SEES

SAFE EXERCISE AT EVERY STAGE (SEES) GUIDELINE

A clinical tool for treating and managing dysfunctional exercise in eating disorders.

MEDICAL PRACTITIONER QUICK-GUIDE

FACTS: EATING DISORDERS AND EXERCISE

EATING DISORDERS (EDS)

Eating disorders (EDs) (Anorexia Nervosa, in particular), have been recognised as having the highest mortality rate of all psychiatric illnesses due to medical complications and suicide. EDs also carry a high economic burden and an overall poorer quality of life for patients.

DYSFUNCTIONAL EXERCISE (DE) IS ASSOCIATED WITH POORER OUTCOMES

Engaging in dysfunctional exercise with a comorbid eating disorder has been associated with increased risk of relapse, increased illness chronicity, and prognosis. It has been estimated that between 30-81% of individuals with an eating disorder struggle with dysfunctional exercise. Although many terms are used to describe dysfunctional exercise (including compulsive, obligatory, excessive, and driven), research has highlighted that the quality or nature of the exercise is more problematic than the quantity of the exercise alone. Individuals with an ED engaging in unmanaged exercise may be at an increased risk of cardiorespiratory, musculoskeletal, neurological, psychological, reproductive and metabolic complications (as attached).

IMPORTANCE OF SAFE MOVEMENT AND EDUCATION

However, interventions promoting exercise abstinence have been associated with higher rates of relapse, poorer treatment outcomes, heightened psychopathology, prolonged illness duration, and increased use of risky behaviours. Conversely, interventions that facilitate safe return to exercise have been associated with reduced eating disorder symptomatology, greater treatment compliance, and improved long-term prognosis.

EVIDENCE-BASED TREATMENT SUGGESTIONS

HISTORICAL APPROACH

Historically, there has been no standard practice to support health professionals manage and reintegrate safe movement and education into ED treatment. Consequently, many health professionals have adopted the practice of recommending abstinence from exercise during ED treatment.

CURRENT APPROACH: SAFE EXERCISE AT EVERY STAGE (SEES) GUIDELINE

As a result, the *Safe Exercise at Every Stage* (SEES) guideline has been developed to better facilitate the prescription of safe exercise in eating disorder populations. This straightforward and graded process aims to support clinicians in determining the level of exercise and education appropriate for each individual based upon their current level of physical and psychological well-being. To access, visit https://www.safeexerciseateverystage.com/access-sees-guideline/.

TIPS FOR SUPPORTING A SAFE RETURN TO EXERCISE

- Use the SEES guideline to assess level of risk and determine safe exercise
- In Vivo tasks in session
- Involve social support
- Motivational and collaborative approach
- Promote intuitive movement and its benefits

REFERENCES, TRAINING AND ADDITIONAL RESOURCES

E: contactseesteam@gmail.com W: safeexerciseateverystage.com

Dobinson, Cooper &

Quesnel, 2019.

All of the above can be found within the SEES guideline and/or on the website.

POTENTIAL COMPLICATIONS OF UNMODIFIED EXERCISE WITH AN EATING DISORDER

EATING DISORDER (IRRESPECTIVE OF WEIGHT, SHAPE OR SIZE)

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 \sim HEALTH CONSEQUENCES OF ED

ENERGY & FLUID AVAILABILITY, MALNUTRITION, STARVATION, PURGING

PSYCHOLOGICAL

Exercise dependence Hypotension Anxiety Depression Irritability Dysfunctional attitudes Emotional distress Decreased stress tolerance Interpersonal dependence Angina Reliance on pain medication Increased medication side Mitral valve disease effects Decreased health related Organ damage and failure OOL Exercise withdrawal saturation Aortic obstruction

CARDIORESPIRATORY Pericardial effusion

Prolonged QTc interval Arrythmia Superior mesenteric artery syndrome Cardiac arrest Heart failure Palpitations Heart attack Torsade de pointes Abnormal blood oxygen

Postural tachycardia Orthostatic hypotension mass Peripheral blood pooling

RESPIRATORY

Shortness of breath Rapid, shallow breathing Hyperventilation Respiratory compromise Respiratory paralysis

MUSCULAR

Muscular dysfunction Weakness Cramping Tremors and fasciculation Pain Rhabdomyolysis Tetany Decreased stroke volume Catabolism

Decreased left ventricular SKELETAL

Uncoupling of bone Decreased bone mineral density and geometry Decreased lying down of lifetime bone Difficulty reacquiring bone Osteoporosis and osteopenia Cortical thinning Lower trabecular number and density Decreased space between trabecular Lower bone calcium regulation Permanent postural damage Hypovolemia

NEUROLOGICAL Autonomic nervous system dysfunction

Neuralgia Ataxia Vertigo Dysphagia Requirement of pain med'n Irreversible brain damage

ELECTROLYTES

Hyponatremia Hypokalemia Hypophosphatemia Hypercarbia

HYDRATION

Hypohydration Dehydration

TEMPERATURE Hypothermia Cold extremities

METABOLIC

Decreased resting metabolic rate Decreased glycogen Decreased leptin Decreased growth hormonesDecreased insulinlike growth factor 1 Decreased urine specific gravity Decreased blood urea nitroge Increased ghrelin Increased cortisol Increased transaminase Hypoglycaemia

SEXUAL

METABOLIC

Induce or worsen

Adrenal dysfunction

nitrogen (indirectly)

Increased blood urea

hypoglycaemia

SEXUAL

Decreased oestrogen Decreased testosterone Decreased lutinising hormone

Decreased follicle stimulation hormone Risk of menstrual disturbance and dysfunction Functional hypothalamic amenorrhea

COMORBID ILLNESS

Increased risk of psychological and physical comorbidities

ANTHROPOMETRY

Altered body fat percentage Altered body mass index Altered ideal body weight

HAEMATOLOGICAL Anemia

IMMUNOLOGICAL Increased risk of infection

CONSEQUENCES OF EXERCISING WITH AN ED WITHOUT APPROPRIATE MODIFICATION

PSYCHOLOGICAL

Bradycardia

Tachycardia

Exacerbate exercise dependence Decreased psychological capacity Increased rigidity Increased compulsivity

CARDIOVASCULAR

Decreased cardiac output Increased amino acid catabolism during exercise

Decreased endurance Decreased performance

MUSCULOSKELETAL AND NEUROLOGICAL Bone and muscle catabolism Worsened long term bone

health

utilization

strength Increased injury risk

Increased stress fracture Decreased concentration risk and prevalence in sport Increased muscle pain Decreased judgment in due to circulatory lactate sport Decreased coordination Increased oxygen perfusion, uptake and Decreased training adaptations and responses Decreased muscle

ELECTROLYTES Increased electrolytes lost in sweat

HYDRATION Hypohydration Dehydration Hypovolemia

TEMPERATURE

Increased risk of heat illness and heat stroke

Induce or worsen FHA and associated risks

COMORBID ILLNESS

Increased risk of negative outcomes with comorbid condition

OTHER Exercise intolreance

ENERGY AVAILABILITY FURTHER DECREASED

Adapted from Dobinson, A., Cooper, M., & Quesnel, D. A. (2019, May). Safe Exercise at Every Stage Guideline. Retrieved May 25, 2019, from https://www.safeexerciseateverystage.com/access-sees-guideline