

Working It Out: Using

**Kate F. Hays, Ph.D.,
The Performing Edge**

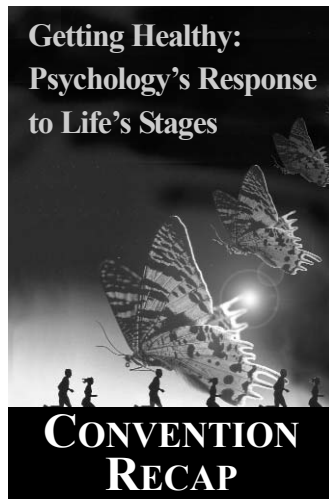
Kate Hays' workshop on using exercise in psychotherapy presented some well-known and some not-so-well-known concepts about physical exercise. Physical exercise can offer many benefits to patients being treated for mental health issues. Dr. Hays' PowerPoint presentation - outlining the theory and research, showing the benefits and offering suggestions about how to add physical exercise to your treatment planning - is the basis for this article.

There are many physical benefits of exercise:

- ✓ Decreases risk of coronary heart disease
- ✓ Decreases risk of stroke
- ✓ Improves rehabilitative potential in both the above conditions
- ✓ Positively impacts various coronary risk factors, such as high blood pressure, cholesterol level and type, smoking and obesity

There are even more benefits...

- ✓ Decreases risk of colon cancer
- ✓ Reduces body fat (or reduces total body mass and fat weight)
- ✓ Lowers blood pressure
- ✓ Improves carbohydrate metabolism



- ✓ Reduces or delays problems related to diabetes
- ✓ Maintains bone density
- ✓ Improves quality and quantity of sleep
- ✓ Increases oxygen capacity
- ✓ Improves immune system functioning

Physicians may care about their patients' physical activity, but one review shows that of 6,154 healthy U.S. adults, aged 50 or older,

- ✓ 52 percent reported doctors asked about the patient's level of physical activity during a medical check-up.
- ✓ Those least likely to be asked about physical activity are
 - Women
 - Older patients and
 - Less educated patients
- ✓ Those more likely to be asked about physical activity

• Obese individuals
"Older adults are the least physically active, they have the most contact with

the healthcare system and they regard physicians as a key source of advice," says Dr. Judy Kruger of the Centers for Disease Control. "So it's kind of a logical setting to encourage or inquire about physical activity."

Yet, almost one-half of the physicians in this review never asked about patient physical activity.

Concurrent with the physical benefits, the many mental benefits of exercise include:

- ✓ Decreases depression
- ✓ Decreases anxiety
- ✓ Decreases stress
- ✓ Increases self-esteem
- ✓ Increases mental clarity
- ✓ Increases creativity

People who regularly engage in physical exercise talk about the "Feel Good" effect, known medically as "affective beneficence." Why is exercise mentally effective? Exercise positively affects brain chemicals, and it is hypothesized that exercise also has a positive effect on cognitive, mental, and psychological processes, such as distraction, self-esteem and sociability.

There are some exercise characteristics that enhance the psychological benefits of physical activity. To provide the greatest psychological benefits, exercises should be

- ✓ Accomplished in an aerobic mode or with rhythmical abdominal breathing
- ✓ Done within a predictable or spatially certain activity
- ✓ Done with the absence of interpersonal competition
- ✓ To help patients get FIT, exercise should be

- Regularly scheduled
- Moderately intense
- At least 20-30 minutes

We can look at exercise in relation to four specific mental health issues

- ✓ Depression
- ✓ Anxiety
- ✓ Self-esteem
- ✓ Weight loss

Let's look first at exercise to decrease depression. Sadly, we find some depressing depression statistics:

- ✓ 19 million Americans suffer from depression annually
- ✓ 5 percent worldwide population suffers from major depression

The work-related costs of depression are exceptionally high:

✓ Depression is the leading cause of disability worldwide, about 12 percent of the total (14 percent in Canada).

✓ The estimated cost of depression to U.S. and Canadian businesses is \$60 billion annually, in

- Productivity loss
- Disability costs
- Wage replacements

Exercise in Psychotherapy

- Product and service quality

The lifetime prevalence of major depression is pretty heavy...

- ✓ 5-12 percent in men
- ✓ 10-25 percent in women

Three methods for treating depression stand out: psychotherapy, medication and exercise

How does exercise compare to therapy as a treatment for depression?

- ✓ In one study, 28 outpatients with diagnosed unipolar depressive disorder were randomly assigned and treated with running therapy, time-limited psychotherapy and time-unlimited psychotherapy. The results? Equivalent improvement in all three conditions.
- ✓ In another study, 74 outpatients meeting criteria for unipolar depression were, by random assignment, treated using running therapy, Meditation / relaxation and group therapy. The results showed that subjects in each treatment condition showed improvement in depression at termination and that there was a better outcome for running and meditation than for group method.

Medication certainly is one of the primary treatments for depression. Note that

- ✓ Antidepressant drug sales are expected to reach \$20.5 billion (U.S.) by 2007;

- ✓ More than 85 percent of drugs researched are projected to come to market in North America and Europe by 2007, and that

- ✓ Women receive 70 per-

cent of prescriptions for antidepressant medication

Again, we ask how exercise compares, as a therapy, with medication:

- ✓ One study reports that 156 older outpatients with a diagnosed major depressive disorder were, on random

assignment, treated with aerobic exercise, medication (Zoloft) and with a combination of the two. While the results reported that there was a more immediate response to medication, two thirds of patients in each treatment condition became significantly less depressed after 4 1/2 months, and the members of the exercise group were more likely to be partially or fully recovered than patients in either of the other groups after 10 months.

If you consider making an exercise prescription for depression, you must consider the following factors:

- ✓ The exercise program must be the right fit for the right patient;
- ✓ Improved fitness is not necessary for antidepressant effect, and you must
- ✓ Take depression into account, considering the effects of psychotropic medication, as well as anticipating the physical and psychological barriers to success.

Let's build on the exercise prescription factors for treating depression. As noted, you must have

- The right fit for the patient,
- An understanding that fitness is not necessary for antidepressant effect, and you must take the effects

Continued on page 18

“Older adults are the least physically active, they have the most contact with the healthcare system and they regard physicians as a key source of advice.”

— Dr. Judy Kruger
Centers for Disease Control



Convention Recap: Using Exercise

Continued from page 17

of psychotropic medication on the depression into account, even as you anticipate the physical and psychological barriers to exercise success.

- Taken the emotional “temperature” of the patient
- A realistic, feasible plan that the patient can accomplish

Certainly, you also must pay attention to changes in patient behavior and attitude and be aware of the patient’s sociability needs.

Now, let’s look at exercise as a therapy to alleviate anxiety. And, we’ll start with some anxiety-provoking anxiety data: Anxiety disorders affect 23 million adults, or 12.6 percent of the population!

Anxiety, defined as an emotional response to stressors, including feelings, cognitions, and physiological changes, comes in two types - state anxiety and trait anxiety (Spielberger, 1972) – and your exercise recommendations should respond to those differences.

Aerobic exercise, for instance, decreased state anxiety, especially at low-to-moderate exercise intensity, but state anxiety was not routinely reduced following resistance exercise.

Chronic exercise was associated with significant reductions in trait anxiety.

In one clinical investigation, 46 patients with mod-

erate-to-severe anxiety disorders were treated, on a random assignment basis, with endurance running, medication (Clomipramine) and a placebo control. Results showed that drug treatment was initially superior, but exercise treatment became equivalent at 10 weeks.

Moving now to exercise and the treatment of panic disorder, we must note the cautionary research (Pitts & McClure, 1967). But, exercise has been used in successful treatment with hospitalized patients (Orwin, 1973). And, according to O’Connor, Smith, & Morgan (2000), “Physical activity does not provoke panic attacks in patients with panic disorder.”

The appropriate exercise prescription for anxiety should include:

- ✓ Take a “two-fer”
- ✓ Avoid chewing your cud
- ✓ Think flexibly
- ✓ Be mindful
- ✓ Rate yourself
- ✓ Time out / Time in

Let’s take a quick look at how exercise can be used to improve self-esteem. Increases in self-esteem may not be directly related to increases in physical fitness, but they may be related to perceptions of physical improvement (Ossip-Klein et al., 1989).

Improvements in self-esteem, using physical exercise as a therapy, appear to be greatest for those with

low self-esteem. And, according to Sonstroem (1997), the increases in self-esteem appear permanent.

The exercise prescription for self-esteem should include:

- ✓ Rating without judging
- ✓ Physical strength increases leading to mental strength gains
- ✓ Opportunity for the patient to show assertiveness in the exercise program and
- ✓ The celebration of patient persistence in accomplishing the exercises.

Finally, we’ll examine the use of physical exercise for weight loss and body image. Here is some weighty information about weight:

- ✓ Almost 65 percent of people in the U.S. are either overweight (10-30 lbs. over healthy weight) or obese (>30 lbs. over healthy weight).
- ✓ Being overweight increases the risk of heart disease, diabetes, many types of cancers and other illnesses.
- ✓ Americans’ extra weight costs the U.S. \$93 billion (9 percent of healthcare costs) in annual medical bills
- ✓ For any one individual, annual medical costs for an obese person are 37.7 percent more (\$732 higher) than the costs for someone of normal weight.

Any program of physical exercise for weight loss must consider:

- ✓ The number of calories taken in must equal or exceed the number of calories “burned” out.
 - ✓ Exercise increases resting metabolic rate both during and after exercise
 - ✓ Even moderate exercise decreases appetite
 - ✓ Eating is a “gateway behavior” that is affected by, and affects
 - Food preferences
 - Sleep
 - Body image
 - ✓ Physical exercise also increases muscle mass
 - ✓ Exercise increases the person’s sense of control and self-efficacy
 - ✓ Physical exercise is central to weight loss maintenance
 - ✓ Regular exercise becomes a metaphor for “feeding” oneself.
- Our last exercise prescription is for exercise in relation to overweight and body image:
- ✓ Make sure the patient has health care clearance before recommending the start of any physical exercise program.
 - ✓ Confront the “been there, done that” impact of a prior failure to reduce weight through a physical exercise program.
 - ✓ Confront self-consciousness about body image.
 - ✓ Be sure to notice changes in weight distribution
 - ✓ Keep track of how the patient is doing, with physical exercise, with weight loss and with patient perception of body image.