Eating Disorders
Recommendations for the Fitness Industry

Fitness Australia

INSIDE OUT
Institute for Eating Disorders

Approximately 1.2 million adults in Australia are living with an eating disorder. This equates to five per cent of the population[1] and includes males and females from various age groups, socioeconomic, cultural, sexual, ethnic and religious backgrounds.

Eating and excessive exercise disorders can result in serious implications on an individual's physical, mental and social functioning. As a number of people living with these conditions utilise fitness services, it's important that exercise professionals are aware of any factors which may increase a client's risk of harm. Once the individual is both medically and nutritionally stable, moderate exercise can form an important part of the recovery journey if managed appropriately by a collaborative partnership between a skilled exercise professional and medical professional.

The InsideOut Institute and Fitness Australia have developed these recommendations to assist fitness businesses and exercise professionals to work effectively with clients who present with symptoms of an eating disorder, or have an eating disorder, exercise disorder or muscle dysmorphia, and to sensitively and appropriately address issues of health and safety within a fitness facility or setting.

These recommendations are not a substitute for industry-wide training and targeted policy development but rather to provide support in managing situations where there is a risk of harm to an individual whilst servicing them in a fitness environment.

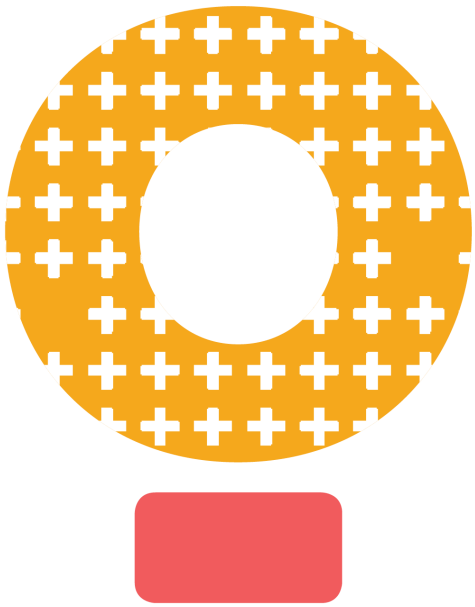
Dr Sarah Maguire
Director, InsideOut Institute

Barrie Elvish
CEO, Fitness Australia

Published February 2020

Recommendation One
Support a Healthy, Inclusive Environment

The health and safety of clientele is the priority. Exercise professionals and fitness businesses should adopt a positive approach to promoting physical activity instead of one that focuses on guilt and shame around weight and shape. A preventive approach to eating and excessive exercise disorders includes pre-exercise screening, appropriate referrals and exercise prescription to avoid adverse events. Creating a holistic, inclusive environment that focuses on health rather than weight will facilitate an environment that supports positive body image.



Guidelines for marketing and advertising messages that encourage physical activity, without encouraging disordered eating and exercise

- Messages should focus on health, not weight, and be delivered from a holistic perspective with equal consideration given to social, emotional and physical health

- Weight is not a behaviour and therefore not an appropriate target for behaviour modification; services should focus only on modifiable behaviours (e.g. physical activity, eating habits, time spent watching TV)

- People of all sizes deserve a nurturing environment and will benefit from a healthy lifestyle and positive self-image

- The ideal client support is integrated, addresses risk factors for the spectrum of weight-related problems, and promotes protective behaviours

- Client services should honour the role of families and carers and support them to model healthy behaviours at home without overemphasising weight

- Community members should be included in the planning process to ensure that facilities and services are sensitive to diverse norms, cultural traditions and practices

- It is important that specific intervention programs are evaluated by qualified health care providers and/or researchers, who are familiar with the research on risk factors for eating disorders

Modified from: National Eating Disorders Collaboration, (2015). Eating Disorders in Sport and Fitness: Prevention, Early Identification and Response, 2nd Edition, NSW. Australia.

Recommendation Two
Recognise Warning Signs and Refer Appropriately

There are a broad range of physiological, behavioural and social warning signs associated with eating and/or exercise disorders. These may be observed when undertaking pre-exercise screening, throughout training sessions or in general interaction with a member or client.

Behavioural Warning Signs

- Dieting behaviours (e.g. fasting, counting calories/kilojoules, avoidance of food groups or types)

- Evidence of binge eating (e.g. disappearance or hoarding of food)

- Evidence of vomiting or laxative use (e.g. taking trips to the bathroom during or immediately after meals)

- Excessive, obsessive or ritualistic exercise patterns (e.g. exercising when injured or in bad weather, feeling compelled to perform a certain number of repetitions of exercises or experiencing distress if unable to exercise)

- Changes in food preferences (e.g. refusing to eat certain 'fatty' or 'bad' foods, cutting out whole food groups such as meat or dairy, claiming to dislike foods previously enjoyed, a sudden concern with 'healthy eating', or replacing meals with fluids)

- Development of rigid patterns around food selection, preparation and eating (e.g. cutting food into small pieces or eating very slowly)

- Avoidance of eating meals, especially when in a social setting (e.g. skipping meals by claiming they have already eaten or have an intolerance/allergy to particular foods)

- Lying about amount or type of food consumed or evading questions about eating and weight

- Behaviours focused on food (e.g. planning, buying, preparing and cooking meals for others but not actually consuming; interest in cookbooks, recipes and nutrition)

- Behaviours focused on body shape and weight (e.g. interest in weight-loss websites, books and magazines, or images of thin people)

- Development of repetitive or obsessive behaviours relating to body shape and weight (e.g. body-checking such as pinching waist or wrists, repeated weighing of self, excessive time spent looking in mirrors)

- Social withdrawal or avoidance of previously enjoyed activities

Source: Mental Health First Aid Australia Eating Disorders: First Aid Guidelines. Melbourne: Mental Health First Aid Australia; 2008.

Recommendation Two
Recognise Warning Signs and Refer Appropriately

The physical complications associated with experiencing a rapid and significant weight loss (even when above or at a normal weight) and/or being underweight or carrying low percentage body fat (particularly the potential for cardiac problems) mean that it is essential that clients who are thought to have an eating disorder, or symptoms of an eating disorder should be appropriately referred to and managed by a medical professional (i.e. GP, paediatrician).

Physical Warning Signs [2]

- Weight loss or weight fluctuations

- Sensitivity to the cold or feeling cold most of the time, even in warm temperatures

- Changes in or loss of menstrual patterns

- Swelling around the cheeks or jaw, calluses on knuckles, or damage to teeth from vomiting

- Fainting

Psychological Warning Signs [2]

- Pre-occupation with food, body shape and weight

- Extreme body dissatisfaction

- Distorted body image (e.g. complaining of being/ feeling/looking fat when a healthy weight or underweight)

- Sensitivity to comments or criticism about exercise, food, body shape or weight

- Heightened anxiety around meal times

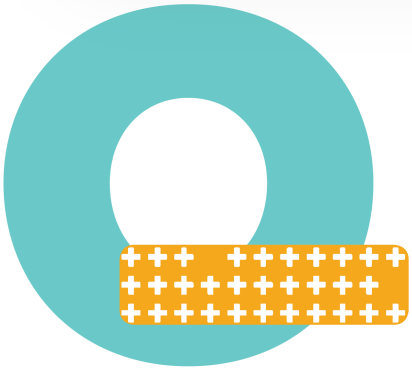
- Depression, anxiety or irritability

- Low self-esteem (e.g. negative opinions of self, feelings of shame, guilt or self-loathing)

This includes individuals with a Body Mass Index (BMI) lower than 14kg/m^2 and clients whose BMI falls between 14 and 18 who are thought to be at risk of losing weight. Individuals with eating disorders may experience weight gain over time and as such weight gain should also be considered as a potential warning sign. They too should be referred to see a medical or health professional.[3-5]

If exercise professionals identify or observe any of the warning signs in their clients, professional judgement should be applied with respect to exercise prescription or the necessity to obtain medical guidance. Whilst some of the warning signs may not be initially considered to be of major concern, help from an appropriate health or medical professional should be considered. A delay in seeking treatment can lead to serious long-term consequences for the person's physical and mental health. For most people, the earlier help is sought for their unhealthy eating and exercise behaviours, the easier it will be to overcome the problem and the more likely they are to make a full recovery.

It should be noted that eating disorders carry a high mortality rate so best practice for any professional delivering services to this group is to ensure the involvement of a medical professional.



Recommendation Three
Identify Suitable Referral Processes for Higher Risk Clients

Exercise professionals must work within their Scope of Practice and appropriately refer clients identified as at higher risk (i.e. those with a lower BMI or who experience rapid weight loss) to a medical professional for assessment and guidance. Fitness Australia's Exercise Referral Kit provides resources to support fitness business and exercise professionals to ensure that they are referring clients in a professional manner and meeting recognised standards for client referral communication.

Visit
http://fitness.org.au/exercisereferrals

Recommendation Four

Identify clients with extreme forms of dieting, binge eating, self-inducing vomiting and misuse of laxatives, diuretics, diet pills or performance and image enhancing drugs (PIEDs) and implement appropriate actions

There are many physical and mental adverse effects associated with disordered eating and compensatory behaviours such as self-induced vomiting, misuse of laxatives, diuretics, diet pills or performance and image enhancing drugs (PIEDs). If you identify this behaviour or clients confide that they are engaging in any of these behaviours, their exercise activity should be reviewed by an appropriate medical professional.

The client may be feeling anxious, upset, angry or defensive about being approached and therefore it is important that the exercise professional maintains a non-threatening and empathic approach. Using professional judgement, exercise professionals should approach the client with initial concern for their health and well-being. If exercise professionals don't feel equipped to do so then they should first seek guidance from senior management or one of the services listed on the InsideOut treatment services database (https://insideoutinstitute.org.au/treatment-services).

Exercise professionals and fitness businesses must comply with illicit drug laws and enforce a 'zero tolerance' drug and alcohol policy and procedure (Fitness Industry Code of Practice).

Recommendation Five

Support Recovery in Collaboration and Maintain Best Practice

Evidence-based interventions are required in the treatment and recovery of clients with eating and/or exercise disorders. The treatment and recovery journey for clients experiencing an eating or exercise disorder often requires treatment from a multi-disciplinary team of medical or health professionals including a GP, mental health practitioner and/or dietitian. Individuals can and do make a full recovery with good collaborative treatment.

Ongoing collaboration between this multi-disciplinary team, the exercise professional, and the client will assist in the recovery process. Within the discussions, guidance should be given with regards to the clients' prescribed physical activity levels or whether in the interest of the clients' health that training sessions or memberships should be withdrawn or suspended, or access to the fitness facility may be limited.

If every reasonable and practical effort has been made to assist higher risk clients to appropriately modify their exercise regime has failed to yield change, and/or the clients' failed to adhere to medical guidance then they should be advised to cease all physical activity. Memberships or training sessions should be withdrawn or suspended until further appropriate guidance from a medical professional has been formally received. Members or clients should be advised appropriately of any associated businesses policies.

These recommendations are offered with the following caveats:

The individual needs of each client with an eating or excessive exercise disorder will differ according to their particular circumstances, therefore exercise protocols should be developed in collaboration with appropriate medical or health professionals. The medical or health professional should review the client's engagement in exercise on a regular basis and provide guidance to the exercise professional and/or client. At times, medical and health professionals may advise the client to cease exercise. While exercise is important for general health and wellbeing, for people who have eating disorders, medical, nutritional and psychological health are the priority[6].

Individuals may present with varying levels of insight into their disordered eating or exercise behaviours and be resistant to implement changes, even if recommended by a health or medical professional. In circumstances where resistance to implement changes arises it is recommended the fitness professional consider speaking to senior management, seeking guidance from an eating disorder specialist or where appropriate and with the individuals permission speaking directly to their treating team.

Confidentiality | Privacy

Exercise professionals and fitness businesses must adhere to privacy laws and not use, or disclose to another person, health information about a client obtained under the consumer agreement, or by providing fitness services to the member or client, unless the information is otherwise lawfully used or disclosed (Fitness Industry Code of Practice).

Further Information

Fitness Industry Publications

Exercise & Sports Science Australia, Fitness Australia, Sports Medicine Australia & Exercise is Medicine (2019) Adult Pre-Exercise Screening System. Retrieved from https://fitness.org.au/apss

Fitness Australia (2013), Exercise Referral Kit: Retrieved from http://fitness.org.au/exercise-referral-kit/

Fitness Australia (2019), Fitness Australia Scope of Practice for Registered Exercise Professionals: Retrieved from https://fitness.org.au/scope-of-practice

Fitness Australia (2018), National Fitness Industry Code of Practice Retrieved from https://fitness.org.au/code-of-practice

Fitness Australia, Dietitians Association of Australia & Sports Dietitians Australia (2017), Nutrition Advice within Scope of Practice for AusREPs: Retrieved from https://fitness.org.au/nutrition

InsideOut Institute Eating Disorders Resources

Anorexia Nervosa: https://insideoutinstitute.org.au/assets/what%20is%20anorexia%20nervosa.pdf

Bulimia Nervosa: https://insideoutinstitute.org.au/assets/what%20is%20bulimia%20nervosa.pdf

Binge Eating: https://insideoutinstitute.org.au/assets/what%20is%20binge%20eating%20disorder.pdf

Other Specified Feeding or Eating Disorders: https://insideoutinstitute.org.au/assets/what%20is%20osfed.pdf

Eating Disorder Myths and Misconceptions: https://insideoutinstitute.org.au/assets/myths%20and%20misconceptions%20about%20eating%20disorders.pdf

Helpful Things To Do and Say: https://insideoutinstitute.org.au/assets/helpful%20and%20unhelpful%20things%20to%20say%20and%20do.pdf

Understanding Suicide and Self-Harm in Eating Disorders: https://insideoutinstitute.org.au/assets/understanding%20suicide%20and%20self-harm%20in%20eating%20disorders.pdf

Further Information

Training

Eating Disorder 'Red Flags': Decision Making and Communication for At-Risk Clients https://insideoutinstitute.org.au/e-learning

Fitness Australia approved CEC courses under 'Mental Health & Wellbeing' https://fitness.org.au/courses

Referrals

Inside Out Treatment Services: https://insideoutinstitute.org.au/treatment-services

Australia & New Zealand Academy for Eating Disorders: https://www.xcdsystem.com/ANZAED/member_directory/

Screening for yourself or someone you care about

https://insideoutinstitute.org.au/screener

Physical Activity Guidelines

Department of Health (2019). Australia's Physical Activity and Sedentary Behaviour Guidelines Retrieved from https://www.health.gov.au/internet/main/publishing.nsf/content/health-pubhlth-strateg-phys-act-guidelines

Nutrition Guidelines

Health and Medical Research Council. (2013). Australian Dietary Guidelines. Retrieved from https://www.eatforhealth.gov.au/guidelines/australian-dietry-guidelines-1-5

References

1. Hay, P., F. Girosi, and J. Mond, Prevalence and sociodemographic correlates of DSM-5 eating disorders in the Australian population. Journal of eating disorders, 2015. 3(1): p. 19.
2. Mental Health First Aid Australia Eating disorders: first aid guidelines. Melbourne: Mental Health First Aid Australia; 2008.
3. Hay, P., et al., Royal Australian and New Zealand College of Psychiatrists clinical practice guidelines for the treatment of eating disorders. Aust N Z J Psychiatry, 2014. 48(11): p. 977-1008.
4. Wilson, G.T. and R. Shafran, Eating disorders guidelines from NICE. The Lancet, 2005. 365(9453): p. 79-81.
5. Health, C.N., Guidelines for the Inpatient Managementof Adult Eating Disorders in General Medical and Psychiatric Settings in NSW, N.M.o. Health, Editor. 2014, NSW Ministry of Health: North Sydney.
6. Beumont, P.J., et al., Excessive physical activity in dieting disorder patients: proposals for a supervised exercise program. International Journal of Eating Disorders, 1994. 15(1): p. 21-36.
7. Association, A.P., Diagnostic and statistical manual of mental disorders (DSM-5®). 2013: American Psychiatric Pub.
8. NEDC, Eating Disorders in Sport and Fitness: Prevention, Early Identification and Response 2015.
9. Adams, J. and R. Kirkby, Exercise dependence and overtraining: The physiological and psychological consequences of excessive exercise. Sports Medicine, training and rehabilitation, 2001. 10(3): p. 199-222.
10. Caspersen, C.J., K.E. Powell, and G.M. Christenson, Physical activity, exercise, and physical fitness: definitions and distinctions for health-related research. Public health reports, 1985. 100(2): p. 126.
11. Manore, M.M., Dietary recommendations and athletic menstrual dysfunction. Sports medicine, 2002. 32(14): p. 887-901.
12. Rust, D.M., The female athlete triad: Disordered eating, amenorrhea, and osteoporosis. The Clearing House, 2002. 75(6): p. 301-305.
13. Beals, K.A., R.A. Brey, and J.B. Gonyou, Understanding the female athlete triad: Eating disorders, amenorrhea, and osteoporosis. Journal of School Health, 1999. 69(8): p. 337-337.
14. Lipsey, Z., et al., “After a workout…” Beliefs about exercise, eating and appearance in female exercisers with and without eating disorder features. Psychology of Sport and Exercise, 2006. 7(5): p. 425-436.
15. Lo, B.P., C. Hebert, and A. McClean, The female athlete triad no pain, no gain? Clinical pediatrics, 2003. 42(7): p. 573-580.
16. Mountjoy, M., et al., The IOC consensus statement: beyond the female athlete triad—Relative Energy Deficiency in Sport (RED-S). Br J Sports Med, 2014. 48(7): p. 491-497.
17. Dunn, T.M. and S. Bratman, On orthorexia nervosa: a review of the literature and p roposed diagnostic criteria. Eating behaviors, 2016. 21: p. 11-17.
18. Meyer, C. and C. Plateau, Compulsive Exercise, in Encyclopedia of Feeding and Eating Disorders, T. Wade, Editor. 2016, Springer Singapore: Singapore. p. 1-4.
19. National Eating Disorders Collaboration, (2015). Eating Disorders in Sport and Fitness: Prevention, Early Identification and Response, 2nd Edition, NSW. Australia.

Published by the InsideOut Institute 2020 (first published March 2004)

Authors:
InsideOut Institute and Fitness Australia

Project Coordinator:
Rachel Simeone – Psychologist

Steering Committee Members:
Dr Sarah Maguire - Clinical Psychologist, Director InsideOut Institute
Ms. Eleni Psillakis - Fitness Professional with lived experience, Educator, Director BrazenGrowth
Ms. Alisha Smith – Former Learning and Development Manager Australian Fitness Network
Prof. Jonathan Mond – Research Psychologist
Mr. Mark Seeto - National Group Exercise Manager Virgin Active
Ms. Inger Ohlsson - Registered Associate Nutritionist and Exercise Professional
Ms. Nardia Norman - Fitness Professional and Women's Health Coach
Ms. Lisa Bloom - Fitness Professional with lived experience
Dr Jan Orman – General Practitioner
Dr Jan Russell – Consultant Psychiatrist

Expert Review of content provided by:
Danielle Maloney – Public Policy Expert
Sarah Horsfield – Clinical Psychologist
Carla Urosevski – Fitness Professional/Project Officer
Gabriella Barclay - Accredited Practising Dietitian
Sarah King – Accredited Exercise Physiologist and Health Coach
Beth Hartman McGilley - Clinical Psychologist
Peta Marks – Mental Health Nurse Consultant
Dr Scott Griffiths – Clinical Psychologist
Bridget Mulvey – Clinical Nurse Consultant
Brooke Donnelly – Clinical Psychologist
Shane Jeffrey - Accredited Practising Dietitian
Australian Fitness Industry Standards Council

Special Thanks
The authors of the original 2004 document: P. Marks and M. Harding
The following people provided useful feedback regarding the development of the original version of these recommendations: Dr Simon Clarke, Ms. Amy Gleason, Ms. Amanda Jordan, Dr Rick Kausman, Dr Michael Kohn, Ms. Greta Kretchmer, Dr Jan Orman, Ms. Elaine Painter, Prof. Susan Paxton, Ms. Janine Phillips, Prof. Beverley Raphael, Mr. Mark Reynolds, Prof. Jan Russell, Dr Aline Smith, Mr. Chris Thornton, Prof. Stephen Touyz, Ms. Claire Vickery.

Purchasers of this publication may wish to photocopy portions of the resource materials for use with their clients. This is acceptable to the publisher, who nevertheless, disclaims any responsibility for the consequences of any such use of this material. This permission does not extend to making multiple copies for use by others, or for resale.

Reference this publication as: InsideOut Institute & Fitness Australia (2020) Eating Disorders: Recommendations for the Fitness Industry.

InsideOut Institute
02 8627 5960
insideoutinstitute.org.au

Fitness Australia
1300 211 311
fitness.org.au

Supported by