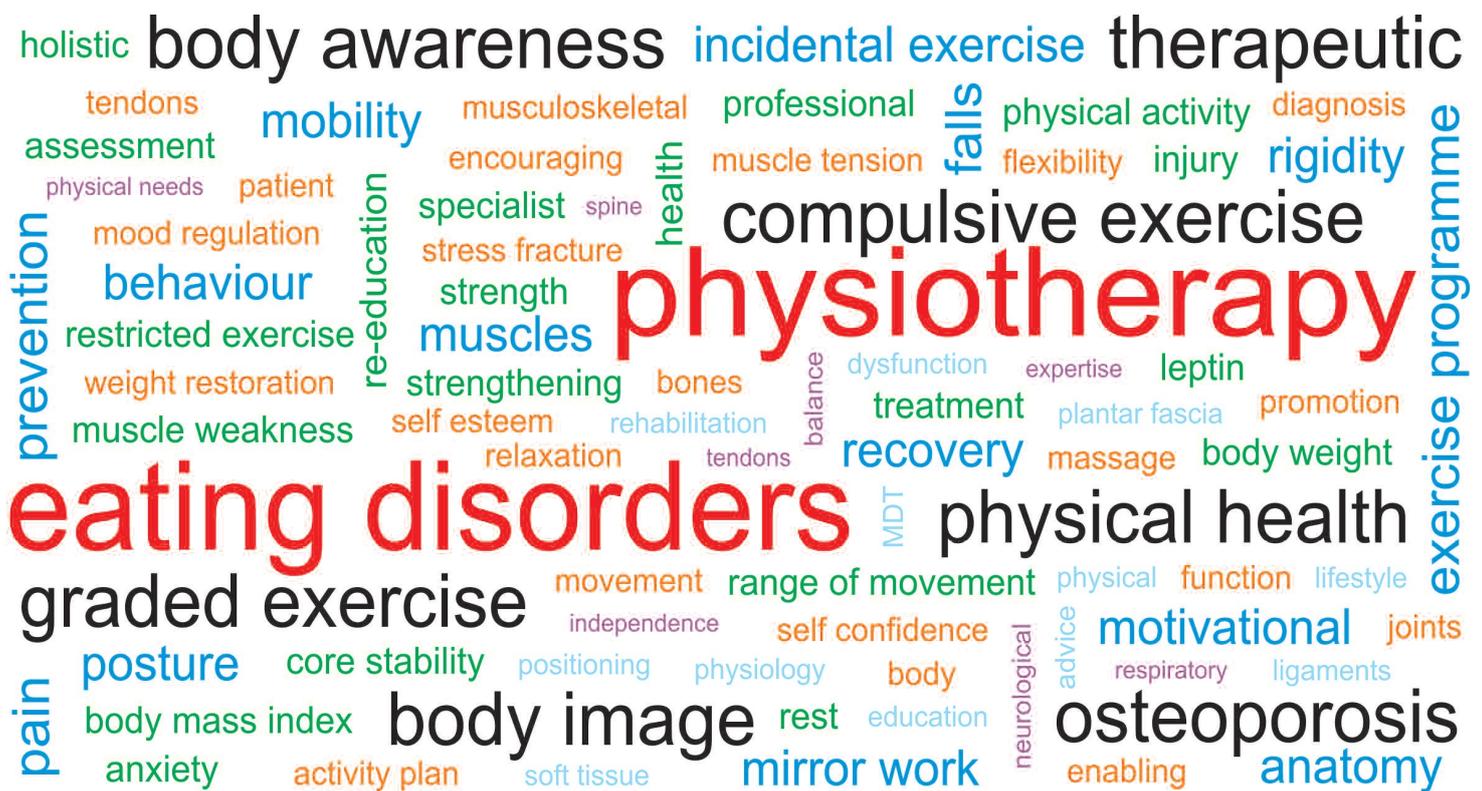




Physiotherapy Eating Disorder
Professional Network

Physiotherapy in Eating Disorders



Physiotherapy in Mental Health has developed as a speciality within the Physiotherapy profession, taking a holistic approach to patient care, believing that physical health and mental health are interdependent. Physiotherapists are able to use specialist skills related to physical recovery. They have an extensive wealth of skills and knowledge in the physical health field and this, combined with their skills in mental health, means that they are ideally placed to meet the physical and mental health needs of patients.

Eating Disorders is a specialist service within mental health where patients with anorexia nervosa and bulimia nervosa have complex physiological and psychological problems. Two key features of eating disorders are distorted body image, and compulsive exercising behaviour, with the two often being interrelated, with individuals using exercise as a way of controlling their body weight and shape.

Physiotherapy has a unique role to play in the treatment of eating disorders, as a key member of the multidisciplinary team using physical interventions and education to help patients overcome symptoms and to accept changing body shape during weight restoration. The Physiotherapy role within this field encompasses specialist assessment, advice, education, treatment and management of the various physical and psychological components of an eating disorder and plays a vital role in the management of compulsive exercise, osteoporosis and altered body image.

As well as working individually with patients, many Physiotherapists will run educative and practical exercise groups for all stages of illness, recovery and/or weight restoration, appropriate to BMI, taking into account the physical and mental health risks associated with eating disorders.

This leaflet therefore provides a summary of the key areas that Physiotherapy can address when treating an individual with an eating disorder.

Exercise and Activity

The relationship between an eating disorder and exercise levels can vary between individuals, and can depend on the reasons for first starting exercise, whether it be to control weight and shape or whether it started out healthily prior to the eating disorder taking over, but whatever the reason, exercise can become a very powerful tool in maintaining an eating disorder because of the strong influence that it can have on weight control.

When exercise becomes associated with an eating disorder it can often become compulsive and exercise levels can increase beyond that of nutritional intake. When this happens the health benefits of exercise are lost and exercise becomes more harmful to the body than helpful.

As well as carrying out routine physiotherapy assessment for the participation in exercise, the Physiotherapist will take into account specific risk factors related to the eating disorder and their body weight/body mass index, including the patient's attitudes and beliefs relating to exercise. The Physiotherapist can advise on behaviours which are healthier and encourage patients to adopt new alternative ways of managing their exercise and activities. Physiotherapists can also work closely with the Psychologist and/or use a cognitive behavioural therapy (CBT) approach, to explore the reasons for the compulsive exercising behaviours. The aim is to enable patients to challenge their altered beliefs and routines relating to exercise, to start to engage in exercise for fun, enjoyment and fitness, and not as a means of regulating mood, burning calories or through rigid rules and behaviours.

In doing this, Physiotherapists can work with the patient to develop a healthy exercise strategy, that is appropriate to body weight and physical health, including the use of graded exercise, and encourage normal physical activity, as weight increases and the body becomes healthier.

Body Image and Body Awareness

Physiotherapy input for body image explores and embraces many issues around body image concerns, including size, shape, and proportions, with the intention of promoting the development of a positive and

more realistic body image. Body awareness techniques can also be used to promote awareness through physical movement.

The aim of physiotherapy input would be to provide education, support and advice, to challenge thinking and make changes to a patient's perception of their body image, to enhance self-acceptance, self-esteem, self-confidence and overall quality of life. Physiotherapists can use their knowledge of physiology and anatomy to educate patients on how the body works and its influence on body physique and composition.

Osteoporosis

Osteoporosis is a common complication of anorexia nervosa, in both females and males, due to a low body weight and poor nutritional intake. Physiotherapists are often best placed to deliver advice and practical groups to develop an understanding of the effects that eating disorders, poor nutritional intake, and low body weight can have on bone health. Patients can be offered education and advice on preventative measures, including the use of specialised exercise guidance in association with weight restoration, and on the management of osteoporotic changes, including postural changes and the adaptations needed to daily activity and exercise to prevent further deterioration in bone health and risk of fracture.

Posture and Musculoskeletal conditions

A core skill of physiotherapy is to assess and treat musculoskeletal conditions, appropriate to the patient's needs. Patients with eating disorders and particularly those with compulsive or over-exercising tendencies are at increased risk of developing musculoskeletal problems, including over-use injuries, muscle imbalance, altered biomechanics, back and neck pain and orthopaedic conditions such as degenerative changes and stress fractures. Physiotherapists are therefore best placed in using their core skills to prevent and manage these conditions through a variety of physical treatment modalities and exercises, as well as education and advice and development of self-management techniques. Treatment techniques can be adapted accordingly for individuals with low body weight or reduced bone health to ensure that physiotherapy input is both safe and effective.

Physiotherapists can provide support and re-education for postural changes that are associated with low muscle mass and body weight, psychologically protective postural behaviours and an often restricted level of daily activity, alongside weight restoration.

Falls prevention and management

Within eating disorders, interventions may also relate to mobility difficulties and falls management, offering advice and guidance on appropriate management where the patient is nutritionally compromised, with reduced body weight and muscle mass, and the resultant affect that this can have on physical functioning and safety. Physiotherapists are specially placed in positive risk taking for identifying the importance of balancing falls management and the need for structured exercise interventions whilst acknowledging the need for restricted exercise and weight restoration.

Functional tasks and transfers may also be compromised and therefore a Physiotherapist can work with the patient to identify appropriate adaptive equipment, walking aid devices or changes in systems of work to enhance patient safety and independence.

Physiotherapy can also have input in supporting and addressing other conditions associated with eating disorders including balance impairment resulting from vitamin B12 deficiency peripheral neuropathy, re-feeding oedema, tissue viability and circulatory problems.

Incontinence and other physical health conditions

Incontinence, bladder prolapse, and other problems related to damaged pelvic floor muscles may also be experienced by an individual with an eating disorder. This may be related to chronic constipation, associated with anorexia nervosa, as well as structural damage and atrophy of pelvic floor muscles resulting from low oestrogen levels, excessive exercise, and inadequate nutrition. Physiotherapists therefore play a vital role in support in the assessment and management of pelvic floor dysfunction and incontinence.

It is important as well to acknowledge that patients admitted to hospital for treatment of their eating disorder may also have other physical health diagnosis, such as respiratory, neurological or rheumatological conditions. Symptoms of these conditions may also be increased due to the both the psychological and physical stress and eating disorder can cause. Physiotherapists can therefore use their core skills within these areas to provide treatment and guidance to the multidisciplinary team, to manage the patients condition, whilst they are being treated for their eating disorder.

Individuals with eating disorders are often treated on a day patient basis and therefore Physiotherapists can discuss with the patient about liaison with their GP to address physical health conditions, and refer on accordingly, as well as liaise with other specialist services to enhance the care that they receive.

Anxiety management, relaxation and massage

Physiotherapists working within eating disorders can also effectively deliver relaxation sessions to develop awareness of how the body feels, identify areas of muscle tension and positioning of the body, and can be used as part of anxiety management. Patients can gain a greater understanding of the effect anxiety can have on body positioning, postural changes and muscle tension. Treatment strategies can include teaching breathing control and muscle relaxation techniques, and the use of massage, when appropriate, to relieve muscle tension, promote relaxation, and encourage acceptance of touch.

Education

Throughout all physiotherapy interventions and treatment sessions, education plays a vital role. Given the wealth of knowledge Physiotherapists have about the body and physical health, physiotherapy has an important role to play in providing information to benefit the patient's understanding of their bodies. The Physiotherapist can help patients to form healthier, alternative thoughts about their body image and exercise, by providing basic information on body structures, anatomy and physiology. The aim of education would be to increase the understanding of how the body functions, including body composition, and muscle and bone function, and what it needs to be able to do so. Education can also be used to encourage the patient to recognise and respond to physical needs, such as pain or fatigue, where they often dissociate from their body; and to increase understanding of the immediate and long-term effects of eating disorders and low body weight.

As well as educational support for those suffering from eating disorders, physiotherapy also plays a vital role in providing advice and guidance to colleagues, and other members of the multi-disciplinary team, on the physical dimensions of eating disorders. As with Physiotherapy within any speciality, physiotherapists within eating disorders have a key role in the development of a multi-dimensional care plan to address the complex presentation and symptoms of an eating disorder.

Whilst most individuals who are suffering from an eating disorder are treated within an eating disorder unit, some individuals may be admitted to another hospital setting, whether this be a general physical health care setting or another mental health unit. Physiotherapists working within eating disorders therefore also have a vital role in providing guidance and support to their Physiotherapy colleagues in a general acute or mental health setting on the most effective, safe and appropriate physiotherapy treatment for an individual with an eating disorder.

The Physiotherapy Eating Disorders Network Group

The Physiotherapy Eating Disorders Professional Network group is a specialist interest group made up of Physiotherapists working in eating disorders services throughout the UK. The aim of the group is to provide a forum for professional supervision/peer support relevant to working within Eating Disorders and to develop resources from a UK wide highly specialised group of Physiotherapists working within eating disorders. The group are instrumental in consolidating the knowledge base for the profession within eating disorders, reviewing evidence-based practice, improving the quality of service delivery, sharing and developing best practice, and facilitating an opportunity for CPD and role development.

Further information, including useful resources for patients and colleagues, can be found on the Physiotherapy Eating Disorders Network website www.cpmh.csp.org.uk/eating-disorders-network

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September 2018