

Subject: [Fwd: Obsessive Exercise and Extreme Sports Addiction]

Date: Thu, 11 Aug 2005 15:44:52 -0700

From: Brian Platts <bplatts@shaw.ca>

To: Corrie Kost <kost@triumf.ca>

----- Original Message -----

Subject: Obsessive Exercise and Extreme Sports Addiction

Date: Thu, 11 Aug 2005 10:44:06 -0700

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An interesting connection here. Compare this article with the general behaviour of hard core mountain bikers. The sport is their "lifestyle". They live, sleep, and breathe it. It borders on obsession and is very addictive. They have to get their adrenaline/endorphin "fix", and the multitude of mountain bike chat and bulletin boards attests to that fact. Why are we teaching our children to follow into this pattern. Like the old saying goes, "Everything in moderation". --Monica Craver--

The New York Times
nytimes.com

August 9, 2005

Fit Is One Thing; Obsessive Exercise Is Another

By JANE E. BRODY

Many people have asked me why my knees were hobbled by arthritis long before I turned 60. Being born bowlegged gave them a start. But I made things worse by jogging daily for about 10 years and playing singles tennis for an hour nearly every day for more years than I can remember until increasing knee pain forced me to cut back to three or four times a week.

Still, in winter, I went ice-skating most days, and during the warmer months, I cycled 10 miles nearly every morning. About the only activity that did not damage my knees was lap swimming, which I did four or five times a week.

I loved my activities and planned my life around them, scheduling my workouts around family and professional obligations. When I couldn't do my daily activities - typically two or three a day - for reasons of weather, travel or closings of the facilities - I felt out of sorts, even guilty, and worried about gaining weight.

Had I been assessed by a sports medicine specialist at the time, I would have scored high on the scale of exercise addiction. To use a less pejorative and more accurate term, I was an obligatory exerciser, overly committed to an exercise routine probably to the detriment of my body if not to my psychological and social well-being.

While most Americans remain sadly sedentary, there is a small group of active people for whom exercise becomes something of an obsession, pursued despite physical injuries, damaged relationships and time stolen from work, family and social activities.

Do you remember Jim Fixx, author of the best-seller "The Complete Book of Running," which sparked the fitness revolution? Mr. Fixx ignored signs of impending heart trouble and died while running at 52. An estimated 10 percent of runners are obligatory exercisers, according to a 1982 report in The Journal of Sports Psychology.

A classic example was described in the June issue of The Physician and Sportsmedicine by Dr. John H. Draeger and Dr. Alayne Yates, psychiatrists at the University of Hawaii, and Douglas Crowell, a sports scientist in Honolulu. They told of a 38-year-old physician and marathon runner with a busy practice and large family who, after several months of progressive deterioration in his running times, finally visited a sports medicine clinic. He complained of persistent fatigue, muscle soreness, lack of energy and middle-of-the-night awakenings worrying about his physical performance and training routine.

The doctor's wife complained that he was becoming increasingly irritable, and he himself conceded that although running had been a stress reducer that gave him time to think, he now had to force himself to run and was no longer enjoying it as much.

The experts from Hawaii used "obligatory exerciser" to describe someone "who feels obligated or compelled to continue exercising despite the risk

of adverse physiologic or psychological" consequences. These may include injuries caused by overtraining and social isolation. "When confronted with a decrease in performance, they will push their bodies harder to succeed," the experts wrote.

For the obligatory exerciser, exercise becomes a top priority, even more important than work, school, friends and family. It is no longer a free choice.

This affliction is by no means limited to runners or to adults. While it can happen to anyone, young females are especially at risk. It is more common among those young women and men involved in sports that focus on weight and appearance like gymnastics, figure skating, dance, cheerleading, swimming, crew, track, wrestling and horseback riding. It is also more common among noncompetitive female college students who worry inordinately about weight.

Common Characteristics

Aerobic activity that burns 2,000 to 3,500 calories a week is considered the amount of exercise to attain and maintain optimal health. This would entail 40 to 60 minutes of cardiovascular exercise four to six times a week. Beyond that, there are no added health benefits, but there is an increased risk of exercise-induced injuries.

Excessive exercise can damage tendons, ligaments, bones, cartilage, joints and muscles and not give minor injuries a chance to heal. Instead of building muscle, too much exercise can lead to muscle breakdown. Girls and young women may stop menstruating and start losing bone, as if they were in menopause. Excessive exercise can also release loads of free radicals, which can cause mutations and may increase [cancer](#) risk.

But it is not so much the amount of activity that defines the obligatory exerciser as it is its effects. Some people's bodies can handle more physical stress than others.

While there is no clear definition of obligatory exercise, there are telltale signs that exercise is becoming too important to a person and creating undue physical and psychological stress. These indicators were outlined by Molly Kimball, dietitian at the Ochsner Clinic Foundation:

- ¶ Continuing to train even when ill or injured.
- ¶ Experiencing anxiety when a workout is missed.
- ¶ Constantly talking about their sport, training schedule and [diet](#).
- ¶ Neglecting other important areas of life.
- ¶ Justifying excessive exercise as necessary to their sport.
- ¶ Having friends and family notice a loss of perspective.

Obligatory exercisers often report some of the symptoms seen in athletes who overtrain, the article reported. They include anxiety, apathy, chronic fatigue, decreased appetite, [depression](#), hostility, mental exhaustion, mood changes, changes in values and beliefs, diminished self-image, impaired concentration, emotional isolation, sore muscles and disturbed sleep. People may also become substance abusers, particularly of drugs thought to enhance performance.

Treating the Problem

But, the article said, obligatory exercisers may not readily admit to any of those symptoms and behaviors because of their need to appear healthy and normal. They do not want to be seen as "sick, weak, inadequate or needing help from anyone," the experts wrote.

It may be the task of parents, coaches, friends or other athletes to urge the person to get help to regain a healthier perspective.

The obligatory exerciser must be made to understand that "recovery periods, mandatory days of rest and the body's need to regenerate contribute to peak performance," the experts wrote. In contrast, continuing to pursue a relentlessly punishing course of activity can only lead to diminished performance.

The physician runner they cited was advised to reduce his training schedule. In two weeks, his physical symptoms disappeared and his mood improved. He was encouraged to look closely at his overcommitment to training and to learn relaxation exercises. With a therapist's help, he sought to develop alternatives to "his driven thoughts about training."

Ms. Kimball, the dietitian, suggested that when obligatory exercisers were unable to turn things around on their own, "meeting with a therapist, nutritionist or other health professional" could help them understand and deal with underlying problems that might drive disordered behavior.

Of course, prevention is preferable. For those involved in competitive activities, it is critically important for parents and coaches to avoid overemphasizing winning and pushing players into regimens that can become counterproductive.

