

JOURNAL

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ADDICTIVE DISORDERS

Nutrition and Exercise in a Recovery Milieu¹

ARTICLE

The body is the most important instrument that we have been given, by our creator. Without it we are nothing but spirit. One body, one life, one chance in this world, is all we get. If you take care of it, it will take care of you. Sadly enough when people are fighting addiction, the instinct to survive and thrive is dulled, as the disease damages our precious tissue. It is interesting how when one talks about using drugs and alcohol, the idea itself has a negative connotation: such as let's get "wasted", "ripped" or "messed-up". In substance abuse / chemical dependency treatment there is so much information to convey to the alcoholic and addict. They should be educated on the disease process, and the development of coping skills for relapse prevention. The Twelve Step programs give the addict tools for recovery and ongoing sobriety.

There is so much more to recovery than abstinence, although abstinence must be first achieved, in order to recover. Someone told me in my early recovery that there is only one thing that needs to change for the alcoholic/addict, and that is everything. Because alcoholics and addicts neglect to take care of their bodies, and the substances themselves can do so much damage to the health, one would be amiss to leave out the value of diet and exercise in treatment. The effects of drugs and alcohol will be discussed, as well as medical complications of substance abuse and dependency. The role of diet, nutrition and the importance of exercise and fitness for the recovering addict will also be explored.

Effects of Drugs on the Body

Chemical dependency harms the body in two ways, one; the effect of the substance itself, and two; the negative life style associated with addiction. The effects of alcohol on the human body can be very destructive. When one starts drinking they do not realize what damage is occurring to their bodies, a hang over may be the only noticeable consequence at first. It may take years to do the damage, but it still is devastating and can be irreversible. There are different stages of alcoholism and even in the early stages symptom's can occur. Gastritis and elevated liver enzymes, impotence, high blood pressure, insomnia, and depression can all be negative effects of alcohol use/ abuse (Scott Davis, M.D. 2005.) This disease is one of denial, and most deny that there may be anything wrong, even though symptoms become more obvious.

One of the major causes of nutritional deficiency in the United States is alcoholism (www.drkoop.com, 2006, choice media). Just about every organ can be affected by alcohol.

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You can follow the path of alcohol as it passes through the body of a chronic alcoholic, and see what damage occurs. First it passes the esophagus, as it is swallowed. The esophagus is irritated and in the late stage alcoholic it can lead to esophageal varices, where the dilated veins are ruptured and bleeding occurs (Kinney & Leaton, 2003). I worked with a patient who had this condition. He had a procedure where they cauterized the ruptured veins to stop the bleeding; he still continued to drink, despite the seriousness of his situation, and he died from his alcoholism. The alcohol affects the gastrointestinal system in many different ways. The alcohol irritates the gut lining and can create a condition called peristalsis, which inhibits the muscle contractions that pass food along the intestines (Kinney & Leaton, 2003). A heavy drinker can experience frequent belching, loss of appetite, nausea and vomiting. (Scott Davis, M.D. 2005.) (Loosening the Grip, Jean Kinney, M.S.W 2003) (www.drkoop.com 2006 choice media) The bowels can have the inability to function properly, and one can fluctuate between diarrhea and constipation. The small intestine can be hindered from doing its job, having a slowed absorption rate of vitamins and other food nutrients (Kinney & Leaton, 2003).

The Pancreas can become inflamed and a condition called Pancreatitis can develop in the alcoholic. The Pancreas is a gland that makes the digestive juices that are needed to breakdown starches, fat and proteins (Kinney & Leaton, 2003). The pancreas also secretes that hormone insulin, needed to regulate the sugar levels in the blood.

The liver has very important functions; it breaks down wastes and toxic substances in the body. Alcohol is metabolized in the liver and when alcohol is present the liver is so "busy" metabolizing it that it is distracted from other normal functions (Kinney & Leaton, 2003). Impairment of the pancreas and the liver from alcohol can result in an imbalance of fluids, electrolytes and calories (www.drkoop.com 2006 choice media). Essential blood components are created in the liver, like the ability to clot the blood. When there is repeated use of alcohol a scarring can develop on the liver, preventing it from functioning normally this is called cirrhosis. Cirrhosis is a permanent condition. The liver also stores important vitamins like B-12, which is vital for red blood cells (Kinney & Leaton, 2003). Deficiencies in the nutrients, pyridoxine which is B-6 and thiamine and folic acid, causes a low blood count which is anemia, this can also cause neurological problems (www.drkoop.com 2006 choice media). (Loosening the Grip, Jean Kinney, M.S.W 2003) (www.drkoop.com 2006 choice media) (Drugs Society and Human Behavior, Ray & Ksir, 2002).

Wernicke-Korsakoff's syndrome, also known as wet brain is due to nutrient deficiency. This chronic brain syndrome is caused by long term alcohol abuse (J, West 2004). Wernicke's is linked with a thiamine deficiency, which is Vitamin B-1 (Ray & Ksir 2002). The primary cause of the deficiency is due to severe malnutrition and poor intestinal absorption of food and vitamins as a direct result of the alcohol (J, West 2004). The symptoms may include confusion, abnormal eye movements, and ataxia or impaired coordination while walking. Korsakoff's syndrome refers to the psychosis that comes with this awful disease, one is unable to learn new information or remember recent event's (Ray & Ksir 2002). Alcohol contributes to malnutrition. One of the reasons is the alcoholic tends to eat very little and have poor food choices. Another reason is because the alcohol is empty calories thus, replacing the foods that are essential to metabolize the nutrients (Alcoholism.about.com.2006). If wet brain is identified in its early stages, an infusion of thiamine (B-1) can help (J, West 2004). With corrected nutritional behaviors and abstinence one may recover.

Cocaine and amphetamine use can totally disrupt ones sleeping and eating patterns. Some will use the uppers to reduce appetite to lose weight. With the decreased appetite and weight loss malnutrition can occur (www.drkoop.com 2006 choice media). The addicts will stay up for days and suffer dehydration and electrolyte imbalances.

Methamphetamines can cause the addict to get “meth mouth” and loose their teeth. (Drugs Society and Human Behavior, Ray & Ksir 2002). (James West 2004) (www.drkoop.com 2006 choice media) (Alcoholism.about.com, 2006).

All the key ingredients in making meth are corrosive and can irritate, cause canker sores and burn the gums, which can lead to infection. Meth addicts have a dry mouth and the drug will decrease the amount of saliva, with this, oral bacteria levels will increase and without the saliva the acidic substance will eat away at the enamel causing cavities (www.Mappsd.org/meth%20mouth.htm) These drugs also have cardiovascular consequences such as elevated blood pressure, myocardial infarction, stroke and accelerated coronary artery disease (S, Davis, M.D. 2005).

Opiates such as heroin, codeine and morphine affect the gastrointestinal system, causing constipation. Withdrawal from the opiates can be very painful. Some of the common withdrawal signs and symptoms are nausea, vomiting and diarrhea. These symptoms may lead to nutrient deprivation and electrolyte imbalance (www.drkoop.com 2006 choice media). Electrolytes are vital to life and include sodium, potassium and chloride (www.drkoop.com 2006 choice media).

Nutrition in Treatment

Addressing diet and nutrition in treatment is a must, for the addict and alcoholic. Besides the damage the drugs do directly, to the body, the addict tends to have poor eating habits. Good nutrition is important for health. Because the addict has neglected, their health for so long, diet in early recovery, may be of little concern. They are just trying to remain abstinent. The addict should be given the education and information on proper eating, and how it is related to the disease and how it can enhance their recovery. (www.drkoop.com 2006 choice media) (www.Mappsd.org/meth%20mouth.htm) (Scott Davis, M.D. 2005).

Assessment is a necessary tool in treating addicts and alcoholics. When one enters treatment, after they are through the Detox, they should have a fitness and nutritional assessment. The assessment helps the clinician identify problem areas so that a treatment plan can be developed to help with those specific areas. The treatment center that I work at takes a multi-disciplinary approach. The nutritional assessment is completed by a professional registered dietitian, who looks at all the information that is gathered on the patient from all different disciplines. The patient completes a nutritional profile sheet; this asks about current height and weight and specific questions about eating patterns and habits, and methods of weight control (K, Blachley, 07/01). This self assessment also asks if the patient has symptoms that could be related to eating problems. Then nutritional evaluation has information from the patients nutritional profile sheet, the history and physical exam completed by the physician, the nursing assessment, prior surgeries, psychological evaluation and the nutrition-related abnormal labs. The nutritionist should make a visual assessment of the patient's appearance and look for signs of poor diet (K, Blachley, 07/01). It is helpful to see what the patient says and how they react as they step on the scale. Obtaining collateral information from the patient's family members can reveal possible eating problems (K, Blachley, 07/01). Once all the information is gathered then the dietitian can note if there is a risk level, being mild, moderate severe or none. Some of the nutritional concerns are, overweight, underweight, elevated cholesterol / triglycerides, Hypertension, diabetes, liver disease. As part of the recovery program the patients should be educated about healthy eating by the dietitian and attend educational lectures on this subject.

(Karen Blachley, in-service, 07/01)

Some of the keys to adopting healthy eating habits are the following; don't skip breakfast, it will slow down the metabolism. Have a healthy snack like fruits and vegetables

every 3 to 4 hours (B, Nagelsen McCormack, 2001). Eat plenty of fiber such as whole grains; one can get also get fiber from fruits and vegetables. Drink plenty of water, at least eight glasses a day, water flushes out waste and toxins, and it can suppress the appetite (B, Nagelsen McCormack, 2001). Cutting back on fats and practicing portion control can help in keeping the weight down.

There are many similarities between chemical dependency and eating disorders. Preoccupation with the substances (whether it is a drug, alcohol, eating or not eating) (K, Blachley, 07/01). Denial is present in both disorders as well. Some patients will have both a substance abuse and an eating disorder, but will only want to stop the drinking for instance and not look at the dysfunctional eating (K, Blachley, 07/01). Some will trade one compulsion for another. A patient that had a hard group session may head straight for the cafeteria and gorge on the food. An increase in tolerance is present in both compulsions, needing more of the substance to get the same effect (K, Blachley, 07/01). Both have medical complications as a consequence. Using these substances to affect ones mood is also a similarity. Since they are so closely related the twelve-step program can help with eating disorders as well as addiction. I have a friend Mike and his story is very inspiring, he became a compulsive overeater. He was a meth addict, and he got clean and sober in Narcotic Anonymous. He was not using drugs but he began to eat compulsively. He shared that he would stop by McDonalds and he would eat before he went home for dinner. Food became his drug and he admitted he was eating to deal with, or avoid his feelings. His weight was over 300 lbs; he started to look at his weight. He realized what he was doing to himself and then started to attend overeaters Anonymous. He stated that he dealt with his eating as he dealt with his addiction by going to meeting, getting a sponsor and working the steps. With food you can not just abstain like with drugs, but Mike figured out what his trigger foods were and then abstained from them. We are a nation of many over weight individuals; 64 % of Americans are overweight, and 30% are obese, (msnbc.2006).

Eating Disorders

The patient's needs must match the treatment program. The center where I work the primarily issue is substance abuse. An in-depth telephone screening occurs before the patient is admitted. During the admissions assessment the counselor will ask the patient about medical and psychiatric issues and if the patient has an eating disorder. If they do have an active eating disorder they are referred to a facility that can meet their specific needs. Although the screening process does a good job of matching the patient to treatment, some will slip through the cracks. This is mainly because they are not honest about, or minimize their eating disorder (K, Blachley, 07/01). One woman stated after she was admitted, and the disorder was identified, "I just want to deal with my drinking problem, my eating habits are fine". There are different types of eating disorders and the clinician should be trained on what to look for (K, Blachley, 07/01).

There are certain criteria for specific eating disorders. There is a segment of the population with an obsession to be thin. This is seen in advertisements and popularity of augmentative surgeries (K, Blachley, 07/01). Some people have taken certain extremes in an effort to achieve the perfect body, and have died in the process. A person with Anorexia Nervosa may see others as normal with their weight, but see themselves as fat, even if they are a size 1. There are different ways an anorexic will practice their disorder, one is by restricting the amount of food they eat, and the other is the purging type; where they will make themselves vomit and take laxatives (K, Blachley, 07/01). Some of the signs of Anorexia Nervosa are constipation, abdominal pain, cold intolerant, low energy, excess body hair and orange skin.

The behaviors would be picking at their food but not really eating, and being obsessed with body image. The lab work would also show elevated liver enzymes and high cholesterol (K, Blachley, 07/01). In Bulimia the person will eat huge volumes of food, and loose control of their eating. The bulimic will try to compensate for the food intake by purging. Some will purge by vomiting or over-exercise to make up for the eating (K, Blachley, 07/01). There is another type of eating issue and this is the health food junkie. These patients take their eating to extremes and are preoccupied with what they put into their bodies. They want to know if the food is fresh and pesticide free. The water must be filtered. Their eating habits seem healthy and they may be praised for being so conscientious about it, but it can be unhealthy as far as their obsession with food. Their life can be disrupted, for instance they will not go places without planning meals (K, Blachley, 07/01). It is ironic with some patients that they are so concerned about the food in treatment, but they were shooting up heroin, or consuming alcohol. (Karen Blachley, in-service, 07/01)

Exercise and Fitness

Exercise is another benefit to the alcoholic patient. Because alcohol and drug addiction effects ones mental, physical health and spiritual life, and exercise is so beneficial to these areas, It is a very important to offer this in treatment.

Exercise is a health way to improve quality and longevity of life. Research has shown that exercise is important for cardiovascular health and a since of psychosocial well-being (R, Perkins, 1997). Just one of the many benefits of exercise is weight loss. Exercise can lower blood pressure and cholesterol therefore reducing the risk of heart disease and stroke. Regular exercise lowers the chance of developing cardiovascular disease (B, Nagelsen McCormack, 2001) Working out not only builds muscles, but strengthens bones. Exercise can also improve mood and lower depression, and anxiety, create mental alertness and stress reduction and enhance relationships (B, Nagelsen McCormack, 2001).

Exercise is important in recovery. In the treatment center where I work, they start with a complete history and physical by the physician. The patient is placed on an activity level that meets their needs. If they are on an opiate Detox, or are a fall risk and have other medical issues then exercise will not be permitted, and they wear a red wrist band. If the patient can exercise but it is limited then they wear a yellow band. And if there are no risks then full exercise is permitted and they wear a blue band. The color bands help the staff to identify which exercise level the patient is on, to assure that one does not try to do too much therefore injuring themselves. The activity staff gets a copy of the doctors orders for a specific activity level, and or the staff can develop an exercise plan suited to the activity level. The patient completes an assessment form. This assessment form asks specific questions about the patients exercise habits. Some of the questions are, if they exercise, how they exercise, if their exercise habits have changed, and what other activities they participate in. This form also asks about what goals the patient would like to accomplish while in treatment.

The addict/alcoholic who has lived a sedentary life should not just jump into an exercise program but proceed slowly. Sometimes one will try to do too much too soon and then get injured and decide to not exercise at all. The muscles may be weak from lack of use and damaged from the chemical use. Joints can be inflamed because of mistreatment, and reflexes can be slow because of the connection of the muscles and the brain is shaky. It is a good idea to start with mild exercise such as walking and swimming. The fitness instructor will help the patient to develop an exercise program and set goals. Exercise is an important part of treatment and is mandatory at certain treatment centers. The fitness level for the patients can increase in as little as 20 days. So in a 28 day program the patient should have developed a good workout plan and continue to exercise, incorporating activity in their life.

A good exercise plan will incorporate the following three types of exercise; stretching, cardiovascular fitness and strength training. There are many benefits to stretching. Stretching increases muscle tone and range of motion (B, Nagelsen McCormack, 2001). Stretching can also improve circulation and is good for the joints. (B, Nagelsen McCormack, 2001) In order to prevent strain and injury and it is important to stretch before and after exercise. (B, Nagelsen McCormack, 2001). A good stretch of all the muscle groups helps one recover faster from a hard work out. Endurance training also called aerobics, increases cardiovascular fitness. Aerobic exercise is when the body operates at a pace that allows the lungs, heart and the bloodstream to replenish energy as one exercise's (B, Nagelsen McCormack, 2001). This type of exercise causes the body to use oxygen to create energy (B, Nagelsen McCormack, 2001). When working out on a treadmill, hiking, swimming or riding a bike the goal is to get the heart rate up and keep it up for at least twenty minutes. This exercise helps the cardiovascular system stay strong.

Strength training is anaerobic exercise; this causes the body to make energy without oxygen (B, Nagelsen McCormack, 2001). Because the demand for energy is so fast the body must create it from the body chemicals (B, Nagelsen McCormack, 2001). Strength training involves working out with weights. This training should be done three times a week for twenty minutes, and increase exercise 10% weekly. It is good to rotate different types of exercise to keep it fresh and fun. One should start with low weights and then build up over a period of time, this will prevent injury. There are different types of exercises for the different muscle groups. Three sets of ten repetitions for each muscle group are recommended. It is important to give the muscles a day to rest, and not over do it. Studies have shown that anaerobic exercise burns up to five times more fat and calories than aerobic exercises, according to Colorado State University (C, Melby 1993 / B, Nagelsen McCormack, 2001). People who do not do anaerobic exercise, will lose muscle and bone mass, slow metabolism, gain fat and with that experience deterioration of internal organs and cardiovascular system (B, Nagelsen McCormack, 2001).

Some patients may be resistant to the idea of exercise, so they need education on the benefits of incorporating exercise into their recovery. Here are some tips for developing and maintaining an exercise program. Keeping a daily log of exercise is one suggestion. I was working on fitness and nutrition in my own life and I kept a daily journal of my food intake and the types and length of exercise. This helped to keep me focused and motivated to continue changing eating habits. I was able to loose about ten pounds in one month. Setting goals is important, but make sure that they are realistic so you won't get frustrated if you don't reach them. Reinforce accomplishments, by giving yourself a reward when you reach a goal, like buying a new outfit or getting a massage. Patients are encouraged to not focus on what they will give up by what they will gain by working out. Motivation is ongoing but it can fluctuate so the patients are encouraged to stick with it and if they miss a day, to get back into it.

Sleep Hygiene

Sleep patterns can be severely disrupted with substance abuse. In fact some will use drugs to stay up and avoid sleep. Methamphetamine addicts will go for days with out sleep. I spoke with a friend who stated that she would do speed so that she could stay up, and drink more alcohol. Alcoholics have disruptive sleep patterns and will sometimes have problems falling asleep or will wake up at night and then drink more to get back to sleep. Some abuse sleeping pills and this can be dangerous for the addict, due to cross addiction. Doctors should only prescribe sleeping pills for a short period, but I have heard many stories that their doctors have prescribed sleeping pills for years. A good night sleep is valuable, but rare in early recovery. The goal is to get the sleeping patterns in place naturally, but it may take some time. I let the addict in treatment know that they may have some restless nights but eventually

the sleep will come. It took me months to be able to fall asleep easily because I could not stop thinking about the new world of sobriety that I was in. In the treatment modality the addict should be given the education and assistance in developing sleep habits when they are in treatment and when they go home. Meditation groups can help the addict decrease anxiety levels and increase relaxation levels for a good nights sleep. Many times the addict will go to the nursing department seeking sleep aids and rather than a pill; they are given a helpful handout with tips for proper sleep hygiene. This was created by Nurse Ron Kelch and here is some of the suggestion. Going to bed at the same time each day sets your sleep clock and helps to get on a normal cycle (Ron Kelch 2005). Taking a warm bath about an hour before bed time can be very relaxing and assist in sleep. Caffeine should be avoided in the evening as well as foods that can cause indigestion (Al J.Mooney, M.D, A Eisenberg H Eisenberg 1992). Reading, meditation or a leisurely walk can help one to rest (Ron Kelch 2005). If you can not sleep do not lie in bed for to long, get up and do something relaxing for a short period of time, then go back to bed. It does take time for the addict and alcoholic to establish a normal drug free sleep cycle, but it will eventually happen.

Stress Management

Stress management is important to recovery, because stress can be very destructive. If the addict is able to learn to deal with stress they are less likely to relapse (R, Perkins, 1997). Stress is a Physiological response of the organism to a stressor.

A test was conducted where rats became sick when they were presented with problems that they could not solve. Sever chronic stress can effect the organ systems, and is linked to many diseases. Ulcers, cancer, high blood pressure, depression and kidney impairment are a few consequences of stress (R, Perkins, 1997). Alcoholics and addicts have poor coping skills and many turn to drugs to deal with life's stressors. There are many different ways to deal with stressors. In treatment centers there are a variety of services offered. Stress management classes teach the patient about stress and ways to deal with it. Daily meditation or relaxation is one way to deal with stress. Another tool is maintaining regular exercise. New coping skills to deal with stressors such as meetings, talking to other addicts about problems and situations as they arise will help deal with stress. The following are adjuncts in some treatment centers, offering tools to deal with stress.

Meditation groups

In meditation one learns to become still and be mindful of the current present moment (J, Kabat-Zinn, 1994). People are usually thinking about the past or worrying about the future, so learning to be still can be healing. Meditation can give the individual clarity and can help one to be in touch with their inner wisdom. Daily meditation groups are conducted in the morning and in the evening. Quiet music is used to help facilitate this process. Herbert Benson (1975) has shown that if people relax twice a day for 10 to 20 minutes, it can improve their overall stress levels (R, Perkins, 1997). The meditation group facilitator would pick a quiet, peaceful place to conduct the group. The group would involve deep breathing and repeating an affirmation or a word such as peace, as a way of relaxing and clearing the mind.

Yoga

In early recovery addicts and alcoholics can have a high level of anxiety. One tool that is beneficial is yoga. Yoga is a Sanskrit word which means yoke or union. Yoga is the union of the mental, physical and spiritual parts of a person (C, Winslow, 2006). When one is using substances the mental, physical and spiritual aspects of life are negatively affected. When practicing yoga all of those parts are balanced. Yoga is a combination of breathing exercises and stretches or body poses (C, Winslow, 2006).

Carol Winslow is a yoga instructor and teaches stress management in a treatment center. Carol shared that she grew up in a very competitive family, her father runs marathons and her sister does triathlons. While she was in College she had an accident where she broke her back. As a result of the accident she had nerve damage, and she was told that that she would never walk again. Carol was able to walk however, but she was not taking care of herself. Her pain fueled her addiction and she was doing things that were counter productive to her back problems. She was obsessed with the gym and was an aerobic instructor; she would work out with injuries. Someone suggested that she try swimming and yoga. Carol followed the sage advice, and took yoga classes. With the stretching and building up the back muscles, for the first time since her injury she was pain free. A combination of Yoga and exercise can be beneficial in correcting and preventing muscle pain and injury (C, Winslow, 2006). A few years back I had problems with my lower back. My job at the time required lifting heavy items daily. I avoided going to the doctor for some time. Being a recovering Addict I was concerned that he would want to put me on pain medications and I wanted to avoid that route. So I just dealt with the discomfort for some time and took Motrin and other non-addictive medications. I ended up facing my fears and going to the doctor, he took a series of x-rays and the findings were that I had a little bit of arthritis on my lower spine. The doctor prescribed physical therapy. I went to a few sessions and learned some yoga stretching techniques. I was surprised at how well it worked, my back was pain free and I was even able to touch my toes again. I did not have to take the Medications either. Yoga classes are conducted by trained staff members in some treatment centers.

Bio-feedback

Biofeedback is a useful tool to teach patients how to deal with anxiety. Every patient that comes into treatment has some level of anxiety and some times the anxiety level decreases after detoxification (B, McGrady, 2006). For some patients however the anxiety continues and they have a hard time coping with stressors. The relaxation techniques in bio-feedback not only reduce anxiety but can improve the patients' sleeping habits (S, Davis, 2004). Patients are referred to the bio-feedback technician by the counselor or the psychologist, if they are dealing with anxiety. Breathing is healing and it helps with anxiety and pain. The bio-feedback technician will explain to the patient, what bio-feedback does and how it works, to dispel any fears that the patient may have (B, McGrady, 2006). The session begins with slow deep breathing; the muscles are tensed and then relaxed. Then the tech will do a guided imagery to enhance relaxation, they will have the patient visualize something of their choosing such as a meadow, the ocean, or a forest. As the patients are relaxing, their temperature rises as the blood vessels expand. The patient has wires connected to their finger that collects data (B, McGrady, 2006). The breathing, temperature and heart rate are monitored and this information is reflected on a computer screen. The body functions become synchronized and as this happens the body will heal itself (B, McGrady, 2006). The bio-feedback technician can see how well the patient responded to the session and they will show the patient the computer chart and where and when the body temperature rose and heart rate decreased (B, McGrady, 2006). The patient learns that they can control their breathing and reduce anxiety levels, enhancing life and recovery (Betty McGrady, 2006). Bio-feedback is a very useful tool with pain patients and patients that are going thru a difficult Detox, because anxiety is present in both of these conditions.

Bio-feedback is especially helpful for patients that are diagnosed with an anxiety disorder. According to Dr Scott Davis the anxiety is often rooted in their Chemical Dependency (S, Davis, 2004).

Conclusion

My awareness of my poor fitness level and weight gain in recovery was lacking until recently. I was not aware of the importance of diet and exercise. At nine years clean and sober I realized that I was over weight. I was unhappy with the weight gain. There are many snacks at work and especially around the holidays we are given baskets full of cakes, cookies and of course chocolate! My clothes did not fit right and I would get out of breath easily. I made a decision, to learn more about fitness and nutrition and have been able to change my life style.

Here is what I did to accomplish my goals: I started to keep a daily journal. First I would write an affirmation like, I like myself unconditionally. Then I would write down all the food I ate during the day; Breakfast, snack, lunch, snack and then dinner. I would bring my snacks to work, usually vegetables like celery, carrots, cucumbers and bell peppers. I was able to modify my diet avoiding fast food and practiced portion control and healthier choices. I also took multi-vitamins and drank at least 8 glasses of water daily. I started an exercise routine and I would go to the wellness center (the gym for employees at my work) three times a week. I would do a half an hour on the cardiovascular machine like the elliptical, and then I would do a half an hour on the various weight machines. In my journal I would document the work out time. I have also incorporated yoga and meditation to my routines. The changes have made a difference and have actually been fun. I have lost about ten pounds and have more energy then I have had in years. I have also received compliments from others which are very affirming, and encourage me to continue my lifestyle changes.

As shown in this report the disease of alcoholism and drug addiction is very destructive. And the benefits of recovery are great. With out addressing the importance of nutrition and exercise in treatment, a big piece is missing. Fitness and nutrition are very important for the addict and alcoholic. They may not realize the extent of damage that they have done, and when they are admitted into treatment, it is up to the clinician to educate them on the benefits of developing a healthy lifestyle. Sometimes it can take along time for the addict to make these changes. In the 12- step programs that I have been to I have seen guys comparing their "recovery bellies". After eating poorly for years in active addiction, the addict can make up for lost time and eat a lot of food and gain a lot of weight. With early education however, the addict can make necessary changes that can benefit their lives. Nutrition should be practiced in the treatment center not just by the nutritionist, but also by the dietary staff, in the meals that are being served. There are many different types for treatment centers out there, and not all have state of the art gyms, they may just have used equipment and free weights. Regardless of the quality of equipment the patients can benefit from some type of exercise, even if it is just walking around the treatment centers grounds. With an education and implementation the addict and alcoholic will have hope for a healthier, happier life, and learn that recovery is truly a great gift.

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