



MATTER OF FAT

Are You a Fitness Junkie?

By William C. Rader, M.D.

Too much exercise and too little food can mean trouble for active men

The first time I spoke to Jerry, a new patient, I spotted all the telltale signs: darting eyes, emaciated frame, restless body movements, shattered career and personal life, one-track conversation. Jerry was an addict, and all he could talk about was his addiction—to running.

It's true: Running, and other forms of exercise, can be abused in much the same way chemicals and substances are, often with serious consequences for the health of the men who find themselves obsessed and oppressed by too much fitness.

Exercise addiction is what I call a *hidden disorder*: Its consequences generally aren't perceived by the public as negatively as the consequences of alcoholism and drug addiction. We live, after all, in a society in which lean men and women are worshipped and an extra pound or two is considered a handicap in the pursuit of fulfillment.

But in my practice, I see increasing number of men who literally can't get enough exercise; men who go to two or more high-impact aerobics classes a day, run 90 miles or more a week and awaken in the middle of the night, drop to the floor to do push-ups or sit-ups for hours. They are the men at the gym who look a little too thin, who wear baggy clothes to hide their bony frames and who have a desperate look in their eyes. They will run on painful shin splints and continue exercising on muscle tears; and if their doctors advise taking two months of recovery time for a sports-related injury, they'll take two days. I treated one man who had cut the cast off his broken leg before it had healed completely so he could resume his incessant workouts.

Exercise addiction has both physical and psychological roots. On the physical side, there is considerable evidence that some individuals may actually become addicted to the endorphins (a natural painkiller with a chemical construction similar to opium) that are produced by the brain during vigorous exercise. Endorphins are the source of the so-called runner's high, a feeling of well-being that comes with the release of stress during a workout.

But a more disturbing development is the adoption of exercise by men who suffer from the compulsive eating disorder known as *bulimia*, a disease characterized by binge-



eating followed by self-induced vomiting and other forms of purging to rid the body of unwanted food, a ritual repeated up to 20 times a day. Increasing numbers of men are substituting long periods of compulsive exercise for vomiting as the purge stage of the cycle—sometimes for 12 out of 24 hours, seven days a week. Weight loss, not muscle gain, is the goal, and obsessive/compulsive physical activity the means.

Whether or not an eating disorder is part of his problem, the man who over-exercises has deep psychological problems. Very often, he felt inadequate as a child. Perhaps he was too thin or too fat or was the child of an alcoholic, or for one reason or another he had a low self-esteem level that resulted in a feeling of powerlessness when he grew up. As an adult, he frequently moves from one type of addictive behavior to another, always seeking an exaggerated sense of control over some area of his life and an anesthetic for those areas that he feels are out of his control, such as relationships with family, lovers and friends. Constant exercise can become his drug of choice. I see patients start out as alcoholics, enter recovery, then become compulsive exercisers.

Like all disorders, physical and psychological, the consequences of exercise dependence and related bulimia grow over time. The addict finds that his routine takes over his life, and working out becomes more important than family, friends or career. It becomes his way of coping—or, more to the point, of not coping. The out-of-control exerciser will react to conflict, difficulties at home or work by literally running away from his problems.

Strange as it may seem, the exercise addict also overtrains so that he may experience pain: he subconsciously prefers physical discomfort to the mental anguish caused by dealing with everyday emotions. As a result, the exercise junkie's world has narrower and narrower parameters, and little time is available to build a career or personal relationships.

The physical costs? The man who spends his days exercising to excess as an abnormally low body weight, lacks nutritional balance in his diet, has sharply higher rates of musculoskeletal injuries and requires a much longer injury recovery time than does the normal recreational or professional athlete—often because he refuses to take the time to let his body heal. The problems grow worse: As with all illnesses, exercise addiction is progressive.

Although it may appear to be simply an athlete's dedication to his sport, frequent participation in rigorous triathlons or biathlons may also be manifestations of compulsive exercising. It's a way to justify too much exercise through a socially approved activity. People are less likely to question overzealous regimes if the routines are performed in pursuit of a prize.



Obviously, not everyone who spends a lot of time in the gym is an exercise addict or bulimic. There are more pointed warning signs that you, or someone you know, may be a sufferer. The first is that the body, through refusal to perform, tells you to stop physical activity—and you don't. The second is that exercise becomes the number-one priority, ahead of friends, family or job. Third, your doctor tells you that what you're doing is harmful—and you still exercise. Lastly, you no longer enjoy your routine—but you feel compelled to continue because no matter how much you exercise it's not enough.

I've found that the best way to treat exercise-related disorders stems from the basic 12-step program pioneered by Alcoholics Anonymous and adopted by groups like Overeaters Anonymous (many exercise addictions, in fact, come to light through treatment for eating disorders because men who are also bulimic tend to seek treatment for physical problems resulting from the binge/purge cycle. In the program, participants acknowledge the problem and their lack of control over it, and they work to regain control through individual effort and group support. Sometimes, when a man refuses to recognize his problem an "intervention"—a confrontation with the addict by the people closest to him—is necessary to convince him to seek treatment. Once treatment is established, one difference between an addiction to exercise and addiction to alcohol and chemical substances: Men suffering from exercise disorder can resume a moderate workout when there is no longer an overwhelming compulsion to do it.

Exercise is an important contributor to the health man's physical well-being, and it's a significant component in stress management as well. What's important is that it be a *part* of your life, not the controlling factor in it. If that happens, you would be wise to hang up your running shoes and seek help.

William C. Rader, MD, is founder and clinical director for the Rader Institute, a national group of eating disorder treatment centers.

FOR MORE INFORMATION:

For additional information on eating disorder and programs to treat them, contact the following organizations.

Overeaters Anonymous. The telephone book for a local chapter or 213-542-8363 for the national headquarters.

The Rader Institute. Numerous clinics nationwide specializing in treatment of eating disorder. Free consultation by calling 800-255-1818.