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Secret sickness Hidden obsession. Overwhelmed by urges to be fit and thin some athletes spiral into exercise addiction. The lucky ones learn to fight back with the help of therapists, nutritionists and body-image specialists.

By Sheba R. Wheeler
The Denver Post

Lindsay Adcock is recovering from bulimia and an exercise addiction. She is a certified athletic trainer working at Cherokee Trail High School in Aurora. (Denver Post, Cyrus McCrimmon)

Cherokee Trail High School students who viewed the television news interview about girls basketball coach Lindsay Adcock couldn't believe what they'd seen.

Coach Adcock had an eating disorder called exercise bulimia? How was it possible for a 5-foot 8-inch, 145-pound athletic trainer to be unhealthy?

"I have to explain to them that it was how I was feeling about myself then," says Adcock, "and now I know that the way I look doesn't matter and that I need to be healthy."

When people think about eating disorders, the image of a skeleton- thin woman typically comes to mind. That misperception — and the praises society heaps upon its competitive athletes — allowed Adcock to hide her dangerous condition for nearly four

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years.

Lindsay Adcock tapes the ankle of Anne Fiala, a sophomore lacrosse player, in the training room. (Denver Post, Cyrus McCrimmon)

Initially, friends were impressed when she went from 160 pounds to 125 in about seven months. Even Adcock's doctor didn't believe she was sick because she didn't appear underweight.

It wasn't until sections of her once-thick blond hair started falling out that people started to suspect something was wrong.

She was exercising for four or five hours daily. Her best friend confronted Adcock about vomiting in the bathroom. But Adcock denied her behaviors.

She was eventually hospitalized for bulimia compounded by a little- known disorder called compulsive exercise, which cost her a marriage and nearly her life as her body ate away at her muscles and her heart just to keep itself fed.

"Exercise bulimia is such a secretive, misunderstood disease," says Adcock, now 24 and three months into recovery. "It's the main reason why it doesn't get diagnosed correctly, especially in young people."

Linked to eating disorders

Exercise abuse, or an unhealthy dependance on movement, is common among patients with eating disorders, says Juliet Zuercher, a registered dietitian. She has worked for 10 years at Remuda Ranch in Wickenburg, Ariz., an inpatient and residential program for women and girls suffering from the disorders.

Anorexics and bulimics often overexercise as self-punishment or to compensate for calories consumed. "They cannot manage their anxiety unless they do ritualistic activities such as counting 50 sit- ups," Zuercher says. "If they get interrupted at 49 and forget where they were, they will do 50 again from the beginning. They can't go to sleep unless they have run for two hours on the treadmill."

The disorder usually develops among adolescents, but it can continue well into a person's 40s and early 50s — if they survive that long.

While more women than men have eating disorders, men are more likely to use exercise to purge calories.

"It's very difficult to determine who is exercise bulimic among men because men are encouraged to become supreme and elite athletes," says Carolyn Ross, a physician at the Eating Disorder Center of Denver. "It's a hard sell trying to explain to a man that he may have a problem."

The disorder sometimes presents itself among professional athletes, says Jeffrey Spencer, a former Olympic cyclist and author of "Turn It Up: How to Perform at Your Highest Level for a Lifetime."

Overexercise, he says, "assuages the anxiety of

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being uncertain about being fully prepared to put in top performances and being worthy of success. The thought process is that, if I can achieve my ideal competitive weight, then I'm capable of winning. This mind-set ... is made out of fear of what may be lost rather than out of what might be gained."

Fears and anxieties

Compulsive exercisers may calculate exactly how many calories are in one cookie or slice of cake and know how many hours they must exercise to burn it all away.

"Your life is no longer yours. It belongs to food and exercise," says Ashley Kipp, 28, who was diagnosed with exercise bulimia when she was in sixth grade. At the height of her illness, which spanned 15 years, she carried only 95 pounds on her 5-foot-7 frame.

Kipp now owns Pikes Peak Pilates and Health studio in Colorado Springs.

Exercise addiction cuts down on a person's ability to enjoy other aspects of life or fulfill family and work obligations normally, says Stephanie Smith, a clinical psychologist and co-owner of Front Range Psychological Associates in Erie.

There is no gratification, no sense of accomplishment for a compulsive exerciser. Being overwhelmed by fears or anxieties that the activity must be done takes all the fun out of it.

People who have a hard time believing in this disorder may question how anyone could exercise for eight hours a day.

"You cut corners," Smith says. "You lie about doing other things when you are actually running. It's amazing how much time you can find in a day when you are compulsive about it. You miss appointments. You leave work or school early or don't go at all."

In moderation, exercise is a great way to maintain a healthy weight and stave off depression. It feels good to have people notice when you've dropped a few pounds, and exercising often brings with it attention, approval and a sense of physical attractiveness.

But combine the rush most people get from exercise with our culture's preoccupation with thinness, and the pot starts to boil. Zuercher says most people aren't predisposed to be ultra-thin and must exercise, diet or deny themselves food to reach and maintain a low, low weight.

Increase the potency of this dangerous cocktail by adding the type of personality or experiences that might lead someone to become anorexic or bulimic. New research suggests that these disorders operate much like alcoholism, in that individuals whose parents suffered from anorexia or bulimia have a slightly greater chance of developing the disorder.

Patients with eating disorders may have some or all the following qualities: They are perfectionists, were athletes in high school or college, have overbearing parents, and have suffered emotional or physical trauma.

The physical toll

Overexercising is hard on the body. Fundamental biochemical processes, such as breathing or getting blood pumping through the heart, cannot take place unless the body has enough energy — calories — to operate.

"It's a slippery slope," psychologist Smith says. "They say a glass of wine a day is good for you. So why aren't 25 glasses just as great? The addict can't

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distinguish the difference."

A healthy body weight is nearly impossible to maintain when overexercising. Stress fractures are common in the feet and lower legs, and low bone density causes osteoporosis. The heart rate slows, and the body temperature drops as it tries to conserve energy. Arrhythmias, or abnormal heart rhythms, can develop. Women will no longer menstruate.

"You start to develop body hair all over because the body doesn't have enough fat to keep it warm," Kipp says. "You lose any semblance of being a woman because you lose your breasts, your hips and your hair. You are always tired and lightheaded because of low blood pressure and constantly at risk of having a heart attack."

Loss and loneliness

Adcock says her eating disorder started in her senior year in college, when she stopped playing basketball. Until then, her entire identity and many of her friendships were associated with being competitive, athletic and a member of a team. That loss coupled with anxieties about being lonely and gaining weight set the stage for her illness. Her fiance's frequent absences because of work triggered unaddressed abandonment fears she had harbored since her father had an affair and left her mother.

"The weight gain is really scary to me because I've always been afraid that if I ever allowed myself to get fat and ugly, then people wouldn't like me," she said. "My husband won't like me. My family won't like me. I will be lonely forever."

At first, Adcock thought training for a half-marathon would help her change her mind-set from being a team athlete to a solitary one. Running long distances kept her occupied and relaxed, and helped her shed fat and gain muscle tone. But going home alone depressed her.

"I was still depressed, even after I ran," she said. "I would go home and no one would be there. There was no one there to worry about me or ask me what I was doing. It was an easy way to have an eating disorder."

The exercise obsession grew over time. Adcock started out walking to classes. Then she would force herself to walk faster or walk on her toes to engage her calf muscles and burn more calories.

Soon she was working out strenuously for four to five hours a day, before, between and after classes. She gave up quality time spent with her husband and family.

"An eating disorder makes you the most selfish person," she says. "I'm going through a divorce because of this. My husband says that I didn't give him enough attention because I was so focused on myself."

Treating the whole person

Effective treatment addresses the person's biological, psychological, spiritual and social needs, Zuer cher says.

"The biggest thing I've learned is to find out what the exercise represents to them," Ross says. "For some it's distraction from fears and anxieties, for others it can be an escape. They will tell you that their exercise is saving them. Doctors have to know what it's saving them from."

A targeted team of experts is required. A medical provider deals with the immediate physical complications from the disorder. A dietitian reworks

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the patient's relationship with food and provides a meal plan.

A psychologist teaches skills to cope with underlying emotional issues.

Finally, a psychiatrist may prescribe medications to treat anxiety or depression. Sometimes body-image therapists are enlisted to help the patient learn to see his or her body differently. Average treatment runs from 30 days to three months, but recidivism is high.

Adcock tried several stints at recovery with plans that allowed her some exercise, but she says it was easy to lie about her behaviors. By the time she was hospitalized, she had arthritis in her hip from running, her liver was failing and her heart was only beating 28 to 32 times per minute, compared with a normal heart rate of 60 beats per minute.

Next she entered the Eating Disorder Center of Denver's partial hospitalization program. For several months, she spent 14 hours a day taking nutrition, addiction and behavioral classes. For the other 10 hours — including sleep time — another person had to be there with her.

Antidepressants and a mood stabilizer controlled Adcock's anxieties and made the therapy more effective.

Some patients, Adcock among them, are eventually able to return to moderate amounts of exercise.

"I have my exercise back and it's fun now," says Adcock, who enjoys kickboxing with friends and lifting weights. "I used to work out because I felt like I had to. Now I actually enjoy doing it."

Sheba R. Wheeler: 303-954-1283 or swheeler@denverpost.com