

Exercise Addiction

When healthy habits can tip into harm

Movement can support physical health, mood, sleep, confidence and connection. Exercising often or training seriously does not automatically mean somebody has an addiction. Concern grows when exercise becomes rigid or compulsive, feels impossible to miss, continues despite injury or illness, and begins to take priority over recovery, relationships, work, eating or everyday life.

What does 'exercise addiction' mean?

Exercise addiction is a commonly used descriptive term rather than a standalone diagnosis in ICD-11 or DSM-5-TR. Clinicians may instead identify compulsive or excessive exercise within an eating disorder, obsessive-compulsive pattern, body-image difficulty or another mental-health presentation. The label matters less than understanding whether control has narrowed and harm is occurring.

Commitment and compulsion can look similar from the outside

Flexible movement	Compulsive movement
Rest days can be taken when the body needs them.	Rest creates intense guilt, anxiety or a feeling that exercise must be 'made up'.
Training can adapt around illness, injury, work, family and life events.	Exercise continues despite injury, illness, exhaustion or professional advice to reduce.
Food supports movement and recovery.	Exercise is repeatedly used to compensate for eating or earn permission to eat.
Self-worth is broader than performance or body shape.	Mood and self-worth become heavily dependent on completing exercise targets.

Warning signs

Training through pain; hiding exercise; becoming distressed when a session is interrupted; repeatedly adding extra sessions; exercising despite medical advice; avoiding social events to protect training; prioritising calorie burn over enjoyment; feeling compelled to move after eating; or being unable to remember the last genuine rest day are all reasons to look more closely.

Exercise and eating disorders

Compulsive exercise can occur alongside anorexia nervosa, bulimia nervosa, binge-eating disorder, OSFED and other disordered-eating patterns. It may be used to compensate for food, influence weight or shape, manage anxiety, or satisfy rigid rules. When eating-disorder symptoms are present, treating exercise in isolation can miss the central difficulty. Nutritional adequacy and medical stability must be considered.

The body needs recovery

Training creates stress that the body adapts to during recovery. Inadequate rest and insufficient energy intake can contribute to persistent fatigue, reduced performance, recurrent injuries, hormonal and menstrual changes, reduced libido, impaired immunity, sleep problems and changes in mood. RED-S - relative energy deficiency in sport - can affect people of any gender and at different body sizes.

When to seek medical assessment

Seek medical advice for recurrent injury, fainting, chest pain, palpitations, severe fatigue, significant menstrual changes, persistent dizziness, rapid deterioration in eating, or exercise that continues despite illness or medical concern. Call **999** for a medical emergency such as collapse, severe breathing difficulty or serious chest pain.

Understanding the Exercise Cycle

Moving from rules and fear towards flexibility and recovery

Map the pattern

1. Trigger	Eating, body dissatisfaction, anxiety, stress, a missed session, comparison, tracking data or feeling 'not good enough'.
2. Rule / urge	"I have to train." "I need to burn this off." "Rest means I am lazy."
3. Exercise	Anxiety may temporarily fall and a sense of control or achievement increases.
4. Cost	Fatigue, injury, lost time, inadequate recovery, relationship strain or more rigid eating can follow.
5. Reinforcement	Temporary relief teaches the brain that exercise is necessary whenever the trigger returns.

What happens when you cannot exercise?

The reaction to an unplanned rest day can reveal more than the training schedule itself. Notice thoughts, emotions and body sensations. Is there ordinary disappointment, or intense panic, guilt, agitation or a belief that food must now be restricted? The goal is not to judge the reaction but to identify the rule that has become powerful.

A flexibility experiment

Choose one small, clinically safe change: shorten a session, replace one intense session with gentle movement, remove one tracking metric, or take a planned recovery period. Before and after, record the prediction and what actually happened. If you have an eating disorder, injury, medical condition or possible RED-S, exercise changes should be discussed with your treatment or medical team.

Movement as regulation

Exercise can genuinely regulate anxiety, restlessness, sensory overload and ADHD-related need for movement. Recovery does not necessarily mean removing a valuable regulation tool. It means developing more than one way to regulate so that movement remains available by choice rather than becoming compulsory. Breathing, sensory input, rest, social connection, creative activity and gentle movement may all have a place.

Rest is part of training

Rest is not the opposite of progress. Muscles, connective tissue, energy systems and the nervous system need recovery. A healthier plan makes room for sleep, nourishment, hydration, rest days and adaptation when the body signals pain or illness. Performance can decline when recovery is repeatedly ignored.

A one-week balance tracker

Without recording calories burned, note: **type of movement, duration, reason for exercising, how your body felt beforehand, whether you could have changed the plan, how you felt afterwards, pain or fatigue, sleep, and whether you ate adequately around activity.** Look for rigidity, compensation, escalating targets and difficulty responding to physical signals.

Body image and fitness culture

Fitness messages can blur health with appearance, discipline and moral worth. Social media, tracking devices and comparison can turn ordinary movement into a constant test. Consider muting accounts or metrics that repeatedly increase anxiety, body checking or pressure. Health is not proved by a streak, pace, step count or body shape.

Support, Recovery & a Healthier Balance

Recovery is about returning choice to movement while protecting the body

What support may involve

Treatment depends on what is driving the behaviour. It may include CBT-informed work, eating-disorder treatment, work on body image and perfectionism, exposure to rest and flexibility, trauma-informed therapy, nutritional support and medical monitoring. Athletes may benefit from coordinated input from clinicians and appropriately qualified sports professionals who understand eating disorders and RED-S.

Building a safer movement plan

Medical safety	Address injury, fainting, hormonal changes, severe fatigue, under-fuelling or other concerning physical symptoms first.
Nourishment	Movement requires adequate energy. Avoid using exercise to earn food or using food restriction to compensate for a missed session.
Rest	Plan recovery deliberately and practise allowing plans to change when the body or life requires it.
Reduce metrics	Where tracking fuels compulsion, experiment with less data: hide calories, remove streaks or leave the watch at home when appropriate.
Widen identity	Make room for relationships, creativity, work, quiet time and interests that have nothing to do with fitness or appearance.

UK routes to help

A GP can assess physical symptoms, injuries, menstrual or hormonal changes, eating difficulties and mental health, and refer onwards where needed. If compulsive exercise sits alongside an eating disorder, specialist eating-disorder services and Beat can provide information and support. For suspected RED-S or sports-related health problems, seek appropriately qualified medical assessment rather than relying on fitness advice alone.

Supporting someone you care about

Avoid praising excessive training, weight loss or exercising through pain. Talk about observable changes: exhaustion, injury, missed meals, distress on rest days or withdrawal from relationships. Encourage medical or eating-disorder assessment when indicated. Do not turn recovery into another performance target; flexibility often has to be learned gradually.

One book to explore

***Sick Enough* - Jennifer L. Gaudiani.** Written by an eating-disorder physician, this book explains how serious medical effects can occur even when somebody does not look stereotypically unwell. It is especially useful where compulsive exercise overlaps with restriction or an eating disorder. It is not specifically an exercise-addiction manual and does not replace individual medical assessment.

A message from Maggie

Movement can be one of the best parts of a day. It can clear your head, regulate your body and give you a sense of strength. I do not want to take that away. I want to notice when “I choose to move” has quietly become “I have to move.” Rest, nourishment and changing a plan are not failures. A healthier relationship with exercise leaves enough flexibility for your body to have a voice too.

Clinical note & source framework

This guide is educational and does not diagnose exercise addiction. “Exercise addiction” is not a standalone ICD-11 or DSM-5-TR diagnosis. Compulsive exercise may occur within eating disorders and other mental-health presentations. Clinical information should be reviewed against current NICE eating-disorder guidance, NHS information, Beat resources and current IOC guidance on Relative Energy Deficiency in Sport (RED-S). Significant physical symptoms require appropriate medical assessment.