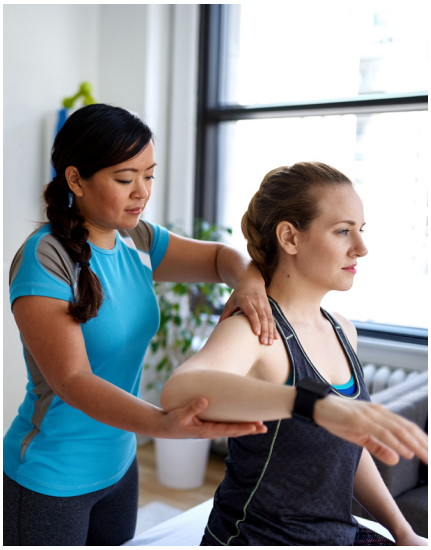
ACUTE
CENTER FOR EATING DISORDERS & SEVERE MALNUTRITION
BY DENVER HEALTH
A CENTER OF EXCELLENCE

PHYSICAL THERAPY IN THE TREATMENT OF SEVERE EATING DISORDERS

While unhealthy exercise behaviors are often part of the problem, emphasizing healthy movement and strength through physical therapy can be a valuable intervention in eating disorder treatment and recovery.



Unlike other mental health disorders, eating disorders have a high prevalence of parallel medical complications that can impair mobility and challenge engagement in everyday activities. Many patients with severe eating disorders find themselves too weak to get out of bed. Some are wheelchair bound, some may experience frequent falls, while others lack the strength to engage in basic self-care and the activities of daily living. Patients may no longer do laundry because it is located in the basement and climbing stairs is challenging, and others find they can no longer lift their toddlers or pick up their kids' toys. So often, mobility limitations and weakness are the catalysts that compel a patient to seek treatment.

Severe and extreme eating disorders take a huge toll on the mind as well as the body. Restoring mobility and self-care capabilities through rehabilitation has tremendous value not only for physical health but for mental health as well.

EATING DISORDERS ARE *PSYCHIATRIC* ILLNESSES WITH *PHYSICAL* MANIFESTATIONS.

WHAT IS PHYSICAL THERAPY?

Physical therapy is...the restoration, maintenance and promotion of optimal physical function. Physical therapists are healthcare professionals who help individuals by enhancing health, well-being, and quality of life.

– American Physical Therapy Association

WHAT IS PHYSICAL THERAPY FOR SEVERE EATING DISORDERS?

Physical therapy helps patients with severe eating disorders address life-limiting strength and mobility issues that result from their illness. Recovery benefits include restoration of physical function and the ability to engage in both treatment and the activities of daily life, as well as improved psychological well-being.

– ACUTE Center for Eating Disorders & Severe Malnutrition at Denver Health

Q: WILL I BE ON BED REST IF I AM HOSPITALIZED WITH A SEVERE EATING DISORDER?

A: Traditionally, patients hospitalized with severe eating disorders have been put on bed rest to reduce caloric expenditure. But bed rest can cause the patient's body to become deconditioned; so even though they may weight-restore or become medically stable, they ultimately lack the physical strength and mobility to step down to the next level of care and meaningfully engage in continued treatment.

In any treatment setting, patients would be expected to rest and reduce activity, particularly if excessive exercise were a behavior associated with their eating disorder. However, physical activity should be individually assessed, prescribed and supported during treatment, even at the highest levels of inpatient medical hospitalization.

A healthy movement regimen for this patient population likely involves:

- Work on posture and body dynamics
- Low intensity and short duration range of motion movements
- Stretching exercises
- Yoga poses

THE ULTIMATE GOALS OF PHYSICAL THERAPY IN EATING DISORDER TREATMENT ARE TO HELP PATIENTS:

- Improve physical function through education and skilled interventions
- Reclaim, embody and strengthen their bodies to support psychological well-being and improved body experience

A long-held belief in the field of eating disorders was that movement and exercise negatively impacts treatment and recovery. This approach was rooted in the finding that as many as 80 percent of patients with anorexia nervosa and 55 percent of patients with bulimia nervosa engage in unhealthy exercise patterns (ie. exercise that is excessive and/or compulsive in nature).[1] Unhealthy exercise in eating disorders is a predictor of poor outcome and relapse[2] and longer inpatient treatment.[3]

However, thoughtful, proactive engagement with physical activity in treatment for severe eating disorders has been found to have compelling benefits. In fact, a comprehensive literature review of the effects of exercise interventions in patients with eating disorders reported that patients can safely engage in exercise programs during treatment.[4] A growing collection of research supports the utility of healthy movement in physical and psychological healing, including:

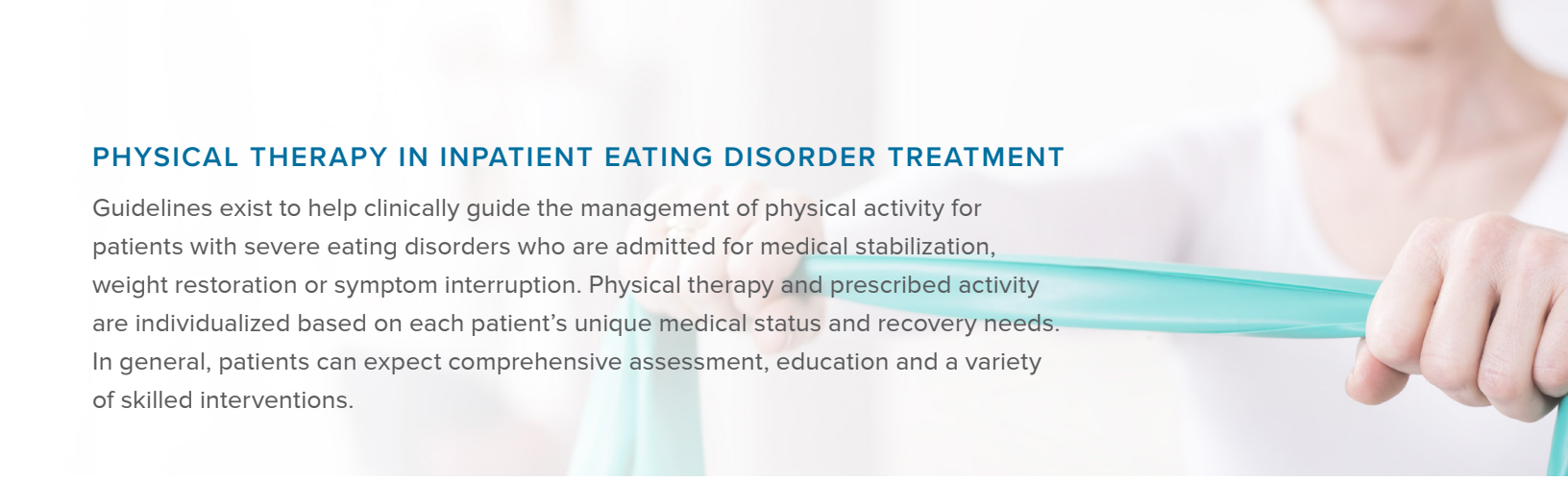
Healthy movement results in **increased treatment compliance**, improved therapeutic relationship, decreased food preoccupation, decreased bulimic symptoms and decreased negative exercise behaviors with supervised exercise.[5]

Supervised physical therapy might **increase weight** in anorexia nervosa patients. Aerobic exercise, massage, basic body awareness therapy and yoga might reduce eating pathology in patients with anorexia and bulimia nervosa.[6]

Exercise and physical therapy **help restore body and self** in clients with severe anorexia nervosa, including positive changes in posture, flexibility, muscle tension and respiration, and possibly supporting increased concentration, mental awareness and enduring psychological stress.[7]

These emerging research findings, used together with the support and guidance of a physical therapist specializing in eating disorders, can bring tremendous value to the recovery process.

[1] Davis et al., 1997 | [2] Strober, 1997 | [3] Solenberger, | [4] Hausenblas, 2007 | [5] Vanderlinden, 2007 | [6] Vancampfort et al., 2014 | [7] Kolnes, 2011 & 2016



PHYSICAL THERAPY IN INPATIENT EATING DISORDER TREATMENT

Guidelines exist to help clinically guide the management of physical activity for patients with severe eating disorders who are admitted for medical stabilization, weight restoration or symptom interruption. Physical therapy and prescribed activity are individualized based on each patient's unique medical status and recovery needs. In general, patients can expect comprehensive assessment, education and a variety of skilled interventions.

ASSESSMENT: Upon admission, the patient meets with a dedicated physical therapist specializing in eating disorders. This conversation compassionately explores the patient's fall history, current functional mobility, pain and goals for treatment. The physical therapist may also inquire about exercise behaviors using the Compulsive Exercise Test, including questions like: "Are you currently exercising? If so, what type of exercise? How often? Why are you exercising?" Understanding the role of exercise and movement in their eating disorder is helpful for all patients, and can be especially valuable for athletes and athletic populations in developing a healthy relationship with exercise in recovery. Grip strength is also assessed. It is rarely evaluated in general physical therapy settings even though grip strength is integral to so many activities of daily life like writing, driving and opening doors. Robust research has shown grip strength to be a predictor of frailty, length of hospital stay, disability and mortality.[8]

EDUCATION: Learning about body mechanics, posture, strength and movement is an essential component of physical therapy. For example, recent estimates suggest 90 percent of adult patients with anorexia nervosa have osteopenia and 50 percent have osteoporosis after just a brief duration of this illness.[9] While these conditions can improve with weight restoration, nutritional rehabilitation and medication, they do not completely resolve as recovery progresses. This is just one reason why education regarding body mechanics is vital due to the long-term effects of anorexia on bone density loss. Physical therapists will also engage patients in discussion regarding quality and quantity of movement, supporting appropriate movement parameters long-term.

Movement is essential to optimizing the human experience. Recovery from a severe eating disorder involves medical, psychiatric, psychological and dietary care in addition to physical therapy to restore strength and mobility to help patients build a meaningful life.

SKILLED INTERVENTIONS: Healthy movement protocols are customized to support patients' physical function and psychological well-being. Movement programs address musculoskeletal impairments including decreased range of motion and decreased strength, allowing opportunities for patients to feel their bodies get stronger in the setting of improved nutrition. Particularly if patients are engaging in room-based treatment, the change of scenery that physical therapy brings may be welcome and motivating. Interventions address the full spectrum of physical challenges, including:

- Neuromuscular reeducation to facilitate increased efficiency and use of diaphragm, transverse abdominis, and pelvic floor musculature to support posture, core stabilization and continence
- Training to foster safe and effective transfers
- Walking to improve intestinal motility, promote lung clearance, minimize deleterious effects of bed rest and support skin integrity
- Gait training and stair training
- Balance interventions
- Yoga and stretching
- Kinesiotape, soft tissue massage, foam roller and functional dry needling for pain relief
- Pet therapy to positively affect pain, respiration and mood state, and improve range of motion

[8] Bohannon, 2008 | [9] Drabkin et al., 2017

ACUTE Center for Eating Disorders & Severe Malnutrition at Denver Health is the only dedicated inpatient medical stabilization program in the country with the resources, environment and experience to treat the most medically severe cases of eating disorders. This life-saving care is covered by medical insurance, which preserves valuable behavioral health benefits for patients as they continue the recovery process. When they are medically stable, patients discharge to the appropriate next level of care, typically with their established eating disorder care team or referring IP/RES program.

IN GENERAL, ACUTE'S ADMISSION CRITERIA INCLUDES:

- 15+ years of age
- All gender expressions
- BMI <14.5
- <70% ideal body weight
- Severe medical complications associated with anorexia nervosa, bulimia nervosa, ARFID, other DSM-5 eating disorder diagnoses, or secondary to other medical/psychiatric conditions causing significant weight loss:
  - Gastroparesis
  - Pseudo-Bartter's syndrome
  - Liver dysfunction
  - Eye pain
  - Swallowing difficulties
  - Electrolyte abnormalities
  - Osteoporosis/osteopenia
  - Constipation/laxative abuse
  - SMA syndrome
  - Cardiac dysfunction
  - Recurrent syncope due to orthostasis from their malnutrition
  - Significant bradycardia
  - Abdominal pain
  - Diarrhea
- In need of safe detoxification from laxatives, diuretics or self-induced vomiting, to treat/prevent severe edema formation, prior to inpatient or residential treatment
- At risk for refeeding syndrome
- Patients with severe malnutrition caused by MAI, cancer, HIV, other infections, autoimmune conditions, or other non-eating disorder psychiatric conditions
- Atypical anorexia nervosa with rapid weight loss
- Patients floundering at IP/RTC level of care

Medical stabilization on the 30-bed telemetry unit is augmented with multidisciplinary care overseen by Philip S. Mehler, MD, FACP, FAED, CEDS, the world's foremost expert in effective medical treatment of severe eating disorders. ACUTE's admissions team facilitates all logistics for patient travel needs, including arranging air ambulance transport if needed.

For more information about the role of physical therapy in the treatment of severe eating disorders, **please contact the ACUTE Center for Eating Disorders & Severe Malnutrition at Denver Health.**

CALL 877-228-8348 TO SPEAK WITH A MEMBER OF THE ACUTE ADMISSIONS TEAM.

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