

Chapter 7

Integration of Physical Exercise in Feeding and Eating Disorders and Exercise Dependence Treatment: Is It a Possibility, an Impracticality, or an Overcoming Challenge?

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ABSTRACT

The physical and mental benefits of physical activity are unquestionable. However, while much research has been done into the benefits of exercise in the prevention and treatment of numerous physical illnesses, the study of the impact of exercise on psychopathological conditions is more recent. Moreover, for several reasons, there are some grey areas and some controversy regarding physical exercise in patients with feeding and eating disorders such as anorexia nervosa or bulimia. This controversy may stem from several issues. On the one hand, because there is a fine line between healthy physical exercise and over-exercising (which may become exercise dependence); on the other hand, because of the strong association that some mental disorders (such as anorexia) have with disruptive exercise use, with several clinicians and researchers implying that exercise may eventually cause a feeding and eating disorder.

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1. INTRODUCTION

The physical and mental benefits of physical activity and physical exercise are unquestionable (Clapp, III & Little, 1995; Donnelly et al., 2014; Egli et al., 2013; Firth et al., 2020; Hashimoto et al., 2013; Hu et al., 2011; Jakobsson et al., 2020; Mcauley & Courneya, 1993; Pil-Byung et al., 2011; Smith et al., 2011, 2013; Yackobovitch-Gavan et al., 2009) However, while much research has been done into the benefits of exercise in the prevention and treatment of numerous physical illnesses (Lawton et al., 2017; MacKelvie et al., 2003; Yan & Spaulding, 2020), the study of the impact of exercise on psychopathological conditions is more recent (Hausenblas et al., 2008; Lawton et al., 2017). Moreover, for several reasons, there are some grey areas and some controversy regarding physical exercise in patients with feeding and eating disorders such as anorexia nervosa or bulimia (Dittmer et al., 2018; el Ghoch et al., 2013; Harris et al., 2015; Probst, 2018). This controversy may stem from several issues. On the one hand, because there is a fine line between healthy physical exercise and over-exercising (which may become exercise dependence) (Bamber et al., 2003; Marques et al., 2019); on the other hand, because of the strong association that some mental disorders (such as anorexia) have with disruptive exercise use (Bamber et al., 2003; Harris et al., 2015) with several clinicians and researchers implying that exercise may eventually cause a feeding and eating disorder.

Presently, the importance of physical activity and physical exercise among individuals with feeding and eating disorders is acknowledged not only by clinicians but also by researchers (Danielsen et al., 2018). Thus, it has been a challenge for clinicians and other professionals in the field to recognise and identify a balance between physical exercise and feeding and eating disorders and/or even in the amount of physical exercise performed. More research is still needed, and we still have years of research ahead of us in this very new area. This chapter is a small contribution to this field and would like to be a summary of what is already known on these topics, while also helping to systematise some more practical information. Despite all the information in this chapter, it is important to note that the authors do not suggest that physical exercise is appropriate for all individuals. As the reader will understand throughout the reading of this work, each individual has their own specificities that will have to be taken into consideration throughout the multidisciplinary therapeutic process.

2. FEEDING AND EATING DISORDERS DIAGNOSTICS

Feeding and eating disorders are described as a constant disruption of eating-related behaviours resulting in the distorted intake or absorption of food, impairing physical health or psychosocial functioning (APA, 2013). Feeding and eating disorders usually contribute to great detriments in psychological, social, and physical health (el Ghoch et al., 2013; McComb & Clopton, 2003; Stice, 2002). They are some health problems particularly prevalent in adolescents and young adults (El Ghoch et al., 2013; Hudson et al., 2007). Unfortunately, many people suffering from feeding and eating disorders do not ask for professional help (Harvey & Robinson, 2003; Hudson et al., 2007). This is an enormous problem, especially considering the physical (Mehler & Andersen, 2010) and psychosocial (Fairburn et al., 2008) consequences of these mental illnesses that may also lead to death (Quesnel et al., 2023; Reel, 2013).

According to the DSM-V - Diagnostic and Statistical Manual of Mental Disorders (APA, 2013), the following Feeding and Eating Disorders may be diagnosed: Pica; Rumination Disorder; Avoidant/

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