“Physiotherapy guidelines for patients with eating disorders”

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What happen when you eat?

• **Physical consequence of eating:**
  • The food sink into the esophagus, the stomach to the intestine.
    • The reaction of our body after a meal is a relay of processes.
    • A disturbance in the movement pattern of the stomach (gastric motility). [A reduced motor function of the lower part of the stomach & a reduced relaxing power (adaptive relaxation) of the upper portion of the stomach.]

• **Psychological consequence of eating**
  • The food is going to the head
    • Chaos related to food, weight and appearance
    • Influencing the thoughts, emotions, behavior
Anorexia nervosa – Bulimia nervosa – Binge eating disorders
Once upon a time, there was...

The condition, which Bruch in 1973 described as "a nervous consumption," and which Gull in 1883 identified and named "anorexia nervosa," has such a silent, even insidious, clinical picture that it isAmeanly missed by most physicians. The anorexia nervosa patient has become isolated and has led a hidden, Bieden-Steiner, recognizing the harmful developments of the concept and the clinical picture of anorexia nervosa in 1910, failed to heed the forewarn on its real danger for differentiating it from other forms of anorexia.

For their own safety, they decided to con...
Cornerstones for physiotherapy

• Body image:
  • Less confident in their body, body dissatisfaction, social anxiety

• Physical activity
  • When is physical activity healthy and when it becomes problematic?
Goals for physiotherapy in eating disorders

- Physical self concept / Impression
- Emotional self concept / expression
- Social self concept / communication
Goals for body image therapy in ED

• (Re-)building a realistic self-image
  • Get tuned in to the body
  • Awareness of the changes
  • Acceptance of the changes

• Curbing hyperactivity, tensions and impulses

• Communication: Developing social skills and discovering other importance areas of life

The core of physiotherapy in eating disorders is to optimize wellbeing and empowering the individual by promoting body and movement awareness bringing together physical and mental aspects and based on the available scientific and best clinical evidence.
Body Attitude Test

- Developed by physiotherapists
- 20 items; min 0; max 100
- never, rarely, sometimes, often, usually and always
- cut-off 36 ED – non clinical population.
- Psychometric characteristics: OK
- Translated in different languages/
- Norms.

“Physical activity and unrest questionnaire”

- 15 items on a 4 point scale (never/always; score 0-45
- The drive to physically active and the attitude towards physical activity.

Postural awareness
Breathing exercises
Relaxation exercises
Sensory, body & movement awareness
Massage
Physical activity, yoga, tai chi
Dance & expression
Mirror exercises
Problem solving exercises in group
Guided imagery exercises
Self-confrontation
Psycho-education
Exercise: Mirror, mirror on the wall...

Is made of glass that has been coated on one side with a thin layer of reflective silver or aluminium plate. Italy, 16th Century

The idea: habituation training
Intervention

• Mild, non judge, curious, respectful way
• To be more aware or familiar with the body
• The whole body & body parts (frontal and profile image)
• Tense and relaxation of the muscles
• Psycho-education
• The mental image
• Relation with self esteem
• Confrontation with their own
• Responsibility
• Discussion

Invitation
2 x /week: At 9 AM and 1PM
½ hour & ¼ hour discussion


The theory: habituation training
Are the ACSM-recommandations acceptable for patients with eating disorders?

- Anorexia nervosa
  - BMI lower than 18
  - Osteoporosis:
    - One must be careful with physical activity.
    - Supervised physical activity could have a positive impact on the bone density of adolescents with anorexia nervosa

- Anorexia & Bulimia Nervosa
  - Cardio-vascular problems (AN- BN)
  - The goals of physical activity

- Binge eating disorders
Does body image therapy have a more value for patients with eating disorders?

Mirror exercises: evolution

![Graph showing the evolution of Mirror exercises over time with BIAQ, BCQ, and BCCS data points. The graph indicates a decrease in values from Time 1 to Time 4.]
Source of knowledge

Scientifically derived = is a set of interrelated facts presenting a systematic view of some phenomenon in order to describe, explain, and predict its future occurrence

Professional practice = knowledge gained through experience

A systematic review of physical therapy interventions for patients with anorexia and bulimia nervosa

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Physiotherapy for patients with anorexia nervosa


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Subjective experience of ED patients

- 82% of patients (N=100) indicated that they were satisfied with the physiotherapy.
- The confrontation exercises prove very valuable and influence in a positive way the problems.
- Patients with eating disorders experience the physiotherapy as valuable.
- Patients mentioned that it should be part of a treatment for patients with eating disorders.

Conclusion:
Aerobic exercise, massage therapy and yoga body awareness tend to reduce diseases related to eating disorders.

Aerobic exercise, yoga and body awareness therapy tend to improve physical and mental capacity and therefore increase the quality of life.

Through confrontation with and awareness of the body a multidisciplinary approach attempts to alter the negative body experience into a more positive attitude. [f.i. combination of mirror exercises, video-images, mental exercises, active body exercises]
References


Physiotherapy in mental health is not finding a solution, it is about starting a dialogue with the patient and his body.