



ISRM

INFORMATION NOTE

No 352: MANAGING USERS WITH SUSPECTED HEALTH PROBLEMS: EATING DISORDERS

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In association with:



& anorexia
& bulimia
care



ABOUT ISRM

www.isrm.co.uk

This is one of a series of Information Notes produced by the Institute of Sport and Recreation Management, the leading professional body for people managing and operating

sports and recreation centres. These Information Notes have been compiled by experts in their field and are designed to provide introductory guidance on a range

of issues for people working in the industry. ISRM members can read and download all the Information Notes at www.isrm.co.uk
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EATING DISORDERS: WHY IS THIS YOUR PROBLEM?

As a club manager you have a duty of care towards your members. If one of them is clearly not well, then you have a legal obligation to make sure you do everything in your power to ensure they minimise the potential damage they can cause themselves.

People with an eating disorder are one of a varied number of vulnerable members that may be using your facilities. This guidance note offers advice on how to approach someone you suspect as having an eating disorder and what steps you can take to protect both them and yourself. Eating disorders take many forms and can affect men and women, both young and old, though of course some demographics are at a higher risk than others.

Some people with eating disorders may have their decision-making abilities impaired and so be legally unable to enter into an agreement such as would be signed when they apply to your organisation. Should someone with an eating disorder become a member, or if an existing member develops an eating disorder, the consequences can be very serious. The effects of anorexia can be similar to that of starvation and in severe cases can include: hair loss, nail loss, anaemia, loss of muscle mass, joint pains and brittle bones. Both anorexics and bulimics can suffer from heart conditions (though for different reasons). The strain that is placed on their hearts owing to their conditions can lead to a heart attack and ultimately death. This can obviously be exacerbated by exercise.

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Depending on the terms and conditions that your member has signed up to, there are several things you can do. If you have included a clause refusing access if there is reasonable grounds for suspecting that your member may cause harm to themselves, then you can refuse them right of entry. However, if you refuse the provision of services that have been paid for (for example, by membership subscription rates) we suggest that you either suspend the charge, reimburse the cost

or offer to extend membership by the time lost if the member subsequently provides proof of wellness from a medical professional.

Warning signs

Unfortunately, eating disorders cannot be identified simply by appearance, as not all eating disorders have a visible manifestation. However, a significantly underweight person should, of course, be a cause for concern (although the person's weight may not be indicative of an eating disorder so a careful approach is required). It is necessary, therefore, to look for other warning signs. Eating disorders are about 10 times more common in girls and women and affect seven girls in every 1,000, and one boy in every 1,000.

Signs and symptoms

- Worrying more and more about weight;
- Eating less;
- Exercising more;
- Being unable to stop losing weight, even when below a safe weight;
- Smoking and chewing gum to keep weight down;
- Binge eating; and
- Vomiting and/or using laxatives.

These symptoms will often be kept hidden, but the outward signs of weight loss and excessive exercise should be visible. The two main types of eating disorder are anorexia and bulimia. Anorexia, as noted above, has certain highly visible characteristics and is most often associated with those who are, or on their way to becoming, severely underweight. Other physical symptoms can be:

- Frequent dizzy spells;
- Complaints of stomach pains, constipation or feeling bloated;
- Growth of downy hair on face, legs and arms; and
- Complaints about being cold.

Psychological and behavioural signs include:

- Insisting they are fat, when they are not
- Irritable;
- Sets unreasonably high standards;
- Obsessed with training harder and longer;
- More aware of food and calories;
- Lying about eating/refusing to eat in company; and
- Willingly supplying food to others.

People with bulimia may appear to be a normal weight owing to the fluctuations in their diet which can involve binge eating as well as purging. However, physical signs are:

- Suffering from frequent dehydration;
- Dental and gum problems;
- Extreme weight fluctuations;
- Frequent complaints of muscle cramps and weakness;
- Swollen salivary glands at the side of the face; and
- Abrasions on the back of the hand from inducing vomiting.

Psychological and behavioural signs include:

- Suffers depression;
- Increasingly self-critical;
- Noticeable mood swings;
- Eats large quantities of food and is sick after meals;
- Starts diets which are clearly unnecessary;
- Visits toilets or “disappears” after eating; and
- Becomes secretive and lies about eating.

What to do

If someone with an eating disorder has managed to become a member of your club and avoided a pre-activity health screening, or developed an eating disorder once they have become a member, then they are your responsibility.

Do not be afraid to approach someone who you suspect has an eating disorder; it is for their benefit. Even if you are sure that someone has an eating disorder they may not admit this and will probably react badly. Do not use aggressive language or threaten to take their membership away. Do not ‘try to make them see’ that they are too thin. Do not comment on their weight or appearance. These sorts of actions will undermine feelings of self-worth and reinforce notions of imperfection and poor body image.

Do reinforce their self-worth. Make it known that you are there to support them. Encourage them to contact their GP or to call one of the numbers at the end of this guide. Do not try to take on the role of a therapist or counsellor: that is not your job. If the individual is in serious danger then it may be permissible to suspend membership and only return it with a doctor’s approval.

Operational implications and recommendations

1. Corporate social responsibility

A major cause of eating disorders is media and peer pressure to conform to ‘norms’ and the notion that ‘slim is beautiful’. Between REPS, ISRM and FIA there are at least 40,000 individuals and organisations represented who can influence the messages that go out for promotional purposes from the leisure industry. We would urge you as part of your organisation’s corporate social responsibility (CSR) strategy to adopt a responsible attitude to advertising and the portrayal of fitness.

Here are some examples we would consider irresponsible:

- ‘Drop 2 dress sizes in 8 weeks’;
- ‘Lose 10 lbs in 21 days or your money back’; and
- Use of ‘before’ and ‘After’ photos or parading of very thin models.

And here are some we thought were good examples:

- ‘Life’s more fun when you move’;
- ‘Tell your sofa to take a running jump’; and
- ‘Stop channel surfing and take the plunge’.



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2. Education and training

In an ideal world, all our clubs would have a member of staff specifically trained to be able to work with people who have an eating disorder, but this is not realistic. As a basic standard ISRM, REPS and the FIA recommend that fitness instructors are trained to at least Level 2 on the REPS framework. Those working with specialist populations or teaching specialist activities, including personal training, should be qualified to the relevant Level 3 qualification. For more information, see the REPS website at www.exerciseregister.org

Club managers should also ensure that those staff delivering ‘weight loss’ programmes in their clubs are appropriately qualified and consideration is given to ensure those staff responsible for programmes of this type are aware of how to spot potential signs of those members with eating disorders and the resources available to support them. For club managers wishing to develop the expertise in-house to manage people with eating disorders SkillsActive, the Sector Skills Council for the Active Leisure sector, has now developed Level 4 standards designed for ‘specialist exercise instructors’. Within the options for level 4 is a ‘mental health’

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module which includes ‘how to recognise the signs and symptoms of disordered eating and awareness of healthy eating patterns’. Qualifications meeting these standards will be recognised by REPs. For more information, contact REPS.

3. Support for club managers

In the event you don’t feel qualified to manage a situation you come across related to eating disorders, our partner charity Anorexia & Bulimia Care (ABC) has offered to provide a helpline. You can contact ABC for advice or perhaps refer the person you are concerned about to them, you can also find a wealth of further information on their website.

- Helpline – 01934 710645
- Website – www.anorexiabulimiacare.co.uk

4. Duty of care

As a club manager you have a ‘duty of care’ towards those people using your facilities. Where that duty of care ends and what is considered ‘reasonable’ has been the subject of extensive discussion. However, in order to give some guidance and offer some consistency we have listed below the procedures currently considered to be ‘best practice’:

1. Many pre-activity health screening systems (for example, a PARQ/HCS), include an undertaking by the new club member that he/she will notify club staff if there is a future change in state of health, to enable the club to review the content of any exercise programme or to suspend that programme.
2. Certain changes in health may not be reported, as above, but become apparent to club staff (for example, incidents of fainting, fits and sudden

weight loss). Members frequently wish to ignore or fail to acknowledge such changes in health.

3. There is a clear obligation upon a club, under the duty of care to a member/prospective member, to take reasonable care of the individual concerned in the light of the information to hand on their state of health. New information, whether observed or reported, requires a re-assessment of the member’s participation in exercise programmes.

4. Although club managers may naturally be reluctant in certain circumstances to appear to ‘interfere’, the duty of care must override such feelings.

Additional recommendations

5. Whether reported or observed, the change in their state of health should be the subject of a prompt, tactful conversation with the member (and a subsequent file note) undertaken by the club manager.

The conversation should focus on the facts available and should not mention stereotypical medical conditions such as bulimia, epilepsy or anorexia. (In the case of younger members aged 16 to 18, it may be appropriate to tactfully arrange to speak to the parents about your concerns.)

Exercise programmes (and fees payment, if appropriate) should then be suspended until the letter in 6 (below) is received.

6. The club manager should advise the member concerned visits his/her GP to take advice on the desirability and/or safety of continuing an exercise programme in the light of their change in health. A subsequent letter from the member, addressed to the club manager and confirming the outcome of having taken GP advice, will be sufficient basis on which to proceed.

7. The club manager should then act appropriately to continue, to modify or to cease the member’s exercise programme and note this action on file with the letter received from the member, as in point 6 above.

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