

Prevalence in Men

Prevalence figures for males with eating disorders (ED) are somewhat elusive. Many assessment tests have a gender bias, because they were created for females and underscore males (Darcy, 2014). In the past, ED have been characterized as “women’s problems” and men have been stigmatized from coming forward or have been unaware that they could have an ED. Studies have shown an increase in the numbers, although it is uncertain whether more males actually have eating disorders now or are becoming more aware of the gender-neutral nature of ED. Additional research is needed, but several studies provide insight into the male experience of eating disorders:

- The most widely-quoted study estimates that males have a **lifetime prevalence** of .3% for anorexia nervosa (AN), .5% for bulimia nervosa (BN) and 2% for binge eating disorder (BED). These figures correspond to males representing 25% of individuals with AN and BN and 36% of those with BED. They are based on DSM-IV criteria (Hudson, 2007).
- In the United States, **20 million women and 10 million men** will suffer from a clinically significant eating disorder at some time in their life, including anorexia nervosa, bulimia nervosa, binge eating disorder, or EDNOS [EDNOS is now recognized as OSFED, other specified feeding or eating disorder, per the DSM-5] (Wade, Keski-Rahkonen, & Hudson, 2011).
- In a study of 1,383 **adolescents**, the prevalence of any DSM-5 ED in males was reported to be 1.2% at 14 years, 2.6% at 17 years, and 2.9% at 20 years (Allen, 2013).
- A study of 2,822 **students on a large university campus** found that 3.6% of males had positive screens for ED. The female-to-male ratio was 3-to-1 (Eisenburg, 2011).
- In looking at **male sexuality and eating disorders**, higher percentage of gay (15%) than heterosexual males (5%) had diagnoses of ED (Feldman, 2007), but when these percentages are applied to population figures, the majority of males with ED are heterosexual.

- **Subclinical eating disordered behaviors** (including binge eating, purging, laxative abuse and fasting for weight loss) are nearly as common among males as they are among females (Mond, 2014).
- Various studies suggest that risk of **mortality** for males with ED is higher than it is for females (Raevuoni, 2014)
- Men with eating disorders often suffer from **comorbid conditions** such as depression, excessive exercise, substance disorders, and anxiety (Weltzin, 2014).

De-stigmatizing Male Eating Disorders

Eating disorders are gender neutral, but they have been routinely characterized as “women’s problems.” The stereotypical person with anorexia nervosa is a rich, white, adolescent girl; which is far from reality, because AN affects all genders, ages, races and socioeconomic classes.

Several factors lead to males being under- and undiagnosed for ED. Men can face a double stigma, for having a disorder characterized as feminine or gay and for seeking psychological help. Additionally, assessment tests with language geared to females have led to misconceptions about the nature of male ED.

A classic article by Richard Morton in 1689 described two cases—a man and a woman—of (what we now classify as) anorexia nervosa, and a case series by Sir William Gull in the 1860s noted that the illness can occur in males. However, an overwhelming majority of research, description, and treatment concentrated on females when the eating disorders field began to emerge in the 1970s, and that uneven focus continues to hold true. Virtually 99% of books on ED have a female bias (Cohn, 2017).

Correcting false impressions that characterize ED as female disorders is necessary to removing stigmas about gender and ED. By de-stigmatizing ED, everyone will get better access to diagnosis and treatment.

Males and Body Image

There are numerous studies on male body image, and results vary widely. Many men have misconceived notions about their weight and physique, particularly the importance of muscularity. Findings include:

- Most males would like to be lean and muscular, which typically represents the ideal male body type. This standard has increased from the 1970s to 1990s (Labre, 2005). Exposure to these kinds of largely unattainable images leads to male body dissatisfaction (Blond, 2008). The sexual objectification of men and internalization of media images predicts drive for muscularity (Daniel, 2010).
- The desire for increased musculature is not uncommon, and it crosses age groups; 25% of normal weight males perceive themselves to be underweight (Atlantic, 2014), 90% of teenaged boys exercised with the goal of bulking up (Eisenberg, 2012), and among college-aged men, 68% say they have too little muscle (AOL body image survey).
- Muscle dysmorphia, a subtype of body dysmorphic disorder, is an emerging condition that primarily affects male bodybuilders. Such individuals obsess about being inadequately muscular. Compulsions include spending many hours in the gym, squandering excessive amounts of money on supplements, abnormal eating patterns, or use of steroids.

Treatment Considerations

Treatment is not one-size-fits-all. For any person, biological and cultural factors should be taken into consideration in order to provide an effective treatment environment.

- A gender-sensitive approach with recognition of different needs and dynamics for males is critical in effective treatment (Bunnell, 2014). Males in treatment can feel out of place when predominantly surrounded by females, and an all-male treatment environment is recommended—when possible (Weltzin, 2014).
- Males with anorexia nervosa usually exhibit low levels of testosterone and vitamin D, and they have a high risk of osteopenia and osteoporosis. Testosterone supplementation is often recommended (Sabel, 2014).

Learn More

[Anorexia Nervosa in Males](#)

Anorexia Nervosa is a severe, life-threatening disorder in which the individual refuses to maintain a minimally normal body weight, is intensely afraid of gaining weight, and exhibits a significant distortion in the perception of the shape or size of his body, as well as dissatisfaction with his body

shape and size. [Learn more.](#)

Bulimia Nervosa in Males

Bulimia nervosa is a severe, life-threatening disorder characterized by recurrent episodes of binge eating followed by self-induced vomiting or other purging methods (e.g. laxatives, diuretics, excessive exercise, fasting) in an attempt to avoid weight gain. [Learn more.](#)

Binge Eating Disorder in Males

Binge eating disorder is a severe, life-threatening disorder characterized by recurrent episodes of compulsive overeating or binge eating. In binge eating disorder, the purging in an attempt to prevent weight gain that is characteristic of bulimia nervosa is absent. [Learn more.](#)

Enhancing Male Body Image

Recognize that bodies come in all different shapes and sizes. There is no one "right" body size. Your body is not, and should not be, exactly like anyone else's. Try to see your body as a facet of your uniqueness and individuality. [Learn more.](#)

Strategies for Prevention and Early intervention of Male Eating Disorders

Eating disorders do not discriminate on the basis of gender. Men can and do develop eating disorders. [Learn more.](#)

References

Allen, K., Byrne, S., Oddy, W., & Crosby, R. (2013) "DSM-IV-TR and DSM5 eating disorders in adolescents: prevalence, stability, and psychosocial correlates in a population-based sample of male and female adolescents." *Journal of Abnormal Psychology*, 122, 720-732.

Atlantic Magazine blog, "Body-image pressure increasing affects boys." March 10, 2014.

Blond, A. (2008) "Impacts of exposure to images of ideal bodies on male body dissatisfaction a review."

Body Image, 5-3, 244-250.

Bunnell, D. & Maine, M. (2014) "Understanding and treating males with eating disorders" in Cohn, Lemberg.

Cohn, L. (2017, in press) Foreword. In Wooldridge.

Cohn, L., Lemberg, R. (2014) *Current Findings on Males with Eating Disorders*. Philadelphia, PA: Routledge.



Daniel, S. & Bridges, S. (2010) "The drive for muscularity in men: media influences and objectification theory." *Body Image*, 7-1, 32-38.

Darcy, A., Lin, I.H. (2012) "Are we asking the right questions? A review of assessment of males with eating disorders." *Eating Disorders: The Journal of Treatment and Prevention*, 20-5, 416-426.

Eisenberg, D., Nicklett, E., Roeder, K., & Kirz, N. (2011) "Eating disorders Symptoms Among College Students: Prevalence, Persistence, Correlates, and Treatment-Seeking." *Journal of American College Health*, 59-8, 700-707.

Eisenberg, M, Wall, M., & Neumark-Sztainer. (2012) "Muscle-enhancing behaviors among adolescent girls and boys." *Pediatrics*, 130-6, 1019-1026.

Feldman, M., Meyer, I. (2007) "Eating disorders in diverse, lesbian, gay, and bisexual populations." *International Journal of Eating Disorders*, 40-3, 218-226.

Hudson, J., Hiripi, E., Pope, H., & Kessler, R. (2007) "The prevalence and correlates of eating disorders in the national comorbidity survey replication." *Biological Psychiatry*, 61, 348–358.

Labre, M. (2005) "Burn fat, build muscle: a content analysis of Men's Health and Men's Fitness." *International Journal of Men's Health*. 4-2, 187-200.

Raevuoni, A., Keski-Rahkonen, Hoek, H. (2014) "A review of eating disorders in males." *Current Opinions on Psychiatry*, 27-6, 426-430.

Sabel, A., Rosen, E., & Mehler, P. (2014) "Severe anorexia nervosa in males: clinical presentations and medical treatment." *Eating Disorders: The Journal of Treatment and Prevention*, 22-3, 209-220.

Wade, T. D., Keski-Rahkonen A., & Hudson J. (2011). "Epidemiology of eating disorders." In M. Tsuang and M. Tohen (Eds.), *Textbook in Psychiatric Epidemiology* (3rd ed.) (pp. 343-360). New York: Wiley.
Weltzin, T. Carlson, T., et al. (2014) "Treatment Issues and Outcomes for Males with Eating Disorders" in Cohn, Lemberg.

Wooldridge, T. (2017, in press) *Understanding Anorexia in Males: An Integrated Approach*. Philadelphia, PA: Routledge.