

National Eating Disorder Information Centre

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Men and Eating Disorders

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Eating disorders are generally considered rare disorders, yet the number of individuals diagnosed each year is much higher than would be thought. It is estimated that between less than 1% to just under 5% of the population will be diagnosed with an eating disorder (anorexia, bulimia, binge eating disorder, or other eating disorder) over the course of their lifetime.¹ Data indicate that eating disorders are more common in females – yet it is also widely recognized that eating disorders are under-identified and that many more men may suffer with eating disorders than we believe. For example, in the United States, it is estimated that 20 million women and 10 million men suffer from an eating disorder at some point during their lives.² Other research indicates that up to 25% of all individuals with eating disorders are men.³

Historically, eating disorders have been considered to be “women’s issues”; most research on understanding the etiology of eating disorders, how best to treat and prevent them, and how best to assess eating disorders has been conducted in women. The stereotype that eating disorders occur almost exclusively in women may play a role in men not recognizing they have an eating disorder due to shame about having a “female” problem.⁴ Additionally, many physicians may not recognize the signs and symptoms of eating disorders in men. Eating disorder symptoms common among men, such as over-exercise and attempts to increase muscle definition, may be viewed as admirable or in a positive light, and thus not recognized as potentially dangerous. Furthermore, few treatment providers or facilities are dedicat-

ed to or willing to work with men with eating disorders.⁵ Because so few men seek out treatment and because the field has been biased towards understanding eating disorders in women, our understanding of eating disorders and their components in men is woefully lacking.

Body Dissatisfaction in Men

Men are not strangers to body dissatisfaction, a robust risk factor for the development of eating disorders⁶; the body dissatisfaction experience of men is, however, qualitatively different from that of women.⁴ Men differ from women in terms of where they focus their attention and dissatisfaction. Women tend to focus on the lower body (e.g., hips, thighs, and stomach) while men tend to focus on the upper body (e.g., chest – including the abdominal area – and

arms). Men also typically desire a more muscular physique and will often attempt to gain weight (as opposed to women who typically try to lose weight).^{7, 8} Body dissatisfaction observed in men can be at least partially attributed to the consistent exposure to the portrayal of the ideal masculine body shape.⁹ Over the years, the ideal male shape portrayed in the media has become a v-shape – characterized by a well-developed upper body, a flat and muscular stomach, with narrow hips.⁴ In order to “achieve” this shape, men attempt to gain weight, increase muscle mass, and reduce body fat to highlight muscle definition. Due to the focus on attaining a muscular ideal, this behaviour is referred to as a “drive for muscularity” and almost exclusively occurs in men.⁴

“Drive for muscularity” differs from the traditional “drive for thinness” observed in women. In part because of this qualitative difference, it is considered to be a key aspect of muscle dysmorphia – generally considered a form body dysmorphic disorder. While the conceptualization of muscle dysmorphia as a type of body dysmorphism seems logical on the surface, the behaviours and symptoms associated with it (e.g., excessive exercise, rigid dieting, body checking) are also closely related to eating disorders.⁴ More research needs to be conducted in order to determine where, in fact, muscle dysmor-

phia should be classified.

This question is particularly important as body image dissatisfaction plays a central role in etiological models of eating disorders.¹⁰ It is one of the largest predictors of eating disorders in women and is likely necessary (though not sufficient) for the development of eating disorders in men in Western societies.⁷ Accurately assessing body dissatisfaction in men and eliminating the confusion regarding the relationship of muscle dysmorphia to eating disorders may significantly reduce the underdiagnosis and inappropriate treatment of men with eating disorders.

What About Eating Disorder Symptoms in Men?

A thorough understanding of eating disorders in men is hampered by a general lack of assessment tools created specifically for men. Given that women have been the focus of eating disorder treatment and research over the years, it should not be surprising that most of the assessment tools we have are biased towards women. Men typically score lower than women on most measures of eating disorder symptomatology, even if they are as ill.¹¹ Lower scores on “gold-standard” measures of eating disorders contribute to the perception that men do not have eating disorders or do not become as severely afflicted as women. However, this assumption is likely errone-

ous. Many of the assessment tools used have not been validated in a male sample, do not have items appropriate for men⁸, and have poor internal reliability.¹¹ Without more attention paid to the accurate assessment of eating disorders in men, we will continue to misunderstand and underdiagnose them.

With that caveat, what research tells us is that men do develop eating disorders and their impairment is comparable to women.¹² Men and women appear to be similar in terms of restriction of the amount of food consumed, exercise, and binge eating (i.e., overeating accompanied by a sense of loss of control while eating). Men, however, exercise to reduce fat and highlight musculature¹³ and are more likely to use steroids and fat-burning and muscle-building supplements for this purpose. Compared to women, men seem less prone to engage in purging behaviours (i.e., vomiting after eating) probably because they perceive these behaviors as counterproductive to their desire to muscle gain.⁴ Moreover, in men, binge eating is not related to food restriction as is often the assumption in women¹³; rather it may serve an emotion-regulating function. For men, binge eating is more likely to occur in response to an emotion as opposed to being used to avoid experiencing an emotion.^{13, 14} Men with high body dissatisfaction, who regularly check their body and compare

it to the muscular ideal, and who are more anxious in interpersonal domains are more likely to report significant eating pathology.⁷ As with women, co-occurring depression and anxiety are common.³ Men may be more likely to have a history of prior overweight and may be more likely to use substances than women.³ Much less is known about the physical impact of eating disorders on men, though lower testosterone levels are often observed in men with anorexia – this can lead to difficulties in fertility and osteoporosis.¹⁵

Sexuality and Eating Disorders

Much of the early research on eating disorders in men focused on whether or not gay men were at greater risk for the development of eating disorders than heterosexual men. Initially, it appeared as if gay men were more likely than straight men to develop eating disorders. While gay men do report more behavioural symptoms indicative of eating disorders than heterosexual men, the difference between the two groups is small.^{16, 17} Furthermore, the vast majority of men who present for treatment of an eating disorder are heterosexual. At this point in time, data regarding the role of sexuality in the development of eating disorders is equivocal. While it does seem as if sexual orientation may be a risk factor for men, how important it is for the develop-

ment of eating disorders is unclear.⁴ Thus, it is important that assumptions regarding the sexuality of men or boys with eating disorders not be made.

Treatment of Men with Eating Disorders

Effective treatments for eating disorders are lacking for both men and women. The majority of treatment research uses primarily or exclusively female samples, making it difficult to draw conclusions regarding the role of gender in treatment. To date, there is no evidence to indicate that current outpatient treatments (e.g., Cognitive Behavioural Therapy) are inappropriate for males, though it is often recommended that interventions directed to men should target the male experience of eating and body-related pathology⁴, and treatment groups be male-only or that a male-only residential environment be provided for those seeking higher levels of care.³

Conclusions

Eating disorders are not an exclusively female disorder. Our research on how to assess, diagnose, treat, and prevent eating disorders, however, has a distinctive bias towards understanding eating disorders in women. The tendency to ignore males with eating disorders has done them a disservice over the years. Recently, there has been increased recognition of eating disorders

in men and more research focused on understanding the similarities and differences in the manifestation of eating disorders in men and women. While an important step, it is clear that more research is needed to diagnose, assess, treat, and prevent eating disorders in men.

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