Research on Males and Eating Disorders

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Prevalence:

- Approximately 10% of eating disordered individuals coming to the attention of mental health professionals are male (Wolf, 1991; Fairburn & Beglin, 1990).
- There is a broad consensus, however, that eating disorders in males are clinically similar to, if not indistinguishable from, eating disorders in females (Margo 1987; Schneider & Agras, 1987; Crisp et al., 1986; Vandereycken & Van der Broucke, 1984).

Gender Differences Regarding Dieting and Body Shape:

- A national survey of 11,467 high school students and 60,861 adults revealed the following gender differences (Serdula et al., 1993):
  - Among the adults, 38% of the women and 24% of the men were trying to lose weight.
  - Among high school students, 44% of the females and 15% of the males were attempting to lose weight.
- Based on a questionnaire administered to 226 college students (98 males and 128 females) concerning weight, body shape, dieting and exercise history, the authors found that 26% of the men and 48% of the women described themselves as overweight. Women dieted to lose weight whereas men usually exercised (Drewnowski & Yee, 1987).
- A sample of 1,373 high school students revealed that girls (63%) were four times more likely than boys (16%) to be attempting to reduce weight through exercise and caloric intake reduction. Boys were three times more likely than girls to be trying to gain weight (28% versus 9%). The cultural ideal for body shape for men versus women continues to favor slender women and athletic, V-shaped muscular men (Rosen & Gross, 1987).
- In general, men appear to be more comfortable with their weight and perceive less pressure to be thin than women. A national survey indicated that only 41% of men are dissatisfied with their weight as compared with 55% of women; moreover, 77% of underweight men liked their appearance as opposed to 83% of underweight women. Males were more likely than females to claim that if they were fit and exercised regularly, they felt good about their bodies. Women were more concerned with aspects of their appearance, particularly weight (Cash, Winstead, & Janda, 1986).

Occupational Hazards:

- Gymnasts, runners, body builders, rowers, wrestlers, jockeys, dancers, and swimmers are particularly vulnerable to eating disorders because their sports necessitate weight restriction (Andersen, Bartlett, Morgan, & Brownell, 1995). It is important to note, however, that weight loss in an attempt to improve athletic success differs from an eating disorder when the central psychopathology is absent.
- The Laureate Research Foundation found that among college athletes:
  - 58% of females and 38% of males were considered “at-risk” for developing an eating disorder.
  - 52% of females and 25% of males in the study reported feeling overweight by 5 pounds or more.

Media:

- Nemeroff, Stein, Diehl, and Smolak (1994) suggest that males may be receiving increasing media messages regarding dieting, and ideal of muscularity, and plastic surgery options (such a pectoral and calf implants).
- DiDomenico and Andersen (1988) found that magazines targeted primarily to women included a greater number of articles and advertisements aimed at weight reduction (e.g., diet, calories) and those targeted at men contained more shape articles and advertisements (e.g., fitness, weight lifting, body building, or muscle toning). The magazines most read by females ages 18-24 had 10 times more diet content than those most popular among men in the same age group.

For more information, contact the National Eating Disorders Association at 603 Stewart St., Suite 803, Seattle, WA 98101
Information and Referral HelpLine: 800-931-2237 or www.NationalEatingDisorders.org
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Gender Dysphoria and Homosexuality:

- Homosexuals are over-represented in many samples of eating disordered men. While the proportion of male homosexuals in the general population cross-culturally is estimated to be 3%-5% (Whitman, 1983), samples of eating disordered men are commonly twice as high or greater (Fichter & Daser, 1987).
- Herzog et al., (1990) found that homosexual men weighed significantly less than heterosexual men, were more likely to be underweight and to desire an underweight ideal weight. Compared to heterosexual men, homosexual men were less satisfied with their body build and scored significantly higher on the “Drive for Thinness” scale of the Eating Disorders Inventory (EDI).

Anorexia Nervosa in Males:

Anorexia nervosa is characterized by a refusal to maintain a minimally normal body weight, intense fear of gaining weight, significant distortion in the perception of the shape or size of his body, as well as dissatisfaction with his body shape and size.

Bulimia Nervosa in Males:

Bulimia nervosa is characterized by recurrent episodes of binge eating followed by self-induced vomiting or other compensatory methods (e.g., laxatives, diuretics, excessive exercise, fasting) to prevent weight gain. An individual struggling with bulimia is intensely afraid of gaining weight and exhibits persistent dissatisfaction with his body and appearance, as well as a significant distortion in the perception of the size or shape of his body.

Binge Eating Disorder in Males:

Binge eating disorder is characterized by recurrent episodes of compulsive overeating or binge eating without the regular use of compensatory measures to counter the binge eating.

References:


