Eating Disorders

An IHRSA Briefing Paper
DISCLAIMER: The information in this paper is intended for the general education of IHRSA members. It should not be considered legal advice. Individuals needing legal advice should consult an attorney who is competent in this area.
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Frequently Asked Questions

What are anorexia and bulimia?

Anorexia is an eating disorder that involves the loss of weight or inability to gain weight resulting in a person being less than 85% of expected body weight based on height. Anorexic individuals often believe they are overweight even though they are actually underweight, and this belief may lead an anorexic to die of starvation. Notably, it is estimated that 80% of anorexic individuals engage in excessive or unhealthy exercise.

Sufferers of bulimia consume large amounts of food and then vomit, fast, use laxatives, or exercise excessively. Bulimic individuals often feel guilty for eating and therefore purge to relieve the guilt.

According to Dr. Ron Thompson of the Bloomington Center for Counseling and Human Development, “Eating disorders are not simply disorders of eating; they are mental disorders that manifest themselves in a variety of eating and weight-related symptoms. They are potentially life-threatening disorders with multiple determinants and serve multiple functions and purposes for the affected individual.”

Who is affected by anorexia and bulimia?

Over 90% of eating disorder patients are female. It is estimated that anorexia affects 1% of female adolescents, while bulimia affects 1 in 20 college-aged women. Experts also believe that men are increasingly at risk for suffering from an eating disorder. Men are more likely than women to struggle with muscle dysmorphia, which is not a DSM-classified eating disorder, but is characterized by a pathologic preoccupation with muscularity, leading to unhealthy extremes in exercise.

Some people suffer from both disorders.

There are several groups that are categorized as high risk for eating disorders. Eating Disorders have traditionally been associated with upper-middle class females and/or over-achievers, but we now know that eating disorders impact people of all backgrounds, including men, people of color, and those from lower socio-economic demographics. Dieters and those engaging in over-exercise are groups that may be more readily recognized in a health club setting. People who diet excessively may be at risk for bulimia since the disorder often begins after a period of weight loss or dieting. Perfectionists and those who have low self-esteem are a high-risk group for anorexia. Those who struggle with depression are a high-risk group for binge eating disorder.

What is the significance to the health club industry?

Because many anorexic and bulimic people exercise excessively in order to lose weight, and those struggling with muscle dysmorphia exercise excessively to build muscle mass, these disorders may be recognized more readily in a health club. Once educated and taught to recognize the signs of anorexia and bulimia, health club employees may be able to spot a sufferer whose struggle may otherwise go unnoticed in his or her daily life.
Club members are already engaging in strenuous physical activity and putting significant pressure on their bodies. Eating disorder sufferers deprive their body of food, so their muscles are not the proper strength and can be underdeveloped. It is usually difficult to convince exercisers that they need help because they often believe that they will become better athletes and perform better if they lose weight. Fitness staff should be able to recognize when healthy training routines turn into an obsession and members turn to drastic measures to become thin or physically fit.

What are the dangers?

In patients with anorexia, every major organ system can be affected.

To protect itself, the body shifts into ‘slow gear’: monthly menstrual periods stop, breathing, pulse and blood pressure rates drop, and thyroid function slows. Dehydration contributes to constipation, and reduced body fat leads to lowered body temperature and the inability to withstand cold.

Mild anemia, swollen joints, reduced muscle mass, and light-headedness also commonly occur in anorexia. If the disorder becomes severe, anorexics may lose bone mineral density, making them brittle and prone to breakage. They may also experience irregular heart rhythms or heart failure.

Bulimia can result in heartburn, abdominal cramps, vomiting blood, swollen parotid glands (sometimes called ‘chipmunk cheeks’), muscle weakness and an electrolyte imbalance that can lead to cardiac arrest. Bulimia can also cause a ruptured stomach and erosion of the enamel on teeth from stomach acid as a result of frequent vomiting. In addition, diabetes or hypoglycemia can be affected by bulimia. The disorder can also cause severe depression, loss of menstruation, chronic sore throat, kidney & liver damage, irregular heartbeat, low blood pressure, anemia, blurred vision, tremors, and internal bleeding.

The National Institute of Mental Health reports that one in ten eating disorder cases result in death from starvation, cardiac arrest, other medical complications or suicide.

How can eating disorders be treated?

Eating disorders are most successfully treated when diagnosed early. Eating disorders can often be treated on an outpatient basis, although some require inpatient treatment. Treatment components can include:

• Individual psychotherapy: to develop healthy, effective ways of solving problems and building self-esteem
• Group therapy/support groups: to build satisfying relationships and gain peer support
• Medication: to relieve paralyzing depression and anxiety
• Nutritional counseling: to provide information about healthy eating
• Hospitalization: for weight gain, suicide risk management, and stabilization of eating patterns and daily schedules including sensible amounts of exercise
How can I help a member who has an eating disorder?

People close to someone with an eating disorder often live in denial of the problem. Or the person may be so secretive with family about the behavior that the symptoms are not observed until the problem is at the crisis level. Therefore, your help can be critical in getting treatment for this person.

Avoid trying to be a therapist.

A professional counselor is trained to help people define their needs and motives for behavior. Check with your own physician for a list of mental health professionals in your area who specialize in eating disorders. A list in your area can be found on the National Eating Disorders Association’s website under ‘Get Help Today’: www.NationalEatingDisorders.org.

You might meet with one of these professionals to establish a referral source. Encourage the member to seek professional help, and let her know you are there for support.

However, realize that if the client is over 18 and in a denial state, he/she cannot be forced into counseling. He/she must recognize a problem herself and seek help at her own pace.

An eating disorder might not be the only explanation.

Remember that eating disorders are not the only explanation for extreme thinness or weight fluctuations -- the member may have an unrelated medical condition. Talk to other staff if you suspect a member has an eating disorder, so you will have more than your own observations and perceptions to address with the member.

Talk to the member discreetly, and respect his or her privacy. You might begin with 'I don’t want to offend you or appear to be prying into your private life, but I’m concerned about your health.’ The following are gentle but direct approaches to addressing an eating disorder with a member (from ‘Out of the Dark’ IDEA Today March 1991).

Example 1

“Mary, I’ve noticed you have attended 25 classes a month for the last two months. Can you tell me what your goals are for your fitness program?”

Example 2

“Mary, I’ve become concerned about you in the past few weeks. I’ve noticed that you’ve lost a lot of weight and appear to be pushing yourself very hard in class. I’m worried about your health. Would you like to talk about this?”

Appropriate follow up.

Once the member has received treatment, don’t ask questions such as “Are you better?” or say “You look better with some meat on your bones.” Instead, look for physical signs of recovery, such as a healthier appearance and a more normal interest in fitness.

How can I help prevent eating disorders among my members?

As a club operator, you do not have a specific obligation to inform members about anorexia and bulimia but you should do so in order to shield yourself from liability and to protect the health of your members. The organizations listed as ‘Additional Resources’ below can help you educate your staff and members about the signs and dangers of eating disorders as well as how to prevent and treat them. One way of educating your staff and members is to post signage around the club relating to eating disorders and unhealthy exercise.

Your staff should be positive role models for your members. It is difficult for someone with an eating disorder to try to change her thinking about weight loss and appearance when those she associates with and emulates are overemphasizing the importance of thinness and appearance.
Am I legally liable if a member becomes ill or dies due to anorexia or bulimia?

Not if you take the proper steps to protect your club from liability. Treat these disorders as you would any other medical condition. Most clubs inform members with heart or respiratory problems that engaging in exercise or physical activity may be harmful to their health. Deal with anorexia and bulimia in the same way and include eating disorders in disclaimers and medical clearance forms. Since many clubs have a health questionnaire or require a medical exam or a disclaimer before a member may exercise, a stipulation regarding eating disorders may easily be incorporated.

Also, contact your insurance provider and ask if injury, illness or death as a result of an eating disorder (or excessive exercise) is covered by your liability insurance policy.

Above all, make it absolutely clear in writing that your club is not responsible for illnesses or deaths occurring at the club as a result of members’ medical conditions. Members must be informed that they are assuming the risk of exercising if they are not in good health.

Can a club restrict an anorexic or bulimic person from using the facility?

This is unclear. According to the Department of Justice, people with anorexia and bulimia are protected under the Americans with Disabilities Act. This law prohibits clubs and other accommodations from discriminating against a person with a disability. One health club paid $5,000 in an out-of-court settlement to a woman whose membership was terminated because she was anorexic.

In 2005, the US District Court for the Eastern District of Pennsylvania ruled against a plaintiff with anorexia who claimed that her employer had discriminated against her due to her condition. Specifically, the Court found that the Plaintiff did not prove that her anorexia substantially limited any of her major life activities, as required for a successful discrimination claim under the ADA.

How should I respond to a member who suggests that another member may have an eating disorder?

It would be appropriate to thank the member for his/her concern for the other member, but it would not be appropriate to keep the concerned member apprised of any conversations you may have with the potentially at-risk member. The privacy of the at-risk member should be respected to the greatest extent possible. There may also be legal restrictions, such as HIPAA, that would prohibit a club employee from discussing a member’s health issues with other members.

What if I suspect a club employee has an eating disorder?

Anorexia and bulimia are considered disabilities under the Americans with Disabilities Act. Therefore, it is legally dangerous to discriminate against someone with an eating disorder. If you fire an employee because of an eating disorder, you risk a costly discrimination lawsuit. Instead, express your concerns to the employee in a non-threatening way, and encourage the employee to seek professional help. Provide the employee with the necessary accommodations (a reasonably altered schedule, for example) so he or she can seek treatment.
Additional Resources

**National Eating Disorders Association**
[www.nationaleatingdisorders.org](http://www.nationaleatingdisorders.org)

NEDA provides eating disorders information, the Coach & Athletic Trainer Toolkit (free download from NEDA's website), as well as an information and referral Helpline: 800-931-2237.

**Academy for Eating Disorders**
[www.aedweb.org](http://www.aedweb.org)

This is an international organization providing eating disorder information as well as a list of eating disorder treatment providers.

**National Association of Anorexia Nervosa and Associated Eating Disorders**
[www.anad.org](http://www.anad.org)

ANAD provides eating disorders information, support groups, and information on treatment referrals.

**National Association for Males with Eating Disorders**
[www.namedinc.org](http://www.namedinc.org)

NAMED offers support to males with eating disorders, as well as works to increase public awareness about males with eating disorders.

**International Association of Eating Disorder Professionals**
[www.iaedp.com](http://www.iaedp.com)

IAEDP provides eating disorders information, as well as referral information.

For any questions relating to the content of this briefing paper, please contact IHRSA’s Government Relations staff at gr@ihrsa.org or (800) 228-4772.

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