



Source: Fitness Australia's BMI* and Exercise Guidelines for GP's

Adapted from Eating Disorders Foundation of Victoria (2005). An Eating Disorders Resource for Health and Fitness Professionals. Pp 43

Please note:

- ✓ This is a guide only
- ✓ Exercise protocols should be developed in collaboration with a specialist medical and mental health team who have expertise in eating disorders
- ✓ Appropriateness of exercise regime is dependent on the absence of purging behaviour, eating being adequate and weight gain or maintenance being on track.
- ✓ Aerobic exercise is particularly dangerous for people who purge (regardless of their BMI)
- ✓ At times, people with eating disorders are craving a rest from the torturous exercise regimes they have been engaged in. Even though it may be met with resistance, providing firm guidelines can give the person a reason to cease exercise
- ✓ While exercise is important for general health and wellbeing, it may be enabling the problem with people who have eating disorders
- ✓ These recommendations may differ substantially from what a treatment team prescribes. Eg exercise might be an incentive for weight gain; exercise may be banned to facilitate weight gain. Recommendations of a treatment team should be prioritised over and above the guidelines outlined below.

BMI

May be appropriate (subject to individual assessment)

20+

Encourage return to age appropriate activity including sport and recreation. If the individual, in consultation with their medical practitioner, feels they need to be participating in fitness centre type activity it would be recommended they join classes rather than solitary activity. Three sessions per week is ample. Further activity can be obtained from sport, recreation and peer related pursuits.

18.1- 20.0

Maximum 10 minutes light cardio warm up

Total body weight training 3x per week (1 hour light body building program)

Light cardio sessions 2x per week (20 minutes)

Stretching as desired

Encourage variety in exercise choice

Gentle movement groups (eg Tai Chi, Feldenkrais, some forms of yoga)

14.1- 18.0

Activity for clients who fall within this BMI range needs to be closely monitored and tailored to the individual. It is recommended that GPs discuss this client with an eating disorder specialist, physician or paediatrician.

Less than 14

Medical crisis- medical intervention is essential

No exercise can be recommended

**Please note that BodyMatters has previously noted that BMI charts have limited value, particularly in relation to use for children and adolescents (where percentile charts are more appropriate). Nevertheless, BMI charts are still frequently used in medical settings, particularly for the management of clinical eating disorders. Thus our use of BMI in this instance.*