Exercise Addiction
by David Veale

Exercise can occasionally become compulsive and reach a state of dependence or addiction. This compulsion is probably uncommon amongst serious athletes, since such addiction will reduce their ability to perform; it is more likely to be found in those who train without the guidance of a coach and who are less concerned with their ability to succeed in competitive sports events. The typical exercise addict will train two to three times a day in what is often a rigid and gruelling regime. They will avoid rest days and feel compelled to exercise. An exercise addict will lack any other real interest in life and keeping to their exercise routine is more important than anything else.

Withdrawal Symptoms
A key feature of an addiction is the presence of withdrawal symptoms in the absence of the drug or activity to which we are addicted. In the case of the exercise addict, typical symptoms include feeling restless, irritable, tense and guilty. Difficulties in sleeping are also often experienced when an exercise addict stops training; usually because of an injury or other such circumstance.

Many of us invariably experience mild withdrawal symptoms if we don’t exercise: these produce what is known as ‘positive addiction’. Since such symptoms help to maintain a healthy lifestyle and positive mood state. However, this article is more concerned with the ‘negative addiction’ which occurs when an individual has severe withdrawal symptoms and will train through an injury or illness to avoid these symptoms. The man who helped establish the running boom in the USA, Jim Fixx is perhaps the most well known example of a runner who probably ignored all warning signs associated with heart disease and, as a consequence, died from a heart attack whilst out running.

Typically, a person addicted to exercise may train through fevers and feel persistently tired. Injuries fail to heal and such individuals will regularly attend sports medicine clinics. If they do stop exercising when they are ill, they will over-compensate for the lost training when they recommence. For example, the exercise addict who misses three days due to illness will often double the amount of exercise on the next three days in order to ‘catch up’.

Withdrawal symptoms may merge into chronic depression in those individuals who have permanently given up their dedication to sport and have little to replace their lifestyle with; other than perhaps becoming a coach! An exercise addict may also feel constantly tired when not training and often there are social complications involving arguments with their family, friends or employers concerning the amount of time that they spend training.

Exercise addiction and eating disorders
An addiction to exercise is often secondary to an eating disorder. Eating disorders are about ten times as common in women than they are in men, but may be less common in men where excessive training is the most dominant feature. The key criterion for an eating disorder is the morbid fear of fatness and the individual may use exercise, dieting, vomiting or laxatives to control this fear. The main motivation to exercise for such individuals is to lose weight, decrease flabbiness or ‘balance the intake of calories’.

Continued overleaf
Several studies have found a high incidence of pathological weight control amongst athletes in certain sports. These include:

(i) endurance sports in which low body fat is equated with increased performance (for example, runners or swimmers)
(ii) sports where the appearance of a competitor is judged important (for example, in gymnasts, divers, figure skaters)
(iii) sports where there is a strict control on weight for particular classes (for example, jockeys, wrestlers).

Once the season or competition is over, then athletes in high risk sports usually return to a normal eating pattern. The social pressure to reduce body fat may however be an important factor in the development of an eating disorder, although the individual may already be suffering from such problems before they enter such sports. The area is a difficult one to research. As athletes tend not to answer even anonymous screening questionnaires truthfully because of the fear that the results may find their way to their coaches. For example, in a study of 14 nationally ranked athletes in the USA, three were identified as having a ‘possible’ problem on a screening questionnaire but were not diagnosed as having an eating disorder. On follow up, seven of the 14 were subsequently diagnosed as having an eating disorder that required treatment in local clinics. Subjects who are addicted to exercise and have an eating disorder are likely to have more severe problems than those without, as malnourishment leads to marked mood swings and a higher incidence of illness or injury.

In other athletes, there is no morbid fear of fitness or flabbiness and the addiction to exercise is ‘Primary’. The preoccupation with the exercise is more complex, but athletes addicted in this way may be over-concerned with health and fitness and unable to tolerate the withdrawal symptoms.

Elite athletes normally score well on questionnaires about their mood and tend to do better than the general population on such tests. However if chronic overtraining occurs, then staleness sets in, which results in a lack of progress in training or decreased performance at competition. The most common symptoms for athletes in the early stages of such a condition are fatigue, or muscle aches and boredom with training. When the syndrome is more severe, they may appear depressed and may overlap with subjects who are addicted to exercise. Some individuals will be more vulnerable than others but staleness occurs when there is excessively heavy training over a long period with many competitive events and little time for recovery between the events.

The most common symptoms in the early stages are once again, fatigue, muscle aches or pain, and boredom with the training which is perceived as being more intense. One or two rest days provide an insufficient period of recovery for adaptation to occur and a longer period of rest is required. One popular myth is that one can ‘catch up’ on lost training and some individuals may increase the volume of their training and therefore aggravate the condition. To prevent staleness or an addiction to exercise:

1. The training programme should not be routine and stereotyped. It should be varied, enjoyable and, wherever possible, should incorporate other sports.
2. There should be periods of rest-days from competition and training so that the individual does not become totally pre-occupied with the sport.
3. The short-term goals should be appropriate and realistic. They should be negotiated, and the athlete should contribute towards the decisions that are made.
4. No season should be too long and there should be clear breaks between the seasons. There should be a realistic number of competitions.

If you suspect that someone is negatively addicted to exercise then you are likely to find it difficult to get them to seek help. The more you confront a person with an addiction, the more defensive he or she becomes. They may train more in secret and deny any problems. You are best advised to build a trusting relationship and to help the individual weigh up the costs and benefits of their current behaviour and of an alternative programme.

If addiction to exercise becomes more widely recognized then it may be easier to seek help, but few professionals have had experience of dealing with the problem.

**Summary Points**

1. **Dependence on exercise is probably uncommon amongst serious athletes.**
2. **The key feature of an addiction is the presence of marked withdrawal symptoms in the absence of the activity.**
3. **The main complication of an addiction to exercise is when athletes repeatedly train through an illness or injury to avoid withdrawal symptoms.**
4. **Withdrawal symptoms may merge into a chronic depression in those individuals who have permanently given up their dedication to sport and have little to replace their lifestyle.**
5. **An addiction to exercise is more often secondary to an eating disorder. The consequent malnourishment is also likely to lead to more severe psychological and physical problems.**
6. **Chronic overtraining leading to staleness and a lack of progress in training has some of the features of an addiction to exercise.**