that's not the Mark we know! Exercise has a way of creeping up on you,

you know? Before you know it the adrenalin's pumping & you can't get enough. But it takes it's toll, believe me – I've been here for 8 years and I've seen a few people burn themselves out.
Mark: God, why didn't you say something? This is really embarrassing!
Karen: Don't be ridiculous! Happens to the best of us – and you're right, I should have said something… I'm sorry I didn't. Just go & talk to Liz & work out what you need to do. Perhaps she'll pay for you to spend a month in the Bahamas working on your tan! ☺

Important Points:

1. If you notice a colleague is developing an exercise or eating problem or is continuing to exercise despite injury, raise the issue with them or with your manager.
2. Support the colleague who approaches a co-worker with an exercise problem or eating disorder by reinforcing that what s/he has said is reasonable.
3. Support the colleague who is identified as having an exercise problem or eating disorder by offering non-judgmental support.

PART FOUR: FORMS

Activity Assessment – Club staff to complete

Date of Assessment:

Client Name:				**Age:**	
Height:	**cm**	**Weight:**	**kg**	**BMI:**	

CURRENT EXERCISE REGIME: [Include exercise outside the gym]

Type of Activity	Sessions per week	Duration per session	Comments or Recommended Changes
1. High Impact Aerobic			
2. Low Impact Aerobic			
3. Walking			
4. Jogging/Running (please circle)			
5. Swimming			
6. Team sport			
7. Weights training			
8. Movement Groups (e.g. Tai Chi, Yoga-state type, Feldenkrais)			
9.			
10.			

COMMITMENT TO EXERCISE:

Does the client enjoy the current exercise regime?	Yes	No
Does the client continue to exercise when injured or sick?	Yes	No
Does exercise take precedence over other activities in the client's life?	Yes	No
Does the client feel strongly compelled to exercise in this way?	Yes	No
Does the client feel guilty or physically agitated if exercise is omitted?	Yes	No

MANAGEMENT PLAN:

	No change – current exercise regime is appropriate
	Modify exercise program – reduce frequency and/or intensity of activity as outlined
	BMI below 18: Refer to GP – provide client with 'GP Activity Approval' form & referral letter. Get client to sign Information Release Form. Where there is immediate concern for a client's health, suspension of membership is appropriate.
	BMI ≤14 Refer to GP and suspend membership. Provide client with 'GP Activity Approval' form & referral letter. Get client to sign Information Release Form.
	Other Comment:

Assessors Name: _____ Signed: _____

FRONT

Activity Approval Form: GP to complete

This client has been requested to obtain medical clearance before continuing to exercise in our gym. If you would like to discuss the different types of activity outlined below before making your assessment please contact the Gym Manager/Instructor whose details appear below.

Client Name:	**Age:**
Manager/Trainer:	**Signature:**
GYM:	
Phone:	

GP - Please indicate what level of activity you believe is appropriate for this client, given his/her current body weight, BMI & physical condition

Height: cm	**Weight:** kg	**BMI:**

Type of Activity	Sessions per week	Duration per session	Comments
1. High Impact Aerobic			
2. Low Impact Aerobic			
3. Walking			
4. Jogging/Running (please circle)			
5. Swimming			
6. Team sport			
7. Weights training			
8. Movement Groups e.g. Tai Chi, Feldenkrais, Yoga (specify type of yoga)			
9.			
10.			

Additional Comments by GP: (Please print)

When will you review this client next? (Date)

AUTHORISED BY GP NAME: **SIGNATURE:**

ADDRESS:

PHONE: **FAX:**

Note: When making your assessment, please bear in mind that clubs cannot constantly monitor access to equipment or level of activity.

BACK

'All activity is only healthy in the presence of a balanced and adequate food intake[21]'

This document is a guide only. Individual issues such as age, general medical condition (particularly cardiovascular), dietary intake, electrolyte balance, physical injury, weight-loss or weight-gain trajectory should also be considered when determining what is an appropriate level of activity for a client who is excessively exercising and/or has an eating disorder –
BMI alone is not an adequate measure.

BMI	MAY BE APPROPRIATE (Subject to individual assessment)
20+	Encourage to return to age appropriate activity including sport and recreation. If the individual, in consultation with their medical practitioner, feels they need to be participating in fitness centre type activity it would be recommended they join classes rather than solitary activity. 3 sessions per week is ample. Further activity can be obtained from sport, recreation and peer related pursuits.
18.1-20.0	▪ Max 10 mins light cardio warm-up ▪ Total body weight training 3/week x 1 hr – light body building program. ▪ Light cardio sessions 2/week x 20 mins ▪ Stretching as desired ▪ Encourage variety in exercise choice ▪ Gentle movement groups (e.g. Tai Chi, Feldenkrais, some forms of Yoga) ▪ Slowly increase activity to approximate normal for the individual
14-18	Activity for clients who fall within this BMI range needs to be closely monitored and tailored to the individual. It is recommended that GPs discuss this client with an eating disorder specialist, physician or pediatrician. Contact the consumer organisation in your State for details, or where these do not exist, contact the Department of Health for advice.
14 or less	Medical crisis No exercise can be recommended.
NB	Aerobic exercise is particularly dangerous for people who purge regardless of BMI
	Measurement for adolescents with eating disorders = percentile BMI. Appropriate exercise guidelines should be discussed with a specialist paediatrician.

These guidelines have been developed by B. Arthur (RN, BA (Hum Mvt) who is an Exercise Therapist specialising in eating disorders with a number of eating disorder specialists in Australia. The guidelines were drawn up specifically for this document and have not been validated by scientific research. They are based on the clinical expertise and considerable experience of the authors.

These guidelines are offered with the following caveats:

- Appropriateness of any exercise regime is dependent on the absence of purging behaviour, eating being adequate and weight gain or maintenance being on track.
- Exercise protocols should be developed in collaboration with a medical and mental health team who have expertise in the field of eating disorders.
- At times, people with eating disorders are craving a rest from the torturous routines they have been engaged in. Providing firm guidelines and giving the person a 'permit' to cease exercise will often be the most helpful course of action.
- While exercise is important for general health and wellbeing, for people who have eating disorders medical, nutritional and psychological health are the priority.

[21] Beumont, PJV, Arthur, B., Russell, J.D., Touyz, S.W., 1994 'Excessive physical activity in dieting disorder patients: Proposals for a supervised exercise program' *International Journal of Eating Disorders* 15(1):21-36.

Example Referral Letter

Date:

Dear Dr

I have requested that _____ see you to obtain a medical clearance before continuing to exercise in our gym.

I have included a copy of my **Activity Assessment** including an initial BMI measurement for your perusal.

Club regulations require that _____ return to us with the enclosed **Activity Approval Form** completed by a GP. We will modify our client's program according to your recommendations.

I also ask you to let me know when you will review the client and to keep me informed of any changes in the client's weight or medical condition which may mean that I need to discuss changes in his/her exercise regime.

My name is: _____
I am contactable on Ph: _____

If I am unavailable, you may also speak with the Manger whose name is: _____
On phone _____

Should you wish to discuss any of these issues, or the type of program you recommend, please do not hesitate to contact me.

Yours sincerely,

Example Information Release Form

I, _____ (Print) hereby give permission for _____ (Print) to discuss relevant medical details with my General Practitioner, Dr _____ (Print).

Relevant medical details include only those medical issues which are related to my physical capacity to engage in an exercise program.

All information obtained by the Club will be treated in a confidential manner and will be used only for the purposes of prescribing my exercise program.

Signed: _____ Member
Print: _____
Date: _____

Signed: _____ Club
Print: _____
Date: _____

PART FIVE: APPENDICES

Appendix 1: Calculating a BMI

Body Mass Index = $\frac{\text{weight in kilograms}}{\text{height in meters squared}}$

e.g. A client is 58kgs and 157cms

58 ÷ (1.57x1.57)
58 ÷ 2.4649 = 23.5

This client is within the healthy weight range

Appendix 2: Resource Referral List

New South Wales

Centre for Eating & Dieting Disorders CEDD	Peta Marks Eating Disorder Consultant for NSW Phone: 02 9515 5843 Fax: 02 9515 7778 E: peta.marks@email.cs.nsw.gov.au Website: **www.cedd.org.au**
Eating Disorders Foundation of NSW Inc	Executive Officer Ph: 02 94124499 Website: **www.edf.org.au** E: greta@edf.org.au

Queensland

Eating Disorders Outreach Service – EDOS *Division of Mental Health Services* *Royal Brisbane Hospital*	Intake Phone: 07 36365241 M: 0421 339057
Eating Disorders Resource Centre	53 Railway Terrace Milton QLD 4064 Ph: (07) 3876 2500 Fax: (07) 3511 6959 Website: **www.uq.net.au/eda** Email: eda.inc@uq.net.au

Tasmania

Community Nutrition Unit	3rd Floor Peacock Building Repatriation Centre 90 Davey Street Hobart TAS 7000 Ph: (03) 6222 7222

Victoria

Centre of Excellence in Eating Disorders Vic	8th Floor, CCB Royal Melbourne Hospital Grattan St Parkville, Melbourne, Victoria 3052 Phone 03) 9342 7507 Fax: 03) 9342 8216 Email: ceed@mh.org.au Website: **www.ceed.org.au**
Eating Disorders Foundation of Victoria	1513 High Street Glen Iris VIC 3146 Ph: (03) 9885 0318 Fax: (03) 9885 1153 Website: **www.eatingdisorders.org.au** Email: edfv@eatingdisorders.org.au

South Australia

Eating Disorders Association of South Australia Inc.	Woodards House 1st Floor, 47 - 49 Waymouth Street Adelaide SA 5000 Ph: (08) 8212 1644 Email: edasa@internode.on.net.au

Western Australia

Eating Disorders Association of WA Inc.	PO Box 8015 Perth Business Centre Perth WA 6849 Ph: (08) 9221 0488

Australian Capital Territory

Throsby Place Eating Disorders Program	Throsby Place Phone: (02) 62051519 Fax: (02) 62051152 email: throsby.place@act.gov.au

PART 6: Fact Sheets

FACT SHEET #1: Eating Disorders

Eating Disorders are psychological disorders where dieting, eating behaviour and thoughts about body shape and weight become a distressing focus of one's life. They are often used as a way of dealing with underlying unresolved emotional and psychological issues.

Anorexia, bulimia and binge eating disorder are the most widely recognized eating disorders. They can all have serious implications for physical health and wellbeing and negatively impact on mood and self-esteem.

Eating disorders can affect anyone - males or females from across various age groups, socio-economic, cultural and religious backgrounds.

Nobody chooses to develop and eating disorder. They develop due to an intricate individual combination of factors which can include genetics, environment, societal effects, personality, trauma, life experience, relationship difficulties. The illnesses can become entrenched and habitual and can be very difficult to overcome.

However help is available and people can and do recover! Unfortunately those who do not seek treatment can find their health and happiness seriously compromised. Some people with severe and chronic illness may even die.

FACT SHEET #2: ANOREXIA NERVOSA

Anorexia Nervosa is characterised by extreme dietary restriction (self-starvation) and excessive weight loss resulting in dangerously low body weight.

People with anorexia nervosa experience an intense fear of gaining weight or becoming fat, even though their weight is extremely low. They may continue to **feel** overweight no matter how thin they appear to others.

In order to maintain a low body weight, people with anorexia nervosa restrict the range and amount of food they eat, often limiting their choice to foods they consider 'safe'. They may also attempt to prevent weight gain by employing other methods such as excessive exercise and/or purging.

Some sufferers, although able to accept that they are thin, are unable to escape the feeling that they are not 'thin enough' and continue to lose weight, despite physical and emotional complications.

Some of the physical symptoms of anorexia nervosa include loss of menstrual periods, cold intolerance, low heart rate and blood pressure, weakening of the bones, poor skin, hair and nail condition. Psychological symptoms include depressed mood, obsessionality and perfectionism, feelings of guilt and unworthiness and an inability to concentrate on anything except food, dieting and disorder-related issues.

From the outside, anorexia appears to be all about food and weight. However, it is generally believed that anorexia is strongly influenced by genetics, low self-esteem, high levels of competitiveness and perfectionism, feelings of inadequacy and worthlessness and the problems that these feelings cause in coping with the pressures of daily living.

It is possible to recover from Anorexia Nervosa. Seeking specialist help as soon as possible is an important factor in recovery. Speak to a representative from the Eating Disorder community organisation in your State.

FACT SHEET #3: BULIMIA NERVOSA

Bulimia nervosa is characterised by a cycle of binge eating followed by 'compensatory' behaviours – that is, behaviours induced to avoid weight gain.

Bulimia nervosa often begins with rigid dieting which leads to inadequate nutrition, hunger and fatigue followed by powerful urges to binge. Terrified of gaining weight from binge eating and driven by intense feelings of guilt and shame, people with bulimia then purge themselves through self induced vomiting, laxative abuse, excessive exercise and/ or periods of fasting.

Although body weight may appear normal, the distress of the binge/purge cycle can cause extreme feelings of worthlessness, guilt, inadequacy and depression.

Sufferers speak of feeling guilty, ashamed and disgusted by their behaviour. They tend to hide the illness and often keep it a secret from their loved ones for many years. This contributes to their feelings of despair, loneliness and depression. Combined with the physical effects of bingeing and purging, people with bulimia nervosa can become both physically and emotionally overwhelmed.

Some of the features of bulimia nervosa include feeling out of control before or during a binge, extreme concern with body weight and shape, periods of extreme exercise (where exercise takes on a binge like quality) and dietary restriction.

Physically, people who engage in purging behaviours are at increased risk for serious cardio-vascular problems – including cardiac arrest and death. Physical problems include gastro-intestinal problems (e.g. reflux) and dental caries.

Effective treatments exist for bulimia nervosa and recovery is certainly achievable in most cases. Contact your local eating disorder community organisation for information and referral details.

FACT SHEET #4: BINGE EATING DISORDER

Binge eating disorder or compulsive eating is characterised by binge eating without compensatory purging, fasting or excessive exercise.

People with binge eating disorder have described recurrent binge eating episodes during which eating is more rapid than usual and the amount eaten is very large - even when they are not physically hungry. There is usually a sense of loss of control over eating.

People with binge eating disorder often feel very embarrassed and guilty about the binge eating and will eat in secret. During and after the binge, there are overwhelming feelings of self loathing and depression about the amount eaten. Low self esteem, feelings of disgust about body size, depression, anxiety and difficulty in expressing feelings and needs are common problems described by people with binge eating disorder.

People who binge eat do so for many reasons - usually to alleviate anxiety, in response to stress or other overwhelming emotions such as anger, or to self-soothe.

Recovery is possible! Speak to the Eating Disorder community organisation in your State to find out what to do about binge eating disorder.

FACT SHEET #5: EXCESSIVE EXERCISE

Surely there's no such thing as exercising too much! WRONG!!! Excessive exercise can be physically damaging and harmful to your health.

Excessive exercise can be identified by one or more of the following:

- When the commitment to exercise far exceeds any reasonable effort to achieve physical fitness or good health
- When exercise becomes more and more solitary and less and less enjoyable
- Where exercise occurs despite sports injury and/or pain
- Where exercise occurs despite medical recommendation to cease
- Where exercise continues despite significant weight loss to an unhealthy level
- Where the motivating factor for exercise is weight loss rather than fitness or enjoyment
- Where there is evidence of withdrawal symptoms such as irritability, anxiety and depression when the person is unable to exercise

If this is you… it is important to speak to an exercise therapist about reducing the amount of exercise that you do. Contact the eating disorder organization in your State for details.

FACT SHEET #6: EXTREME DIETING

There are several key factors that differentiate extreme dieting and eating disorders, from less extreme (but no less dangerous) dieting behaviours.

- Weight loss goals will be unreasonably low for the person's shape and frame and will constantly change, such that once one weight loss goal has been reached, a new, lower goal is set.

- Like excessive exercise, determined, solitary dieting behaviour is a marker for concern. Most people who diet tend to discuss their progress and tactics with their peers, rejoicing over even meagre weight loss.

- The eating/dieting disorder patient is usually dissatisfied with success. Successful dieters who remain self-critical may be at risk for developing an eating or dieting disorder.

- Extreme dieting appears to be strongly associated with other mental health problems such as anxiety and depression, whereas normal dieting is not.

If you recognise yourself as an extreme dieter, it is important to seek help before your problem progresses to a more serious form of eating or dieting disorder. Contact the eating disorder community organization in your State for information and referral advice.

FACT SHEET #7: THE ATHLETE'S TRIAD

The **female athlete triad** is a term used by researchers to describe three interrelated disorders which can occur in girls and women who are physically active. The triad consists of three disorders – disordered eating, amenorrhoea (loss of menstrual periods) and osteoporosis (weakening of the bones).

These disorders (alone or in combination) impact negatively on physical and mental health and can result in a deterioration in athletic performance. Health consequences become more serious, potentially life threatening, when the three disorders occur simultaneously.

Amenorrhoea can be associated with many factors, including low body weight or body fat, disordered eating behaviours, poor nutrition, excessive exercise and stress. However, a negative energy balance – where energy taken in is not adequate for the amount of energy expended – is the most likely problem. Athletes who are amenorrhoeic are 4.5 times more likely to sustain a fracture than an athlete who menstruates.

Disordered eating in athletes can cause electrolyte imbalance, mental slowing, decreased athletic ability, problems with temperature regulation, cardiac abnormalities, impaired immune systems, depression and more. Estimates of disordered eating among female athletes range from 15-62% which is dramatically higher than the general population[11].

Osteoporosis. Weight bearing exercise is not enough to counteract the effects of chronic caloric deprivation and amenorrhea with regard to the bones. Osteoporosis increases risk of fracture and fragility.

The short- and long-term effects of this triad of disorders are severe. If you are suffering from any one of the triad (or all three), it is extremely important that you seek medical advice in order to avoid long term damage to your health and wellbeing.

References:
Lo, Herbert, McClean 'The Female Athlete Triad No Pain, No Gain?' *Clinical Paediatrics;* Sep 2003; 42, 7; Health Module pg 573.

FACT SHEET #8: HEALTHY EATING

There seems to be an ever changing set of rules about what we should and shouldn't be eating. This includes information about fad diets which are made popular through media exposure and the celebrities who support them, but which are unsustainable in the long term at best and dangerous at worst.

So, what **is** healthy eating?

Healthy eating is:

- Eating a wide variety of foods in moderate amounts and in a relaxed and flexible manner.
- Eating 3 meals a day + 2-3 snacks.
- Going no longer than 3-4 hours without eating.
- Balanced main meals with a combination of protein, starch and fruit/vegetables.
- Eating 7 serves of fruit and vegetables per day
- Eating 3 serves of dairy per day (milk, cheese, yoghurt)
- Eating 2 serves of protein per day meat, poultry, fish, nuts, beans or eggs – try lunch and dinner.
- Eating some fat (e.g. olive oil) and sugar (e.g. honey) each day.

Dr Rick Kausman from ifnotdieting.com recommends enjoying food without feeling guilty, eating slowly and concentrating on taste, texture, smell and all the good things about food! Most importantly, he recommends listening to your body to work out what it really wants and needs. 'Health and vitality come in all shapes and sizes, and we can aim to be healthy at our own natural weight rather than thin at any cost'

References:

1. **Department of Nutrition & Dietetics RPAH**
2. **Dr Rick Kausman 2001 'Calm Eating' Allen & Unwin, Australia.**