Males with Eating Disorders: An Update

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Perspective on treatment of males

Many men have been treated in programs that do not offer a male only component. "I don't think it's necessary and it may not benefit some men." (Eating disorder professional)

Perspective on treatment of males

"It's so hard having this disease and being a guy. Females with eating disorders are not such a rarity, so they can feel like they fit in. the men-only group gave me a sense of freedom. I felt less exposed and more willing to admit my problems and be introspective" (Male patient)

High risk behaviors in males

Hoerr et al., 2002

1899 college students using EAT-26	Male (%)	Female (%)
Previous ED Rx	**1.4%**	**4.5 %**
Score > 20 EAT	**4.0**	**10.9**
Ratio	**.35**	**.42**

O'Dea & Abraham, 2002 – Assessed 93 male college students

Worried about weight and shape	**20%**
Body image concerns	**9-12%**
Exercise important to self-esteem	**48%**
Distressed if not exercise enough	**34%**
BED	**3%**
Vomit for weight control	**3%**
BN	**2%**
Exercise disorder	**8%**

Kjelsas et al., 2004

Survey of ~ 1900 adolescents using SEDS	Male (%)	Female(%)
ANY ED	**6.5**	**17.9**
Anorexia nervosa	**.2**	**.7**
Bulimia nervosa	**.4**	**1.2**
EDNOS	**16**	**5.9**

TABLE 1. Prevalence of Eating Disorders in Men and Women in a Community Sample Who Met All (Full Syndrome) or Most (Partial Syndrome) of the DSM-III-R Criteria for Eating Disorders[a]

	Prevalence (%)		
Type of Eating Disorder	Men (N=62)	Women (N=212)	Female-Male Ratio
Anorexia nervosa			
Full syndrome	0.16	0.66	4.2:1
Partial syndrome	0.76	1.15	1.5:1
Bulimia nervosa			
Full syndrome	0.13	1.46	11.4:1
Partial syndrome	0.95	1.70	1.8:1
Anorexia nervosa—full or partial syndrome	0.92	1.81	2.0:1
Bulimia nervosa—full or partial syndrome	1.08	3.16	2.9:1

Woodside et al.

Findings in males

- More likely to be obese/teased when young
- Diet to achieve muscular body
- Increased gender identity issues
- Decreased sexual activity
- Increased sexual abuse
- Increase weight related sports
- Separation or loss of father

Risk factors for males

- Society
  - Influence of self/body image
- Attempts at weight loss
  - Dieting – males more likely to be overweight
  - Exercise - muscle definition vs. weight loss
- Psychiatric co-morbidity
  - Depression, anxiety, addiction, personality
- High risk sports/activities
- Biological risk

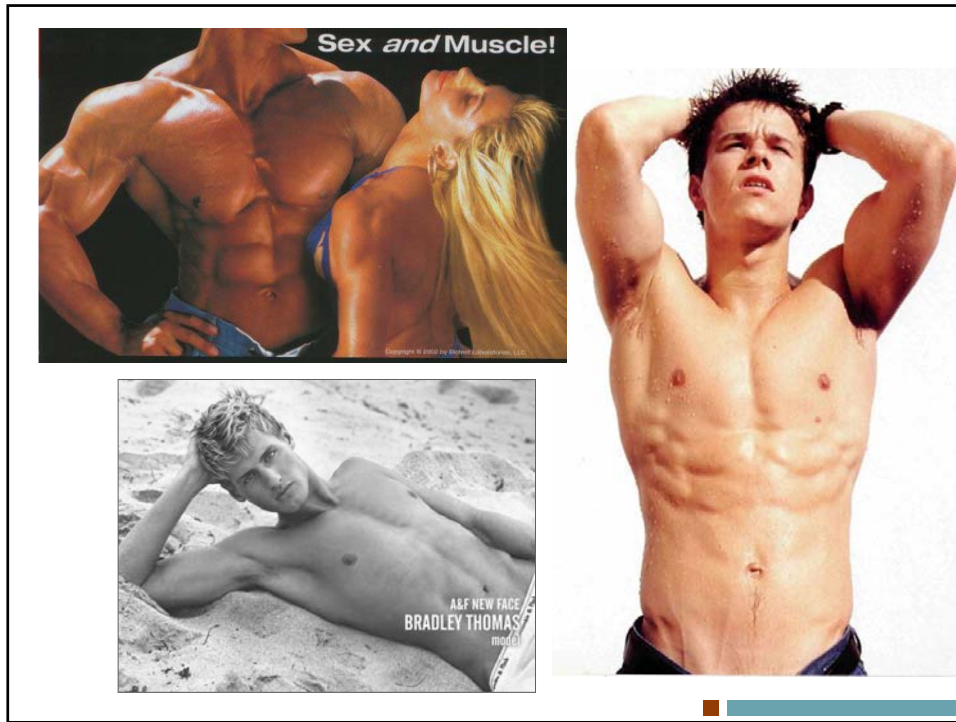
Societal influence

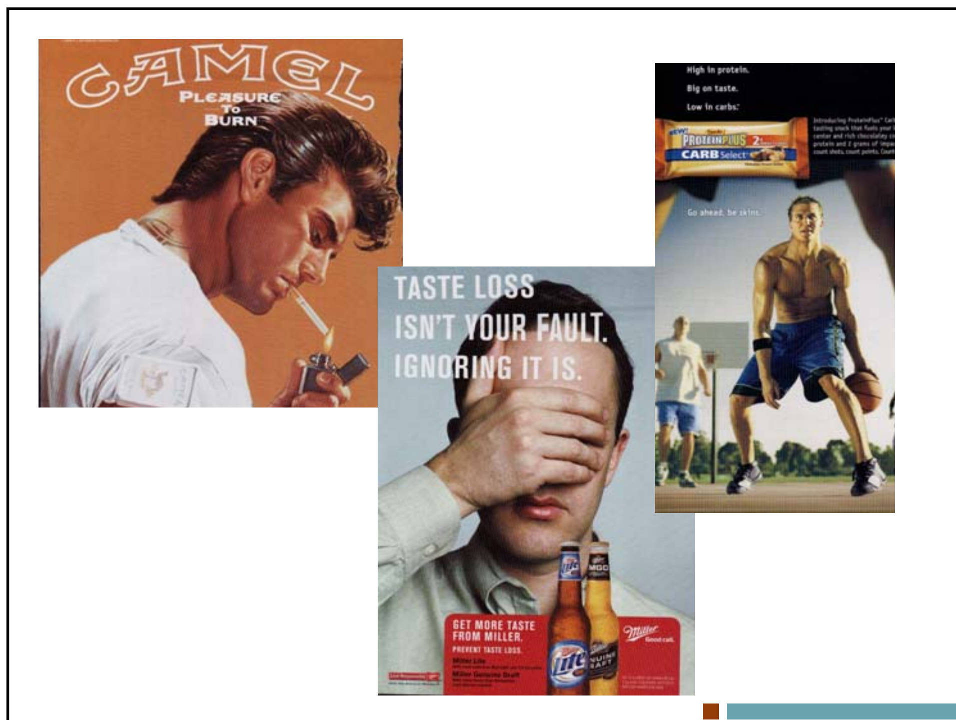
- Causes of body image concerns
  - Western men have unrealistic ideals
  - Western society increase value of body image
- Males perceived
  - Ideal body image ~ 13 kg more muscular than them selves
  - Believed women preferred ~ 14 kg more muscle than they were (Yang, Gray, Pope 2005)

In most western societies the man's traditional roles have declined leading some to suggest that young men may have increasing focus on their bodies as one the few remaining sources of masculine self-esteem (Yang, Gray, Pope 2005)

Body Dissatisfaction

- Body dissatisfaction is most prominent in males who believe they are underweight (Page, Allen, 1995)
- (Gustafson, Larson, Terry, 1992)
  - 45% want to change weight
  - 38 % wanted to be thinner
  - 7% wanted to be heavier
- Boys who grew earlier > satisfaction with muscle development and self esteem compared to overweight boys (Blyth et al 1981)


Sex and Muscle!
A&F NEW FACE
BRADLEY THOMAS
model


CAMEL
PLEASURE
TO
BURN
TASTE LOSS
ISN'T YOUR FAULT.
IGNORING IT IS.
GET MORE TASTE
FROM MILLER.
PREVENT TASTE LOSS.
High in protein.
Big on taste.
Low in carbs.
PROTEINPLUS
CARB Select
Go ahead, be skins.

Sports and weight

The American College of Sports Medicine (ACSM) recommends that males age 16 and under with less than 7% body fat and males over 16 years of age with less than 5% body fat not be allowed to compete unless they have medical clearance. It is important to note that in males a fat percent of greater than 5% is needed for normal physiological functioning. Autopsies on starvation victims indicate they still had between 2-3% body fat at the time of death. This indicates the body must have body fat to function properly. **The ACSM recommends 12%-14% body fat as the minimum safe percent body fat for high school girls.**

George Sheehan (1979)

"I have learned there is no need for haste, no need to worry, no need to agonize over the future. The world will wait. Job, family, friends will wait; in fact, they must wait on the outcome. And that outcome depends upon the lifetime that is in every day of running … Can anything have a higher priority than running? It defines me, adds to me, makes me whole. I have a job and family and friends that can attest to that."

Trauma to Eating Disorder

- Teasing leads to negative self image
- Anger and resentment
- Dieting does not work
- As level of negative emotions increase risk to loose weight becomes acceptable
- Eating disorder better than being overweight

Rescuing the Emotional Lives of Our Overweight Children : What Our Kids Go Through-And How We Can Help by Sylvia Rimm (Author), Eric Rimm

Weight based teasing

"Associations of Weight-Based Teasing and Emotional Well-Being Among Adolescents." *Arch of Pediatrics & Adolescent Medicine*

In a school-based sample of 4,746 teenagers in grades 7 to 12 at 31 public middle and high schools, 30 percent of teenage girls and 24.7 percent of teenage boys reported being teased by their peers. But 28.7 percent of girls and 16.1 percent of boys reported being teased by family members. (Approximately 14.6 percent of adolescent girls and 9.6 percent of adolescent boys reported teasing from both of these sources.)

Teasing about body weight was consistently associated with low body satisfaction, low self-esteem, high depressive symptoms, and suicidal ideation and attempts, even after controlling for body weight. These associations held true for both boys and girls, and across racial and ethnic groups.

Table 2 Percentage of reported binge eating in the last 6 months, by age and gender

Age (years)	Boys	Girls	Total
12–13 ($n = 569$)	12 (2.10%)	18 (3.16)	30 (5.72%)
14–15 ($n = 693$)	21 (3.03%)	23 (3.31%)	44 (6.34%)
≥16 ($n = 623$)	30 (4.81%)	27 (4.33%)	57 (9.14%)

Exploring the Relationship between Coping Strategies and Binge Eating in Nonclinical Adolescents S. Sierra-Baigrie et al. Eur. Eat. Disorders Rev. 20 (2012) e63–e69

Coping skills and binge eating

Table 4 ANOVA results comparing the mean scores on the dimensions of coping between the binge eating group and the non-binge-eat

Coping dimension	Binges ($n = 131$)	No binges ($n = 1726$)	F	p
Positive	251.64 (40.95)	263.86 (43.39)	9.736	0.002
Avoidance	150.54 (38.45)	129.09 (36.65)	41.396	<0.001
Positive-hedonist	440.59 (60.66)	444.41 (71.01)	0.359	n.s
Introversion	206.15 (42.15)	197.80 (42.52)	4.701	0.030

n.s, non significant.

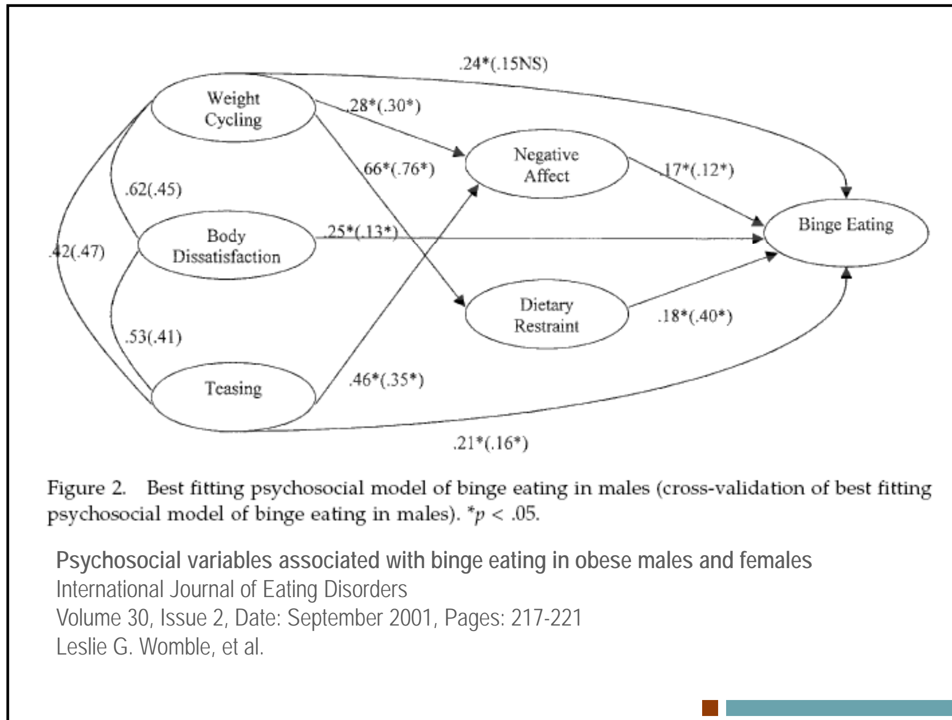


Figure 2. Best fitting psychosocial model of binge eating in males (cross-validation of best fitting psychosocial model of binge eating in males). $*p < .05$.

Psychosocial variables associated with binge eating in obese males and females
International Journal of Eating Disorders
Volume 30, Issue 2, Date: September 2001, Pages: 217-221
Leslie G. Womble, et al.

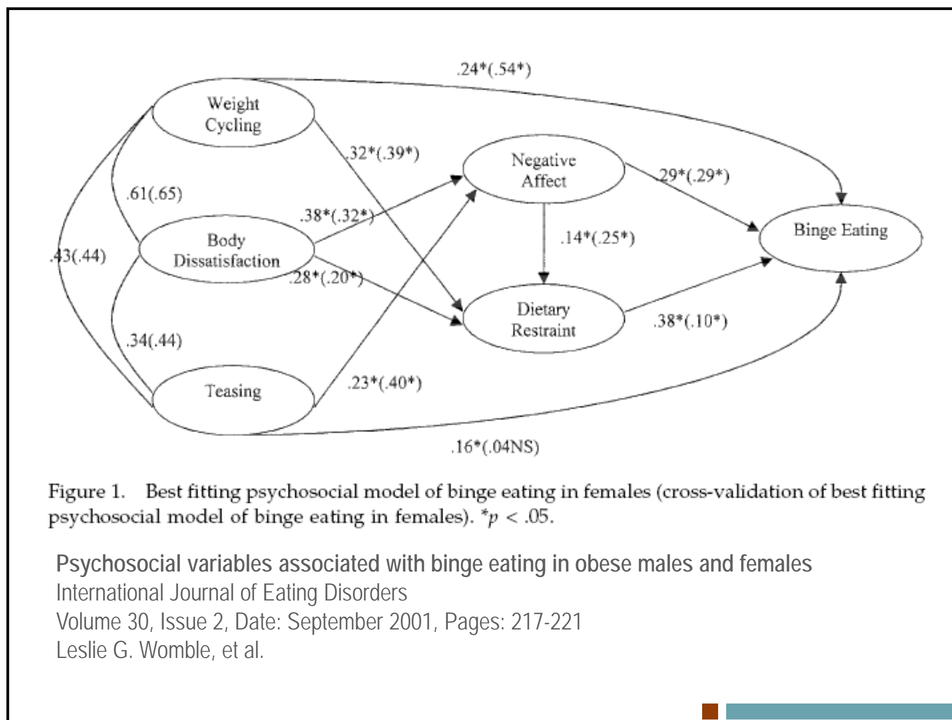


Figure 1. Best fitting psychosocial model of binge eating in females (cross-validation of best fitting psychosocial model of binge eating in females). $*p < .05$.

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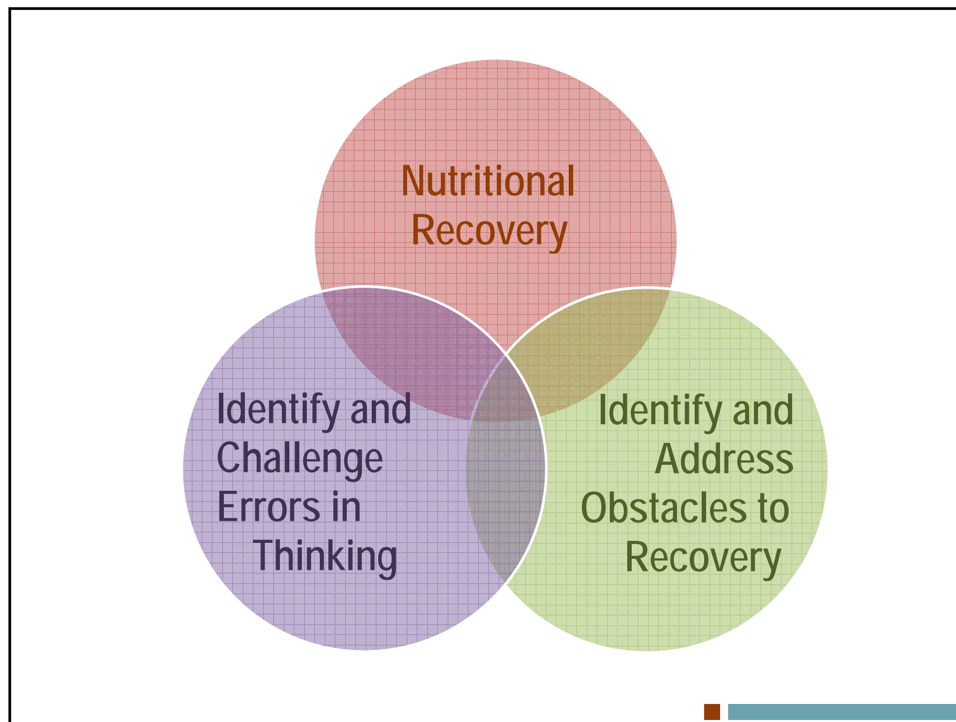


Treatment of Males with eating disorder

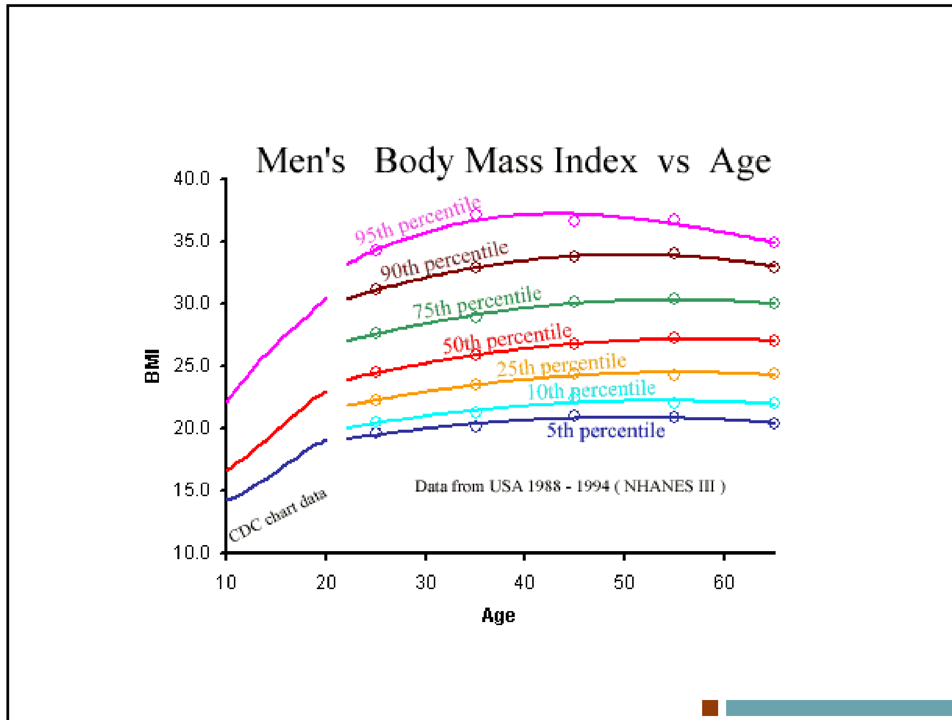
- Nutritional recovery
  - Malnutrition more difficult to characterize
    - How to determine amount underweight
    - What is a normal weight for recovery
- ED thoughts
  - Different body image perception
    - Increased muscle rather than weight loss
- Co-morbid psychiatric conditions
  - Are males more psychiatrically ill?

Evaluation of Males

- Weight history
  - Overweight
- Supplement use
  - Steroid, non-steroid
- Exercise
  - Organized and non-organized
- Dieting
  - Low carb
  - High protein
- Family eating patterns
- Depression
- Anxiety
- Substance abuse
- Body image
- Relationships
  - Sexual history
- Medical history
- Treatment history
- Expectations
  - Family and patient

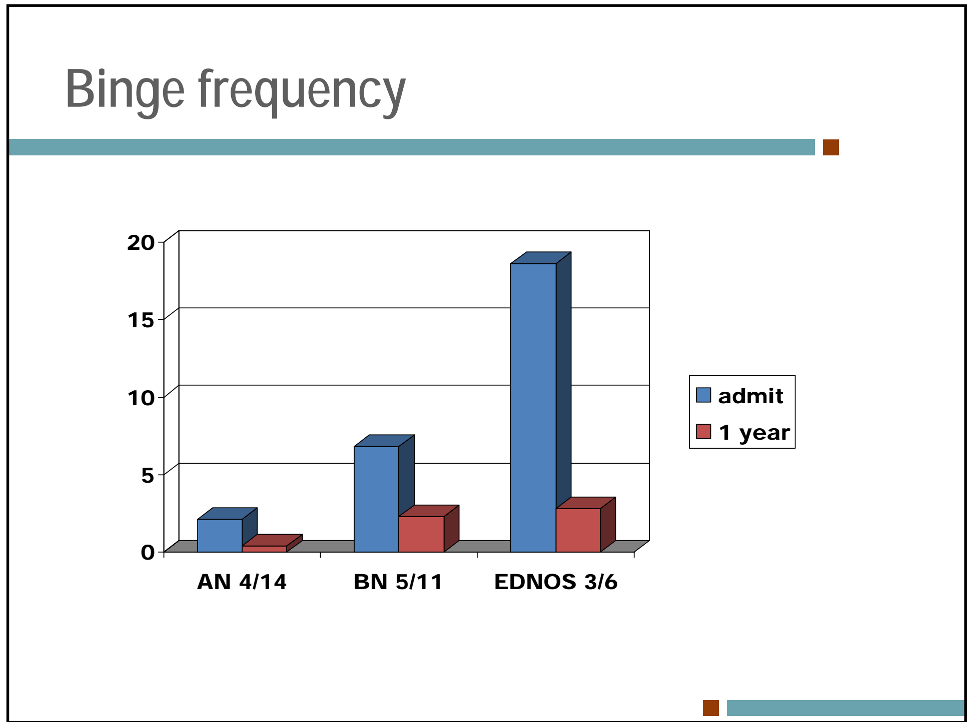
"Ideal" Body Weight For Men 25-59 years of age

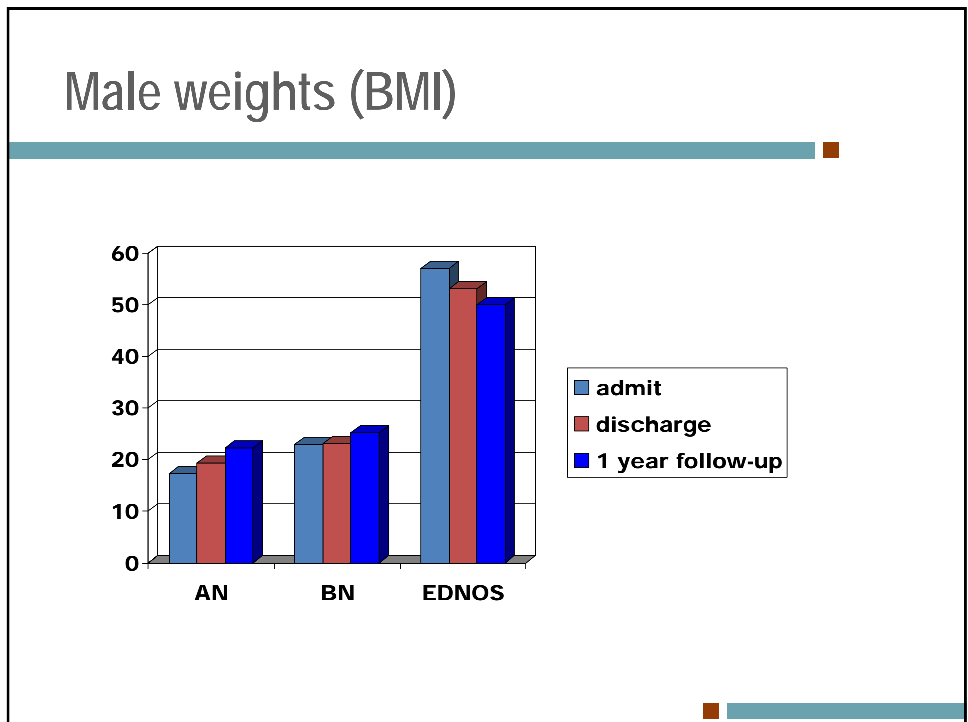
Height Feet & Inches	Small Frame	Medium Frame	Large Frame	BMI
5'7"	138-145	142-154	149-168	121
5'8"	140-148	145-157	152-172	138
5'9"	142-151	151-163	155-176	142
5'10"	144-154	151-163	158-180	146
5'11"	146-157	154-166	161-184	150
6'0"	149-160	157-170	164-188	155



Nutritional recovery in males

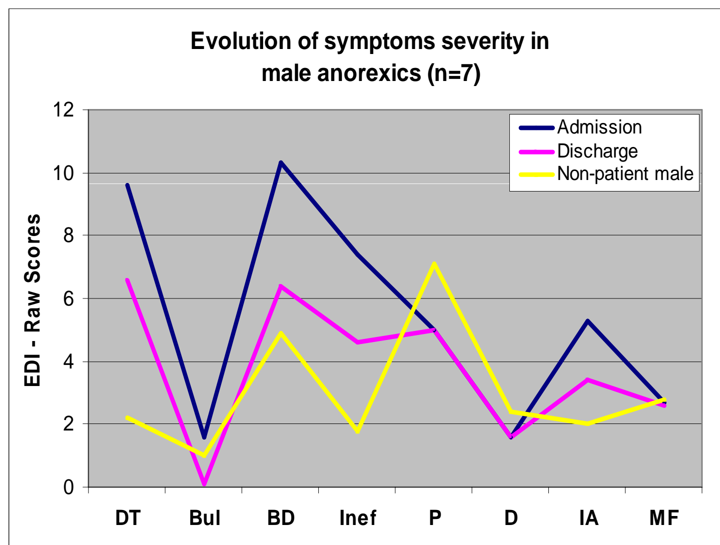
- 14 males
- Diagnosis of anorexia
- 106 lbs + 5 lbs for every inch over 5 ft
- Weight at
  - Admission
  - Discharge
  - 1 year follow-up

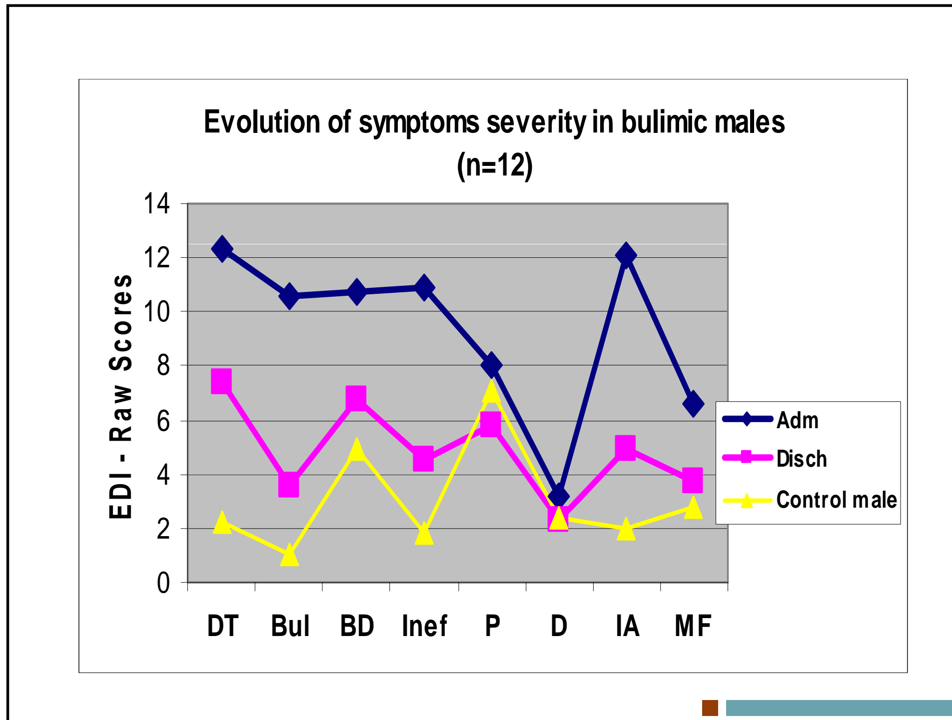

Binge frequency
20
15
10
5
0
AN 4/14
BN 5/11
EDNOS 3/6
admit
1 year


Male weights (BMI)
60
50
40
30
20
10
0
AN
BN
EDNOS
admit
discharge
1 year follow-up

Psychotherapy: males

- Little if any guidance from research studies supporting the effectiveness of CBT for males
- Assume that males will respond similarly to other disorders for CBT
- Specialized treatment for males

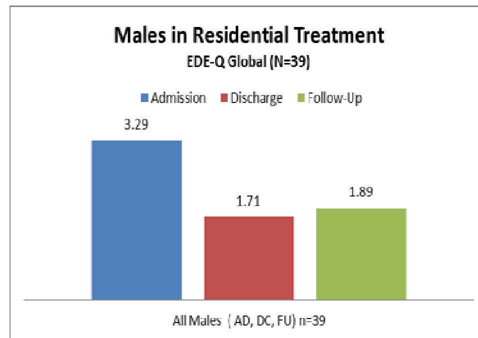




Rogers Eating Disorder Program: Long-term Treatment Effectiveness

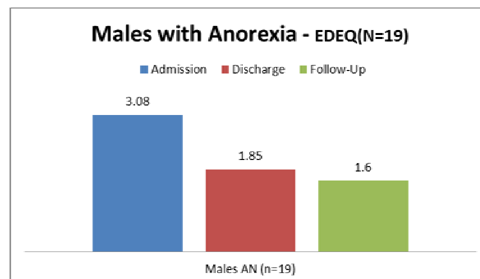
- What is the long term effectiveness of treatment for males?
- Does treatment promote recovery?
- Can residential treatment reduce the need for future intensive and costly treatment?

Males in Residential Treatment



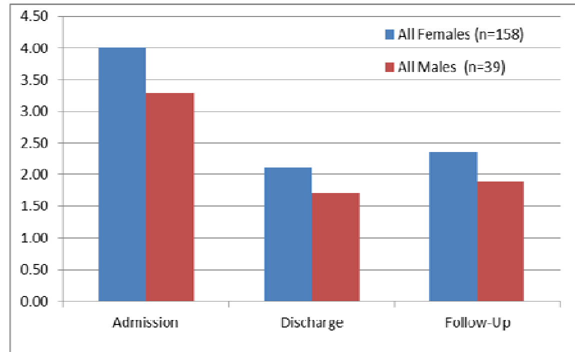
The improvement of eating Disorder Behaviors made during residential treatment are maintained for at least 2 years after discharge ($P<0.05$ / Anova)

Males in Residential Treatment - AN



Same results when selecting by diagnosis.

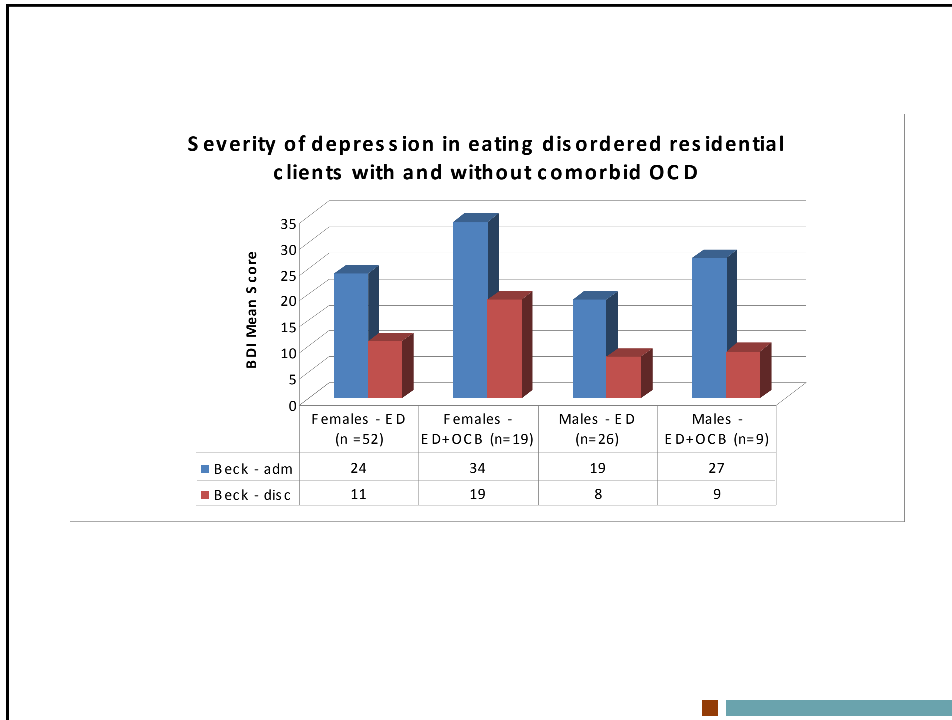
Males compared to females - EDEQ



Males have less severe eating behaviors at admission, discharge and follow-up compared to females. Both groups made significant improvements during treatment and sustained them until follow-up (P<0.05 / Anova)

OC symptoms and in ED patients

	MOCI	Age Years	Weight lbs
Group 1 female MOCI < 13 n=52	7 ± 3	24 ± 10	112 ± 11
Group 2 female MOCI ≥13 n -18	18 ± 4	21 ± 9	101 ± 10
Group 3 Males MOCI < 13 n=18	7 ± 4	22 ± 9	117 ± 11
Group 4 Male MOCI ≥ 13 n = 6	16 ± 5	21 ± 4	119 ± 11



	Females - ED (n =52)	Females - ED+OCB (n=19)	Males - ED (n=26)	Males - ED+OCB (n=9)
Beck - adm	24	34	19	27
Beck - disc	11	19	8	9

Conclusions

- Most likely males with ED will increase
- Little is known about risk for ED
- Treatment is effective
  - Same sex treatment groups
  - Staff experience with males important
- Support of male programs is needed
  - Develop better treatment
  - Improve research efficiency

Thank you

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