



Hepa for people with eating disorder

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About us:

- ▶ **Vission: Supporting society in achieving higher levels of fitness and better quality of life**
- ▶ Registered adult education institution accredited by the Croatian Ministry of Science, Education and Sports
- ▶ Founded in 2012.
- ▶ First private Fitness Academy in Croatia
- ▶ Operates in three cities- Zagreb, Split and Rijeka.
- ▶ Academy offers various education programs such as: basic training programmes (Fitness instructor, Group fitness to instructor, Pilates instructor and Masseur), Higher level of education (Personal and conditioning coach), specialisations and seminars.



HEPA- health-enhancing physical activity

HEPE- health-enhancing physical exercise

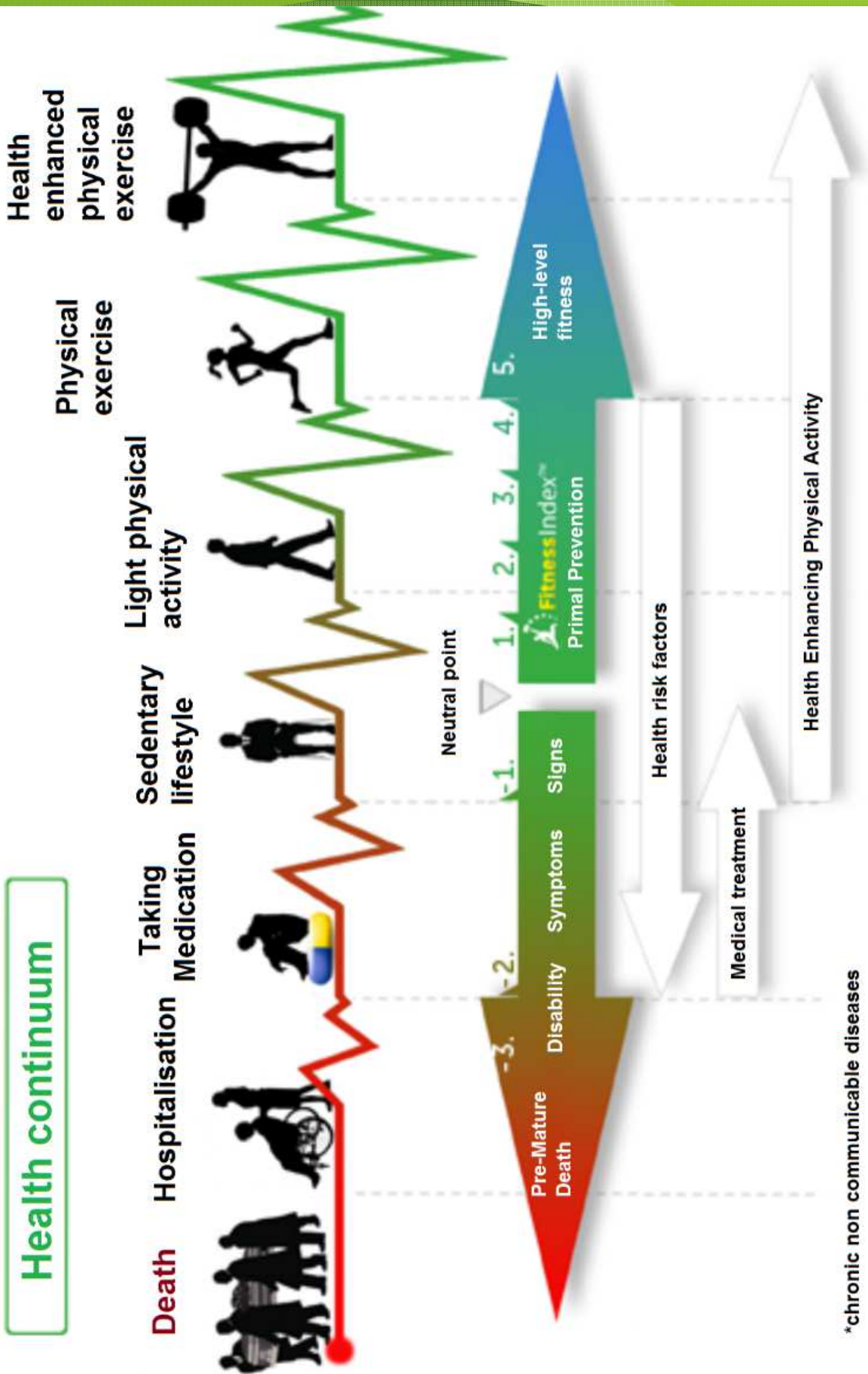
- ▶ **Highest level of service in fitness**
- ▶ Exercise for health, not performance



Health fitness components



Health continuum



*chronic non communicable diseases


Exercise Preparticipation Health Screening Recommendations

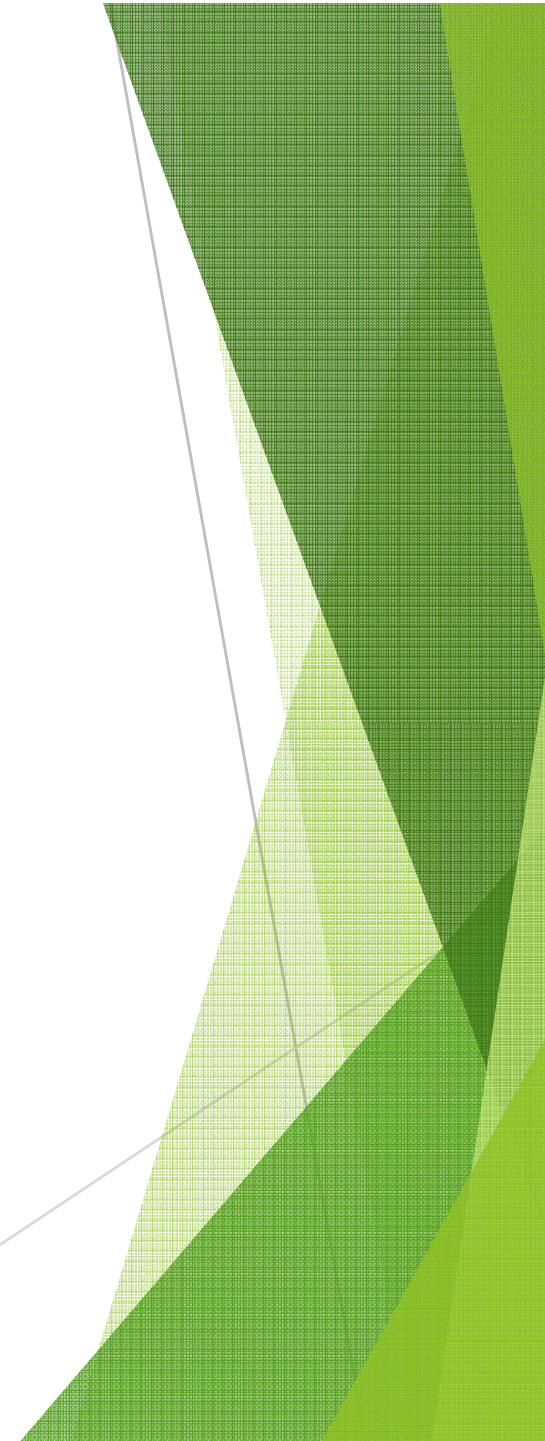
➤ Individuals are classified as low, moderate, or high risk based on the presence or absence of:

- Cardiovascular disease (CVD) risk factors
- Signs and symptoms of cardiovascular, pulmonary, renal, or metabolic disease
- Known cardiovascular, pulmonary, renal, or metabolic disease
- ▶ ***Compulsive Exercise Test***

(L. Taranis, S. Touyz, and C. Meyer, "Disordered Eating and Exercise: Development and Preliminary Validation of the Compulsive Exercise Test," *European Eating Disorders Review* 19 (2011): 256–68.)

Continuum of Injury Risk

Injury Risk Level	Activity Type	Examples
Lower Risk  Higher Risk	Commuting	Walking, bicycling
	Lifestyle	Home repair, gardening/yard work
	Recreation sports No contact	Walking for exercise, golf, dancing, swimming, running, tennis
	Recreation sports Limited contact	Bicycling, aerobics, skiing, volleyball, baseball, softball
	Recreation sports Collision/contact	Football, hockey, soccer, basketball



Risks Associated with Physical Activity

- ▶ Musculoskeletal injury
- ▶ Muscle soreness, sprains, strains
 - ▶ • Dehydration
 - ▶ • Female Athlete Triad
- ▶ Disordered eating (negative energy balance)
- ▶ Menstrual irregularities (amenorrhea)
- ▶ Decreased bone density (osteoporosis)
 - ▶ • Myocardial infraction
 - ▶ • Sudden cardiac death



Exercise is safe

The relative risk of a cardiovascular event is increased during vigorous intensity exercise relative to rest, but the absolute risk of a cardiac event is low



General Prescription Considerations

To minimize risk in providing exercise prescriptions, healthcare providers should:

- ▶ Select low risk activities
- ▶ Provide PA prescriptions based on the patient's needs and current health situation
- ▶ Recommend activities with less force and contact (i.e., low risk activities)
- ▶ Do not prescribe excessive amounts of PA, especially for previously inactive individuals
- ▶ Suggest gradual increases in the amount of PA performed
- ▶ Take precautions with vigorous PA





**BRIGHTER SIDE OF
EXERCISE**

22.-27.09.2017.
Park Plaza Histria
Pula, Croatia



Sending organizations:

Base training/Persona Grata, Athens, Greece

Bodywhys, Dublin, Ireland

Bulgarian Association of Health and Fitness, Sofia, Bulgaria

Casa-zwo, Wohngruppen für Mädchen mit Ess, Gottingen, Germany

Faculty of Human Kinetics, Lisbon, Portugal

Fit Tovarna, Maribor, Slovenia

Italian Fitness and Aerobics Federation, Rome, Italy

King's College London, London, United Kingdom

Lithuanian Sports University, Kaunas, Lithuania

Palazzo Francisci, Todi, Italy

Start2move, Zwolle, Netherlands

Tartu University Hospital, Psychiatry Clinic, Tartu, Estonia

Trainer4You Group, Espoo, Finland

Unit for eating disorders University Psychiatric Clinic Ljubljana, Slovenia

Vilnius mental Health center, Vilnius, Lithuania





Main goal:

to raise awareness about the importance of health-enhancing physical activity in treating anorexia and its role in the process of (re)integration into the society

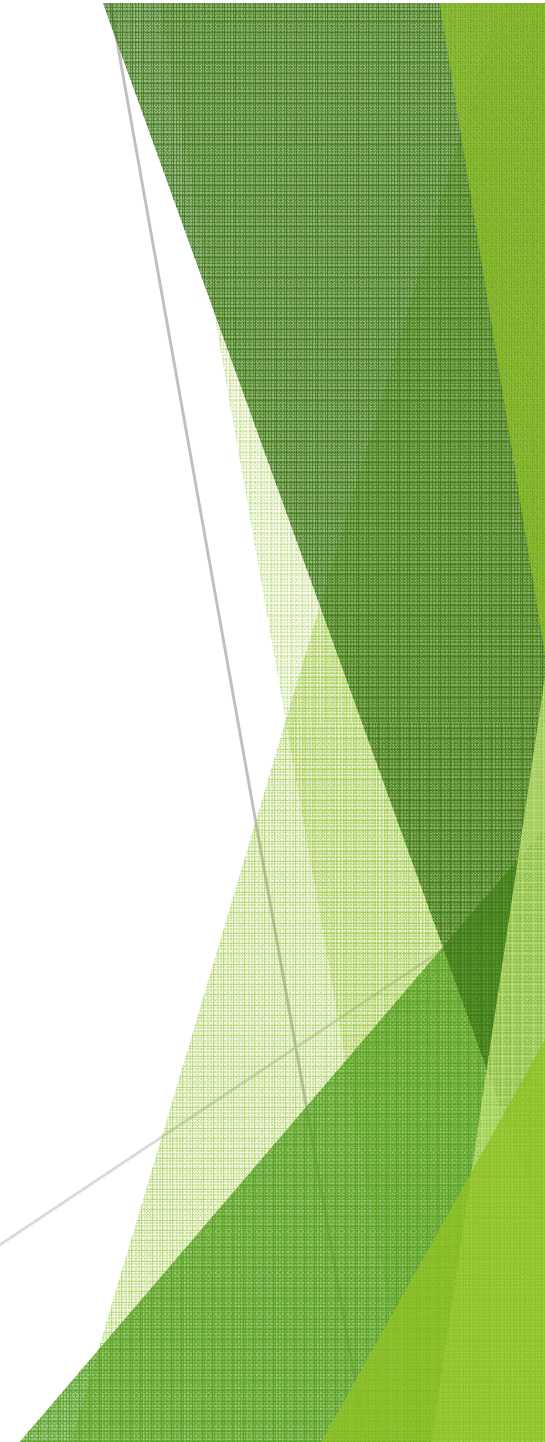
BSOE - brighter side of exercise

Specific goals:

- ▶ To create a network of experts from EU institutions and other professionals/experts connected to the problem of anorexia and the effect of physical activity with a goal of developing innovative models of exercising
- ▶ To highlight the importance of a health-enhancing physical activity (not just in relation to anorexia) with a purpose of raising the general living quality
- ▶ To promote physical activity in the battle with disability
- ▶ To awake and strength the capacities of sports professionals in relation to the negative influence of exercising on the development of the disability

The greatest benefit of PA for individuals suffering from ED

- ▶ Positive effect of PA on one's mood and mental health **83%**
- ▶ Development and improvement of muscle power and strenght **28%**
- ▶ Social inclusion **60%**
- ▶ An indirect medium for rehabilitation and resocialization **39%**
- ▶ Positive effect of PA on one's physical health (heart and vascular system, locomotor system, immunity, etc) **56%**
- ▶ **Loss of subcutaneous fat tissue 8%***



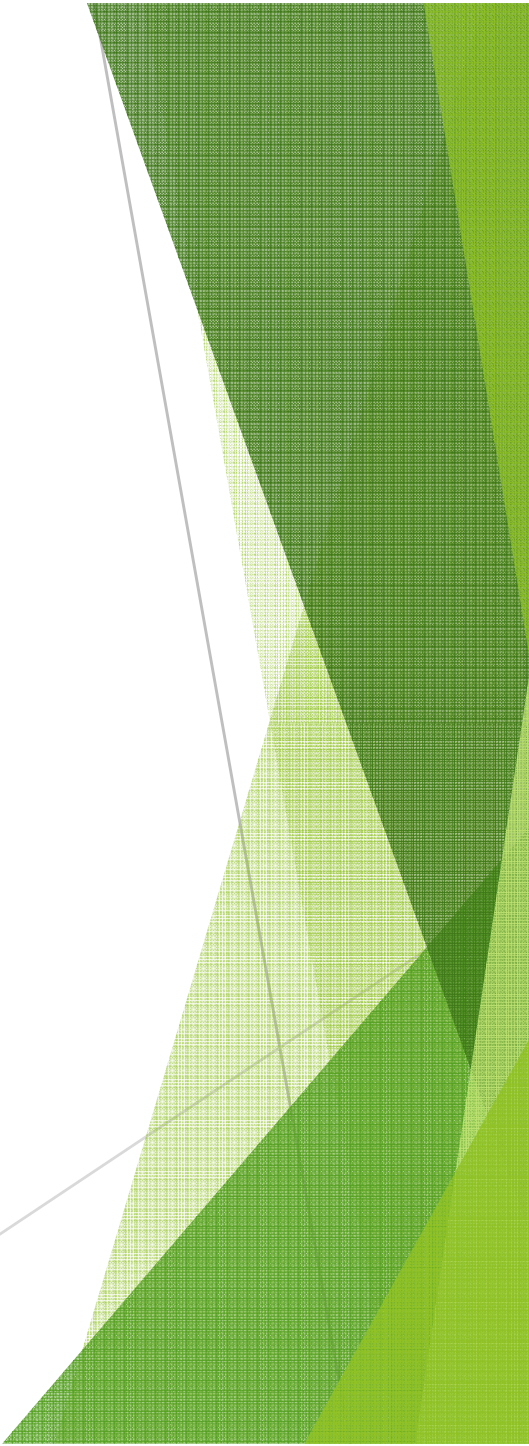
Statistic HEPA in Anorexia

A recent systematic review of the efficacy of body therapies as a conventional treatment for eating disorders shows that **bodily activities represent an added value in the treatment**

(Vancampfort et al., 2014). (Yoga and Meditation Therapy, Bioenergetics, Dance Movement Therapy, Mirror Therapy, Activities for Obesity)

AN and sports: risk factors

- ▶ **Sports focused on the individual, not the team:** gymnastics, running, figure skating, dance or diving
- ▶ **Gravitational sports** (body is moving against gravity= low body weight recommended): long distance running, cross country skiing, road and mountain bike cycling, ski jumping, jumping/athletics.
- ▶ **Aesthetically judged sports:** rhythmic and artistic gymnastic, figure skating, diving, synchronised swimming

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- ▶ **Underweight athletes should not be training or competing until they restore a healthy body weight (BMI = or > 18,5)**
 - ▶ If athletes are not underweight but suffering from ED, they should only participate in training or competition if:
 - a) They are in treatment
 - b) Their sport-participation is not symptomatic
 - c) They agree to increase their calorie intake to balance training
 - d) Do not show marked signs of dehydration
 - e) The treatment team determines that participation will not increase the athlete's risk for ED
- (Ghoch et al, 2013)*

Conclusion

- Recognize that the hazards of exercise-related cardiovascular events may more likely be reduced by careful attention to a safe and effective exercise prescription that:
 - Addresses FITT-VP (frequency, intensity, time, type, volume, progression) that incorporates a progressive transitional phase during which exercise duration and intensity are gradually increased
 - Advocates appropriate warm-up and cool-down
 - Promotes education of warning signs/symptoms
 - Encourages sedentary people to engage in regular, brisk walking to move them out of the least physically fit, least physically active cohort
 - Counsels physically inactive individuals to avoid unaccustomed vigorous intensity physical activity.



THANK YOU!

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