



## Males with Eating Disorders

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The stereotypical anorexic, bulimic and binge eater is female. The stereotype is misleading.

### • **What eating disorders do men and boys get?**

Just like girls and women, boys and men get anorexia nervosa and bulimia nervosa. Many males describe themselves as compulsive eaters, and some may have binge eating disorder. There is no evidence to suggest that eating disorders in males are atypical or somehow different from the eating disorders experienced by females.

### • **How many males have eating disorders?**

The numbers seem to be increasing. Twenty years ago it was thought that for every 10-15 women with anorexia or bulimia, there was one man. Today researchers find that for every four females with anorexia, there is one male, and for every 8-11 females with bulimia, there is one male. (American Journal of Psychiatry 2001; 158: 570-574)

Binge eating disorder seems to occur almost equally in males and females, although males are not as likely to feel guilty or anxious after a binge as women are.

Clinics and counselors see many more females than males, but that may be because males are reluctant to confess having what has become known as a "woman's problem." Also, health professionals do not expect to see eating disorders in males and may therefore underdiagnose them.

### • **Are the risk factors for males any different than the ones for females?**

Risk factors for males include the following:

- They were overweight as children.
- They have been dieting. Dieting is one of the most powerful eating disorder triggers for both males and females, and one study indicates that up to 70 percent of highschoolers diet at one time or another to improve their appearance.
- They participate in a sport that demands thinness. Runners and jockeys are at higher risk than football players and weight lifters. Wrestlers who try to shed pounds quickly before a match so they can compete in a lower weight category seem to be at special risk. Body builders are at risk if they deplete body fat and fluid reserves to achieve high definition.
- They have a job or profession that demands thinness. Male models, actors and entertainers seem to be at higher risk than the general population.
- Some males with eating disorders are members of the gay community, and are judged on their physical attractiveness in much the same way as women are judged in the heterosexual community.
- Living in a culture fixated on diets and physical appearance is also a risk factor. Male underwear models and men participating in reality show makeovers can lead other males to compare themselves with these ideal body types. Weight loss and workout programs, as well as cosmetic surgery procedures, whose goal is chiseled muscularity, can lead to the same sort of body

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dissatisfaction that afflicts women who compare themselves to “perfect” people in the media.

In May 2004, researchers at the University of Central Florida released a study saying men who watched TV commercials with muscular actors felt unhappy about their own physiques. This “culture of muscularity” can be linked to eating disorders and steroid abuse, the researchers said.

Much has been made of the effect the Barbie® doll has on the body image of a young girl.

Action figures marketed to boys can also lead to unrealistic comparisons.

- **Compare and contrast males and females with eating disorders**

- Males often begin an eating disorder at older ages than females do, and they more often have a history of obesity or overweight.
- Heterosexual males are not exposed to the same intense cultural pressures to be thin that women and girls endure. A casual review of popular magazines and TV shows reveals that women are encouraged to diet and be thin so they can feel good about themselves, be successful at school and at work, and attract friends and romantic partners. Men, on the other hand, are exhorted to be strong and powerful, to build their bodies and make them large so they can compete successfully, amass power and wealth, and defend and protect their more frail female companions.
- It’s interesting to note that when women are asked what they would do with one magic wish, they almost always want to lose weight. Men asked the same question want money, power, sex, and the accessories of a rich and successful lifestyle. They often think their bodies are fine the way they are. If they do have body concerns, they often want to bulk up and become larger and more muscular. Males usually equate thinness with weakness and frailty, things they desperately want to avoid.

- **Treatment of males with eating disorders**

Just because eating disorders have been described as female problems, males are often exceedingly reluctant to admit they are in trouble and need help. In addition, most treatment programs and support groups have been designed for females and are

If you would like additional information about eating disorders, please reference the following Web sites:

Anorexia Nervosa and Related Eating Disorders, Inc. (ANRED)

<http://www.anred.com/>

EmpoweredParents

<http://www.empoweredparents.com>

National Eating Disorders Association

<http://www.NationalEatingDisorders.org>

National Eating Disorders Screening Program (NEDSP)

<http://www.mentalhealthscreening.org/eat.htm>

National Association of Anorexia Nervosa and Associated Disorders (ANAD)

<http://www.anad.org>

populated exclusively by females. Males report feeling uncomfortable and out of place in discussions of lost menstrual periods, women’s socio-cultural issues, female-oriented advertising and similar topics.

Nevertheless, like females, males usually need professional help to recover. The research is clear that males who complete treatment given by competent professionals have good outcomes. Being male has no adverse affect on recovery once the person commits to an effective, well-run program.

The wisest first step is two evaluations: one by a physician to identify any physical problems contributing to, or resulting from, the eating disorder; and a second by a mental health therapist to identify psychological issues underlying food behaviors. When the two evaluations are complete, treatment recommendations can be made that address the individual’s specific circumstances.

It is important to remember that eating disorders in males, as well as in females, can be treated, and people of both genders do recover. Almost always, however, professional help is required. If you are concerned about yourself or your child, find a physician and mental health therapist who will be sympathetic to the male perspective. The sooner treatment is begun, the sooner the person can turn the problem around and begin building a happy, satisfying life. The longer symptoms are ignored or denied, the harder that work will be when it is finally undertaken.