

Exercise Addiction

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Editorial

Regular physical activity has a positive effect on our physical, social, and psychological health. However, for about 0.4% of the population exercise becomes excessive resulting in an addiction [1]. Exercise addiction is a craving for leisure-time physical activity, resulting in intensely excessive exercise behaviour that manifests itself in physiological and/or psychological symptoms [2].

Primary exercise addiction is different from excessive exercise present in eating disorder patients (also known as secondary exercise addiction), in which the exercise represents a means to control weight. Men and women are equally at risk for exercise addiction, but in men it is more often primary exercise addiction and in women it is more often secondary exercise addiction [3,4].

To determine the extent of an exercise addicts' suffering, criteria have been developed based on the Diagnostic and Statistical Manual for Mental Disorders-IV criteria for substance dependence. Outlined below, at least three of the following seven criteria must apply for an exerciser to qualify as addicted.

1. **Tolerance:** Need for increased the exercise levels to achieve the desired effect, or diminished effects experienced from the same exercise level.

2. **Withdrawal:** Negative symptoms are evidenced with cessation of exercise, or exercise is used to relieve or forestall the onset of these symptoms.

3. **Intention effects:** Exercise is undertaken with greater intensity, frequency, or duration than was intended.

4. **Loss of control:** Exercise is maintained despite a persistent desire to cut down or control it.

5. **Time:** Considerable time is spent in activities essential to exercise maintenance.

6. **Reduction in other activities:** Social, occupational, or recreational pursuits are reduced or dropped because of exercise.

7. **Continuance:** Exercise is maintained despite the awareness of a persistent physical or psychological problem.

A strong relationship exists with exercise addiction and other dependences such as shopping, internet, and alcohol addiction [5]. Two risk factors to consider include, people who identify as an exerciser and have low self-esteem [6], and individuals with higher neuroticism and extraversion as opposed to agreeableness are more at-risk for exercise addiction [7,8].

Exercise addiction falls within the field of behavioural addictions, but due to the lack of sustained and methodologically rigorous research for exercise addiction as a morbidity combined with a dearth of studies on treatment efficacy, the condition is not recognized as a mental disorder. However, not unlike most behavioural addictions, cognitive-behavioural therapy is recommended and the diagnosis of exercise addiction is a clinical judgment that can be conferred with the combined use of valid and reliable assessment tools to aid in the extent and severity of a person's exercise addiction symptoms such as the Exercise Dependence Scale [9] and the Exercise Addiction Inventory [10].

In summary, the exercise addiction research is restricted, due to a lack of conceptual, measurement, and methodological consistency. Self-report instruments only provide a risk score and cannot be used to make a definitive diagnosis because of inconsistent interpretations related to the studied sample. Further research is needed to examine exercise addiction and its co-occurring disorders, as well as their possible interactions to advance this field using varied methodological designs.

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