

Eating Disorders and Males

The information in this article is by no means intended as a substitute for medical advice from a qualified health practitioner. It does not recommend any one treatment, therapy or medication. Please seek medical advice as different medications suit different individuals.

Eating disorders are often thought to be a female problem, but that is not the case. While eating disorders affect mostly females, about 10% of cases are thought to be in males and this is probably an underestimate¹.

Eating disorders have only really been recognised as affecting males in recent decades, although evidence has existed for centuries². The apparent increased incidence of eating disorders in males is thought to link to the promotion of 'ideal' and stereotypical male images in the media, similar to the ways in which females have been portrayed for many years³.

Under-diagnosis of eating disorders in males is partially due to the associated stigma. It is embarrassing for a male to have a disorder that is thought of as a 'female disorder'. Another stigma associated with eating disorders is the notion that males with eating disorders are gay.

It has been suggested that gay males experience greater pressure to conform to a particular image⁴. However, heterosexual males also experience social pressures and struggles with body image and acceptance. Eating disorders in males are not about sexual orientation.

In addition to these stigmas, males may not seek help because men often find it harder than women do to discuss their feelings. Men might also feel uncomfortable attending support services if they believe they are too female oriented. Clinical diagnosis can also be more difficult, as symptoms in males often lie outside the clinical diagnostic characteristics.

Statistics

At least 10% of diagnosed cases of eating disorders occur in males although figures vary:

- About 50% of people with binge eating disorders are male^{1,5}
- About 20% of people with anorexia nervosa are male⁵
- 8-11% of people with bulimia nervosa are male⁵

Risk Factors

The major factors underlying eating disorders are similar for males and females. However, risk factors particularly noted in males may include the following^{1,5}:

- Anxiety about an underlying health issue
- Body image concerns or distorted body image
- Being obese or overweight as children
- Occupations or athletic sports that require weight restrictions
- History of dieting
- Concerns about sexual identity
- Feeling out of control

Differences Between Genders

Although many clinical features eating disorders in males are similar to that of females, some differences do exist:

- **Males are older** at onset and/or diagnosis of the disorder. The age of onset in males is 17-26 compared to 15-18 in females^{2,6}. This could partly be due to the later onset of puberty in males and therefore delayed concerns about body changes or lack thereof. Eating disorders in males are also more difficult to clinically diagnose, so they can go undiagnosed for longer.
- **Males tend to use excessive exercise** to control/manage their weight. Because exercise is encouraged in males, this behaviour might go unnoticed as being a problem⁷.
- **Males desire a bigger body shape** more often than females⁸. Males have an ideal of bulking up by gaining muscle but losing fat, whereas women try to lose weight altogether.
- **Males more often have a past history of obesity** whereas women are usually close to average weight prior to onset of the eating disorder.^{1,5}

- **Binge eating among males** is more culturally acceptable than among females. Therefore it is less likely to be noticed despite similar occurrence rates to females.
- **Males also experience more** of the following than females:
 - sexual anxiety
 - preoccupation with food and weight
 - achievement orientation
 - physical complaints²

Management

Although some men recover completely, many do not because they do not get help. The treatment and recovery process is different for every individual and can include medical, nutritional and psychological therapy depending on their relevance. It is important that the professionals have experience, interest and expertise in care and treatment of eating disorders.

Organisations like the Eating Disorders Foundation of Victoria offer a telephone support and information service, as well as provide referrals so that you can find a service to suit. If you are concerned about someone, or would like to know more about eating disorders, you can contact the EDFV for confidential and anonymous information, support and referral.

Information sheet prepared by:

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¹ S. Paxton, 'Do men get eating disorders?', *Everybody: Newsletter of Body Image and Health Inc.*, Vol. 2, August, 1998, p.4

² B.J. Blinder, 'Anorexia in males', <<http://www.ltspeed.com/bjblinder/anmales.htm>>, 2001 (accessed 6th June 2002)

³ M. Drummond, 'Bodies: an emerging issue for boys and young men', *Everybody: Newsletter of Body Image and Health Inc.*, Vol. 2, August, 1998, p.5

⁴ M. Maksan, H. Fawkner and N. McMurray, 'Body image and gay men', *Everybody: Newsletter of Body Image and Health Inc.*, Vol. 2, August, 1998, p.9

⁵ Anorexia Nervosa and Related Eating Disorders, Inc. 'Males with eating disorders', <<http://www.anred.com/males.html>>, 2002, (accessed 6th June 2002)

⁶ Anorexia Nervosa and Bulimia Association 'Men with eating disorders', *Reflections: Quarterly Newsletter*, Vol. 2, No. 3, 1997 <<http://ams.queensu.ca/anab/news0797.htm>>

⁷ B. Parsons, 'Make me Arnie', *The Age*, 20th August 1998, Living: p.16

⁸ T. Hunter, 'Body Image, Men and Fitness', *Eating Disorders Support Network Inc.* (NSW), October, No. 3, 1999, p.5