Eating Disorders in Men

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NuFS 124 Eating Disorders and Nutrition Therapy
FALSE ASSUMPTION
Etiology

- Weight history
- Sexual abuse
- Trauma
- Sexual orientation
- Depression
- Shame
- Exercise and body image
- Comorbid chemical dependency
- Societal and media pressures (Strother et al., 2012).
Psychopathology

- Body and muscle dysmorphia
- Depression
- Social anxiety
- Impulsive
- “Men are more likely to engage in self-destructive behaviors to change their body shape” (Dakanalis et al., 2013).
- Men with EDs have higher rates of substance abuse
- Men with EDs have higher rates of depression (Navarro et al., 2011).
Pathophysiology

- Neurotransmitter disturbances
- Impaired hunger and satiety cues
- Cognitive and mood abnormalities
- Thyroid abnormalities
- Reduced metabolic expenditure
- Loss in lean mass and bone density
- Diminished libido (Klein and Walsh, 2004).
Diagnosis

- Many men go under-diagnosed or untreated.
- In the last decade, the rate of men diagnosed with eating disorders has increased from 10%–25%.
- According to the National Association of Anorexia Nervosa and Associated Disorders, approximately one million men suffer from eating disorders.
- It was found that 90% of men diagnosed with an eating disorder (ED) were classified in the eating disorder not otherwise specified (EDNOS) category.
- To bridge the gap of diagnosing EDs among men, a male specific ED tool was designed called Eating Disorder Assessment for Men (EDAM).

Diagnosis

- EDAM measures four components most prevalent in men.
- The four factors consist of:
  - Binge eating
  - Muscle dysmorphia
  - Body dissatisfaction
  - Disordered eating
- These factors are important in understanding the particular needs of males with ED

Diagnosis

- Reports show that 40% of males have a **binge eating disorder**. Symptoms include repeated episodes of binge eating, on average of two times a week for six months, in the absence of bulimia nervosa behaviors.

- **Muscle dysmorphia** is a type of body dysmorphic disorder. Men imagine that they are either “too small” or “underdeveloped”. Behaviors associated with this are long hours of lifting weights and excessive attention to their diet.

- A similar percentage of men and women show **body dissatisfaction**.

- **Disordered eating** differs by gender. Men are more likely to use excessive exercise as a counter balance method for bulimia.

Diagnosis

- Measurements such as EDAM express the awareness and needs of males undergoing ED.
- An accurate assessment is a worthy step towards prescribing the proper treatment for men battling anorexia, bulimia, or binge eating disorder.
- Early recognition and diagnosis can help improve recovery and healing among men looking for treatment.
Intervention

- Men with eating disorders often delay seeking treatment until their cases are severe.
- Feelings of shame of having a ‘female’ illness.
Treatment/Recovery

- Outpatient
- Partial Hospital
- Residential
- Inpatient
Therapies

- Acceptance and commitment therapy (ACT)
- Cognitive Behavioral Therapy (CBT) and enhanced Cognitive Behavioral Therapy
- Therapy
- Cognitive Remediation Therapy (CRT)
- Dialectical Behavior Therapy (DBT)
- Family-Based Treatment (FBT)
- Interpersonal Psychotherapy (IPT)
- Psychodynamic Psychotherapy


References


Any Questions?
Content Questions

❖ What is the significance of the Eating Disorder Assessment for Men (EDAM)?

❖ How would you start a conversation with a guy in your life that you suspect has an eating disorder?

❖ What is the relation between sexual abuse/trauma and EDs in men?