



ARC Mental Health Information Series

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Eating Disorders in Men

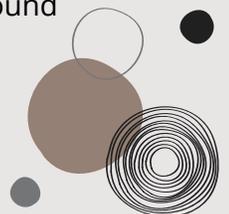
One in three people struggling with an eating disorder is male, and sub-clinical disordered eating behaviours including binge eating, purging, laxative abuse and fasting for weight loss are nearly as common among men as they are among women.



Men can face a double stigma - for having a disorder characterized as feminine and for seeking psychological help.

Signs

- Extreme eating regimen. This includes restricting certain foods or entire categories of foods, frequent dieting and strict meal preparation.
- Excessive exercise. This could be a sign of body dysmorphic disorder (BDD), where an individual is obsessed with certain parts of their body or perceive themselves as unattractive or anorexia athleticism, where the person is using exercise to compensate their caloric intake.
- Noticeable fluctuation in weight. Losing or gaining a drastic amount of weight (especially in a short time) is something to be concerned about if the weight loss or gain is not done in a healthy manner.
- Abnormal blood tests. Men and boys with anorexia nervosa usually exhibit low levels of testosterone and vitamin D. It's also possible that an eating disorder could cause anemia, low thyroid, low potassium and low white or red blood cell counts.
- Frequent illness. Eating disorders can lead to impaired immune functioning, as well as a variety of other physical symptoms and illnesses, like gastrointestinal pain, poor wound healing and dental problems.



Contributing factors

Exposure to unattainable images in the media can lead to body dissatisfaction. The sexual objectification of men and internalization of media images can predict a drive for increased muscularity. The desire for increased musculature is not uncommon, and it crosses age groups. 25% of normal weight males perceive themselves to be underweight and 90% of teenage boys exercised with the goal of bulking up.

There may also be a genetic risk factor including a chemical imbalance that relates to hunger, appetite and satisfaction, as well as psychological risk factors including low self-esteem and a history of abuse or trauma.

Treatment

Treatment typically includes a combination of psychological therapy, nutrition education, medical monitoring and sometimes medication. In order for treatment to be successful for men there are additional treatment considerations to take into account:

- Biological and cultural factors should be taken into consideration in order to provide an effective treatment environment.
- Studies suggest that risk of mortality for people with eating disorders is higher for males than it is for females - early intervention is critical.
- A gender-sensitive approach with recognition of different needs and dynamics for males is critical in effective treatment. Men and boys in treatment can feel out of place when predominantly surrounded by women and an all-male treatment environment is recommended, when possible.
- Men and boys with anorexia nervosa usually exhibit low levels of testosterone, vitamin D and they have a high risk of osteopenia and osteoporosis. Testosterone supplementation is often recommended.

Resources available

ANEB Quebec – (514) 630-0907 (Montreal), 1 (800) 630-0907 (Outside of Montreal)

Website: www.anebquebec.com

Eating disorder program at the Douglas mental health institute – (514) 761-6131 ext. 2895

Psychosocial support available at your local CLSC and through your primary care physician.

CLSC St-Hubert (450) 443-7400

CLSC Richelieu (450) 658-7561

CLSC Brossard (450) 445-4452

811 Info-Sante, press 9 for English

CLSC St-Jean-sur-Richelieu (450) 358-2572



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